NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

July 16-17, 2025

HILTON GARDEN INN
7830 S LAS VEGAS BLVD
LAS VEGAS, NV

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

Please do not remove the book from the meeting room.

JOE LOMBARDO
Governor

STATE OF NEVADA

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

Date Posted: July 2, 2025

SECOND AMENDED AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, July 16, 2025, at 9:00 am. The meeting will continue Thursday, July 17, 2025, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

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

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

Please Note:

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

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

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

The Board will take public comment on any matters within their jurisdiction, control, or advisory

power. Public comments may be limited to three minutes per person. Public comment may also be submitted to the Board at teambc@pharmacy.nv.gov.

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

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

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

◈ CONSENT AGENDA ◈

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

3. Approval of the June 4-5, 2025, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

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

A. Cardio Partners, Inc – Greenwood, IN
B. CoreVerity, LLC – Shelton, CT
C. Diabetes DME – Lincolnshire, IL
D. Integrated Ortho Services, Inc – Indianapolis, IN
E. J.L. Artificial Limbs & Brace – Bullhead City, AZ
F. JQ Medical Supply – Salt Lake City, UT
G. Koya Medical, Inc – Dallas, TX
H. Medline Industries, LP – Southaven, MS
I. Outset Medical, Inc – San Jose, CA
J. Quest Health Solutions, LLC – Coral Springs, FL
K. Quest Health Solutions, LLC – Santa Rosa, CA
L. TenderHeart Health Outcomes – Austin, TX
M. Zida, LLC – Gainesville, VA

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

Background Check Not Required by Law.

4.2.1 Publicly Traded (NAC 639.593(6)(a))

N. Vantative US Healthcare, LLC – Largo, FL

4.2.2 Publicly Traded and VAWD-Accredited (NAC 639.593(6)(a) and (c))

4.2.3 Publicly Traded and Manufacturer (NAC 639.593(6)(a) and (d))

O. Acclarent, Inc – Irvine, CA
P. Axogen Corporation – Vandalia, OH
Q. Celcuity, Inc – Minneapolis, MN
R. Nuvalent, Inc – Cambridge, MA
S. Outset Medical, Inc – San Jose, CA
T. Replimune, Inc – Framingham, MA
U. Unicycive Therapeutics, Inc – Los Altos, CA

4.2.4 Publicly Traded, VAWD-Accredited, and Manufacturer (NAC 639.593(6)(a), (c), and (d))

4.2.5 VAWD-Accredited (NAC 639.593(6)(c))

4.2.6 Manufacturer (NAC 639.593(6)(d))

V. Boxout – Fort Worth, TX
W. Brookfield Pharmaceuticals, Inc – Bookefield, WI
X. LivaNova USA, Inc – Arvada, CO
Y. LivaNova USA, Inc – Houston, TX
Z. ONY Biotech, Inc – Amherst, NY
AA. Optinose US, Inc – Yardley, PA
BB. Orasis Pharmaceuticals, Inc – Ponte Vedra, FL
CC. Ortho Technology, Inc – Carlsbad, CA
DD. Patterson Dental Supply, Inc – Meza, AZ
EE. Patterson Dental Supply, Inc – Roseville, CA
FF. Patterson Dental Supply, Inc – Salt Lake City, UT
GG. Respironics Novametrix, LLC – Andover, MA
HH. Ritedose Pharmaceuticals, LLC – Columbia, SC
II. Takeda Pharmaceuticals America, Inc – Cambridge, MA
JJ. Vistamerica USA, LLC – Scottsdale, AZ

4.2.7 VAWD-Accredited and Manufacturer (NAC 639.593(6)(c) and (d))

KK. Fisher BioServices, Inc – Frederick, MD
LL. J. Knipper and Company, Inc – Memphis, TN
MM. Paterson Veterinary Supply, Inc – Phoenix, AZ

4.2.8 Distributor for Single Manufacturer (NAC 639.593(6)(e))

NN. Convatec, Inc – Berkeley, NJ

4.2.9 <u>Background checks completed in compliance with NRS 639.500.</u>

OO. Airlie Pharma – Leeland, NC
PP. Catalent San Diego, Inc – San Diego, CA

QQ. Hashem Echad Corp EchoPharm – Dania Beach, FL
RR. Ixtus Medical Supply, Inc – Union Grove, WI
SS. Kuehne + Nagel, Inc – Cranburry, NJ
TT. Kuehne + Nagel, Inc – Durham, NC
UU. Kuehne + Nagel, Inc – Plainfield, IN
VV. MD Hospital Supplies, Inc – Forest Hill, MD
WW. UPS Supply Chain Solutions, Inc – Louisville, KY

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

XX. Costco Pharmacy #1709 – Las Vegas, NV

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

YY. Pure Pharmacy – Fishers, IN

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

ZZ. C3 Pharmacy – St George, UT
AAA. HealthDyne Pharmacy FL, LLC – Lakeland, FL
BBB. Lumicera Health Services, LLC – Irvine, CA
CCC. Pharma Fusion, LLC – Bullhead City, AZ
DDD. Prime Therapeutics Pharmacy, LLC – Orlando, FL
EEE. Prime Therapeutics Pharmacy, LLC – West Valley, UT
FFF. UK Specialty Pharmacy – Lexington, KY

4.6 Application for Ambulatory Surgery Center License (NAC 639.4992) – Non- Appearance **(FOR POSSIBLE ACTION)**

GGG. East Russell Surgery Partners – Las Vegas, NV
HHH. St. Mary's Outpatient Center at Galena, LLC – Reno, NV

4.7 Request to Engage in The Practice of Pharmacy at A Site Other Than a Licensed Pharmacy – Non-Appearance **(FOR POSSIBLE ACTION)**

4.8 Recommended Denial of Registration/Licensure Due to Material Omissions on Application – Non-Appearance **(FOR POSSIBLE ACTION)**

4.9 Application for Nevada Manufacturer (NAC 639.609) – Non- Appearance **(FOR POSSIBLE ACTION)**

◈ REGULAR AGENDA ◈

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

A. Ajumobi Charles Agu	(22-535-CS-S)
B. Evergreen Pharmacy	(23-007-PH-S)
C. Paula Lynne Santos	(23-007-RPH-A-S)
D. Nazokat Nigmatova	(23-007-RPH-B-S)
E. Wells Pharmacy	(23-050-PH-O)
F. CVS Pharmacy #17244	(23-174-PH-S)
G. Kimberly Kersten	(23-174-RPH-S)
H. Melissa Gauda	(24-141-RPH-S)
I. GE Healthcare	(24-211-WH-O)
J. Hill-Rom	(24-500-MP-S)
K. Smith's Pharmacy #315	(25-076-PH-S)
L. Octavia Loraine Brooks	(25-076-RPH-S)
M. Alyssa Mercedes Garcia	(25-076-PT-S)
N. Matthew Okeke	(19-013-CS-S)
O. Matthew Okeke	(25-241-CS-S)
P. Avrio Pharmacy	(20-198-PH-S)
Q. Pulmonary Solutions, LLC	(22-357-MP-N)
R. Mary Southard	(22-464-PT-S)
S. Michael Vargas-Lagunas	(22-490-CS-S)
T. David Whitehouse	(23-429-RPH-B-S)
U. Kwasha Felton	(22-204-PT-S)
V. Qui Thai	(22-476-CS-S)
W. Kaveh Kashani	(23-104-CS-S)
X. Robert Ingham	(23-489-CS-S)
Y. Michael Stellmacher	(24-364-CS-S)

6. Application for Nevada Manufacturer (NAC 639.609) – Appearance (**FOR POSSIBLE ACTION)**

    A. Bespoke Pharmaceutical, LLC – Las Vegas, NV

7. Application for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Appearance **(FOR POSSIBLE ACTION)**

    A. Smart Choice Medical, LLC – Knoxville, TX

8. Application for Nevada Ambulatory Surgery Center License (NAC 639.4992) – Appearance (**FOR POSSIBLE ACTION)**

    A. Vogue Recovery Center – Las Vegas, NV

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

    A. Advantixx Pharmacy, LLC – Las Vegas, NV
    B. AZ Care Pharmacy – Las Vegas, NV

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

    A. OptumCare Cancer Pharmacy in Henderson – Henderson, NV

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

    A. Precision Fulfillment Pharmacy – Boca Raton, FL
    B. Walgreens HUB Solutions #21609 – Pittsburgh, PA

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

    A. Mark Cuban Cost Plus Manufacturing and Compounding, LLC – Dallas, TX
    B. New Solutions Functional Wellness Pharmacy – Amarillo, TX

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

    A. Milla Pharmaceuticals, Inc – White Bear Lake, MN – Background Check Not Required by Law

14. Application for Nevada Wholesaler License (NRS 639.233) – Appearance – **(FOR POSSIBLLE ACTION)**

    A. MedRevival, LLC – Henderson, NV – Background Check completed in compliance with NRS 639.500

15. Application for Pharmaceutical Technician Registration (NAC 639.240) – Appearance **(FOR POSSIBLE ACTION)**

    A. Trina Colby

16. Application for Pharmaceutical Technician in Training Registration (NAC 639.240) – Appearance. (**FOR POSSIBLE ACTION)**

    A. Larrissa Smith
    B. Melissa Pickert

17. Review and approval of the Policy Manual **(FOR POSSIBLE ACTION)**

◈ WORKSHOP ◈

Thursday, July 17, 2025 – 9:00 am

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

    A. **Amendment to Nevada Administrative Code (NAC) 639.** The proposed amendment specifies the requirements for pharmacies and practitioners to be authorized to engage in the sterile or nonsterile compounding of drug products.

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

20. Executive Secretary Report:

    A. Financial Report
    B. Issuance of Temporary Licenses and Registrations
    C. Change of Address Business List
    D. Meetings with Other Health Care Regulatory Boards
    E. Licensing Activities Report
    F. Citations & Fines issued pursuant to NRS 632.2895
    G. Legislative Update
    H. Nevada Law Examination Update

21. Date and Location of Next Scheduled Board Meeting:

    September 3-4, 2025 – Reno, NV

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

23. Adjournment

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

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

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of in-person Board meeting attendance pursuant to NAC 639.330(1)(b)(2). You are required to attend the board meeting for a full day to receive CE credit including the law credit.

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

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

Email: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

BOARD MEETING MINUTES

June 4-5, 2025

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, June 4, 2025, at 9:00 am. The meeting will continue Thursday, June 5, 2025, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

Hilton Garden Inn
7830 S Las Vegas Blvd.
Las Vegas, NV

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

Board Members Present:

Helen Park	Krystal Freitas	Jade Jacobo	Richard Tomasso
Adam Porath	Anna Carr	Chanyis Taylor	

Board Staff Present:

David Wuest	Yenh Long	Gregory Zunino	Brett Kandt	Laura Tucker
Darlene Nases	Erin Miller	Todd Weiss	Dena McClish	John Castaldo
Darla Zarley	Leo Basch	Ken Scheuber	Jessette Phaynarikone	

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

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

2. Public Comment at June 4, 2025, 9:06 AM

There was no public comment.

3. Approval of April 16-17, 2025, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

Board Action:

Motion: Krystal Freitas moved to approve the April 16-17, 2025 Board Meeting Minutes.

Second: Jade Jacobo

Action: Passed unanimously.

◈ CONSENT AGENDA ◈

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

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

A. Edgepark Medical Supplies – Fort Worth, TX
B. Lymphacare - Lebanon, TN
C. Medline Industries, LP – Salt Lake City, UT
D. Medline Industries, LP – Temecula, CA
E. Medline Industries, LP – Tolleson, AZ
F. RxFunction, Inc – Eden Prairie, MN
G. Sleep Data Holding – San Diego, CA
H. Vantive US Healthcare LLC – Largo, FL

4.2 Applications for Out-of-State Wholesaler License (NRS 639.233) – Non-Appearance (**FOR POSSIBLE ACTION**) **Background Check Not Required by Law.**

4.2.1 Publicly Traded (NAC 639.593(6)(a))

I. Cardinal Health at Home – Fort Worth, TX
J. Emergent Devices Inc – Plymouth Meeting, PA
K. Henry Schein, Inc – Jacksonville, FL
L. McKesson Medical-Surgical, Inc – Tolleson, AZ
M. McKesson Medical-Surgical, Inc – Houston, TX
N. Nuvaila US, LLC – Etna, OH

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O. Surmodics, Inc – Eden Prairie, MN

4.2.2 Publicly Traded and VAWD-Accredited (NAC 639.593(6)(a) and (c))

P. McKesson Drug Company – Jeffersonville, OH

4.2.3 Publicly Traded and Manufacturer (NAC 639.593(6)(a) and (d))

Q. Alpha Cognition USA, Inc – Grapeville, TX
R. Chimerix, Inc – Durham, NC
S. Dentsply North America, LLC – Charlottes, NC
T. Intra-Cellular Therapies, Inc – Towson, MD
U. Ionis Pharmaceuticals, Inc – Carlsbad, CA
V. Precigen, Inc – Germantown, MD
W. Scholar Rock, Inc – Cambridge, MA

4.2.4 VAWD-Accredited (NAC 639.593(6)(c))

4.2.5 Manufacturer (NAC 639.593(6)(d))

X. Apozeal Pharmaceuticals, Inc – Levittown, PA
Y. Armas Pharmaceuticals, Inc – Freehold, NJ
Z. Cepheid – Fremont, CA
AA. Cresilon, Inc – Brooklyn, NY
BB. Fujifilm Irvine Scientific, Inc – Santa Ana, CA
CC. Fusion Orthopedics, USA, Inc – Mesa, AZ
DD. Getinge Group Logistics Americas, LLC – East Windsor, NJ
EE. Glenmark Pharmaceuticals, Inc- Allentown, PA
FF. Harrow Eye, LLC – Nashville, TN
GG. HTL-Strefa, Inc – Woodstock, GA
HH. LXO US, Inc – Landsdale, PA
II. Medisca, Inc – Plattsburgh, NY
JJ. Medtronic Logistics, LLC – Jacksonville, FL
KK. Medtronic Logistics, LLC – Memphis, TN
LL. Medtronic Logistics, LLC – Parker, CO
MM. Otter Pharmaceuticals, LLC – Lake Forest, IL
NN. PAI Pharma – Greenville, SC
OO. Philips Ultrasound, LLC – Reedsville, PA
PP. Premier Dental Products Company, LLC – Plymouth Meeting, PA
QQ. Progenics Pharmaceuticals, Inc – Bedford, MA
RR. Sagent Pharmaceuticals – Schaumburg, IL
SS. Spectrum Vascular – White Plains, NY
TT. Urgo Medical North America, LLC – Fort Worth, TX
UU. Secura Bio – Las Vegas, NV

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4.2.6 VAWD-Accredited and Manufacturer (NAC 639.593(6)(c) and (d))

VV. J Knipper & Company, Inc – Lakewood, NJ
WW. J Knipper & Company, Inc – Lakewood, NJ
XX. J Knipper & Company, Inc – Charlestown, IN
YY. Kuehne & Nagel, Inc – Southhaven, MS
ZZ. PI Services, LLC – Erie, PA
AAA. UPS Supply Chain Solutions, Inc – Pedricktown, NJ

4.2.7 Distributor for Single Manufacturer (NAC 639.593(6)(e))

BBB. Axia Medical Solutions – Dallas, TX

4.2.9 Background checks completed in compliance with NRS 639.500.

CCC. Chewy Wholesale DFW5, LLC – Dallas, TX
DDD. Correct Rx Pharmacy Services, Inc – Hanover, MD
EEE. UPS Supply Chain Solutions, Inc – Louisville, KY

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

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

FFF. Adelia Compounding, LLC – Farmers Branch, TX
GGG. Alchemist Pharma – Thonotosassa, FL
HHH. Castleton Pharmacy – Staten Island, NY
III. DCA Pharmacy – Franklin, TN
JJJ. Innovative Compounding Pharmacy – Folsom, CA
KKK. OptioRx – 290 – Columbus, OH

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

LLL. AMRx – Denton. TX
MMM. CareFirst Specialty Pharmacy, LLC – Mount Laurel, NJ
NNN. Flexcare Specialty Services, LLC – Houston, TX
OOO. HealthDyne Specialty Colorado, LLC – Centennial, CO
PPP. HealthDyne Pharmacy Co., LLC – Centennial, CO
QQQ. HealthDyne Specialty Florida, LLC – Lakeland, FL
RRR. LeMed Specialty Pharmacy Arizona, LLC – Gilbert, AZ
SSS. Metro Drugs Pharmacy Department – Hoboken, NJ

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TTT. Phoenix Pharmacy – La Palma, CA
UUU. Precision Fulfillment Pharmacy – Boca Raton, FL
VVV. ProCompounding LLC – Johnson City, TN
WWW. Realo Specialty Care Pharmacy – Morrisville, NC
XXX. Seven Hills Pharmacy LLC – Sharonville, PA
YYY. Synergy Apothecare – Wauwatosa, WI
ZZZ. TC Script, LLC – Scottsdale, AZ
AAAA. Triad Rx – Daphne, AL
BBBB. Truepill NY LLC – Brooklyn, NY
CCCC. Truepill – Hayward, CA

4.6 Application for Out-of-State Outsourcing Facility (NAC 639.6915) – Non-Appearance (**FOR POSSIBLE ACTION**)

DDDD. Mark Cuban Cost Plus Manufacturing – Dallas, TX
EEEE. Olympia Pharmacy – Orlando, FL

4.7 Request to Engage in The Practice of Pharmacy at A Site Other Than a Licensed Pharmacy – Non-Appearance **(FOR POSSIBLE ACTION)**

FFFF. Shyla Ann Mariano

4.8 Recommended Denial of Registration/Licensure Due to Material Omissions on Application – Non-Appearance **(FOR POSSIBLE ACTION)**

4.9 Application for Nevada Warehouse (NAC 639.622) – Non-Appearance **(FOR POSSIBLE ACTION)**

President Park stated that items 4UUU and 4DDDD were removed from the consent agenda.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda with exception of Agenda Item 4UUU and 4DDDD.

Second: Krystal Freitas

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

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

I. Mashayla Coleman (23-505-PT-S)

No one was present on behalf of the Mashayla Coleman.

Jade Jacobo disclosed that Respondent Coleman was a former CVS employee, but she can participate in this matter fairly and without bias.

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Respondent Coleman diverted controlled substances, 863 Alprazolam and 2,057mg of promethazine with codeine syrup.

Ms. Tucker requested that the Declaration of Darlene Nases, Board Coordinator for the Nevada Board of Pharmacy, be entered into the record as Exhibit A, which included Exhibits 1-3.

President Park admitted Exhibit A and Exhibits 1-3 into the record.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to find that Respondent Coleman was properly served and noticed of the hearing.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to make the Findings of Fact consistent with paragraphs 1-7 of the accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to make the Conclusions of Law consistent with paragraphs 8-20 of the accusation.

Second: Krystal Freitas

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Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to find Respondent Coleman guilty of Counts 1-5 consistent with paragraphs 21-25 of the accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to retroactively revoke Mashayla Coleman's Certificate of Registration No. PT20499 to the date of November 1, 2020. Respondent Coleman cannot petition for reinstatement of her registration for a period of one (1) year from the effective date of the revocation. Respondent Coleman fined $1,000 for the violations and to award $638.97 in attorney's costs and fees on the basis that they were reasonable, necessary, and actually incurred.

Second: Krystal Freitas

Action: Passed unanimously.

A.	Partell Specialty Pharmacy	(23-175-PH-S)
B.	Partell Specialty Pharmacy	(23-239-PH-S)
C.	Jeffrey Lang	(23-239-RPH-S)
D.	Partell Specialty Pharmacy	(23-429-PH-S)
E.	Robert Seik	(23-429-RPH-A-S)
F.	Partell Specialty Pharmacy	(24-424-PH-S)
G.	Robert Seik	(24-424-RPH-S)

Jeffrey Lang, Robert Seik, and Joey Gilbert, Esq. were present.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that as pharmacy/pharmacy owner, Partell, is responsible for the acts of its employee in Case No. 23-175-PH-S who refused to transfer a prescription at the request of the patient. Partell is responsible for the acts of its employees in Case No. 23-239-PH-S who purchased drug substances from an unlicensed wholesaler in Nevada; dispensed several drug products to patients with directions to compound the drugs themselves; and furnished a patient's practitioner with prescription blanks bearing the name of the pharmacy. Partell is responsible for the acts of its employees in Case No. 23-429-PH-S who dispensed 512 invalid prescriptions issued for "Emergency Kits" or "COVID Kits" for which the drugs in each were not

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identified on the prescription and dispensed and substituted a different drug without permission in the “COVID Kits”. Partell is responsible for the acts of its employees in Case No. 24-424-RPH-S who accepted, processed, and dispensed prescriptions that were not valid and those of which were controlled substance prescription were not transmitted electronically as required by Nevada Law.

Mr. Zunino prosecuted the case alleging that as pharmacy owner and managing pharmacist during the times of the events, Respondent Seik is responsible for the acts of its employees in Case No. 23-429-PH-S who dispensed 512 invalid prescriptions issued for “Emergency Kits” or “COVID Kits” for which the drugs in each were not identified on the prescription and dispensed and substituted a different drug without permission in the “COVID Kits”. Respondent Seik is responsible for the acts of its employees in Case No. 24-424-RPH-S who accepted, processed, and dispensed prescriptions that were not valid and those of which were controlled substance prescription were not transmitted electronically as required by Nevada Law.

Mr. Zunino prosecuted the case alleging that as managing pharmacist during the times of the events, Respondent Lang is responsible for the acts of its employees who purchased drug substances from an unlicensed wholesaler in Nevada; dispensed several drug products to patients with directions to compound the drugs themselves; and furnished a patient’s practitioner with prescription blanks bearing the name of the pharmacy.

Mr. Zunino presented proposed stipulations for each Respondent in the cases.

Board discussion ensued.

The amended proposed stipulated penalties for Partell Specialty Pharmacy, License No. PH02028, are the following: Respondent’s license shall be revoked effective December 31, 2025. Prior to the revocation, Partell’s License No. PH02028 shall be placed on probation, effective immediately, and subject to the following conditions: 1) Respondent fined $10,000 for the violations; 2) Respondent assessed $3,000 in attorney’s fees and costs; 4) Respondent shall comply with all federal and state statutes and regulations concerning dangerous drugs and controlled substances and shall have no additional charges filed against it during the period of probation; and 4) Respondent shall submit to monthly inspections at owner’s expense during the probation period.

The amended proposed stipulated penalties for Robert Seik, Certificate of Registration No. 13574, are the following: Respondent’s registration shall be revoked effective August 1, 2025. The revocation shall be stayed and is placed on probation for a period of five (5) years subject to the following conditions: 1) Respondent fined $10,000 for the violations; 2) Respondent assessed $1,000 in attorney’s fees and costs; 3) On or before December 31, 2025, Respondent Seik shall complete twelve (12) additional hours of continuing education (CE) on pharmacy law and ethics; 4) On or after August 1, 2025, and through the end of probation, Respondent Seik shall not work as a managing pharmacist for any pharmacy licensed by the Board; 5) On and after December 31,

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2025, Respondent Seik shall not hold an ownership in any pharmacy licensed by the Board; 6) On and after the entry of this Stipulation through the end of the period of probation, Respondent Seik shall comply with all federal and state statutes and regulations concerning controlled substances and dangerous drugs and shall have no additional charges filed against him; and 7) On and after the entry of this Stipulation through the end of the period of probation, Respondent Seik shall not engage in the practice of compounding drug products.

The amended proposed stipulated penalties for Jeffrey Lang's, Certificate of Registration No. 17503, are the following: Respondent Lang's registration shall be revoked, effective immediately. The revocation shall be stayed and is placed on probation for a period of five (5) years subject to the following conditions: 1) Respondent fined $10,000 for the violations; 2) Respondent assessed $1,000 in attorney's fees and costs; 3) On or before December 31, 2025, Respondent Lang shall complete twelve (12) additional hours of continuing education (CE) on pharmacy law and ethics; 4) During the period of probation, Respondent Lang shall not work as a managing pharmacy for or hold an ownership in any pharmacy licensed by the Board other than EliteRx (License No. PH04615); 5) Respondent Lang shall comply with all federal and state statutes and regulations concerning controlled substances and dangerous drugs and have no additional charges filed against him during the probation; and 6) Respondent Lang shall not engage in the practice of compounding "sterile compounded drug products" for a period of two (2) years after the approval of the Stipulation.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the amended Stipulation and Orders for Partell Specialty Pharmacy and Robert Siek as discussed.

Jade Jacobo commented that any date in the stipulation stating August 1, 2025 shall, where the context so requires, be changed to effective immediately.

Second: Jade Jacobo

Action: Passed unanimously.

Board Action:

Motion: Adam Porath moved to approve the Stipulation and Order for Jeffrey Lang as presented by Mr. Zunino.

Second: Krystal Freitas

Aye: Porath, Tomasso, Park, Freitas
Nay: Jacobo

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Action: Motion passed.

K. Michael Brogan (23-183-RPH-S)

Michael Brogan was present.

Laura Tucker, General Counsel for the Nevada State Board of Pharmacy, prosecuted the case alleging that Respondent Brogan failed to complete his 2019 and 2021 continuing education hours as required by Nevada Law.

The amended proposed stipulated penalties for Michael Brogan's, Certificate of Registration No. 18710, are the following: 1) Respondent's Certificate of Registration No. 18710 is placed on probation until July 18, 2025; 2) Respondent Brogan must produce proof of two and one-half (2.5) continuing education credits and one (1) law continuing education credit. If Respondent fails to provide proof, his Certificate of Registration No. 18710 will be suspended for a period of time not to exceed five (5) months; any suspension will be lifted upon proof of his completed required continuing education credit; 3) Respondent fined $1,000 for the violations; and 4) Respondent assessed $500 in attorney's fees and costs.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the amended Stipulation and Order for Michael Brogan as presented by Ms. Tucker.

Second: Chanyis Taylor

Action: Passed unanimously.

15. Discussion of Attorney General Opinion 2025-01 re: Homeopathic physicians authority to possess, administer, prescribe and dispense controlled substances/dangerous drugs.

Todd Weiss, Senior Deputy Attorney General, presented.

16. Executive Secretary Report

David Wuest, Executive Secretary for the Nevada Board of Pharmacy, presented.

L. CVS Pharmacy #8824 (22-509-PH-S)

This matter was continued.

M. Karlo Arceo (22-509-RPH-S)

This matter was continued.

N. Rodelyn Arceo (23-353-CS-S)

This matter was continued.

O. Hill-Rom (24-500-MP-S)

This matter was continued.

P. David Whitehouse (23-429-RPH-B-S)

This matter was continued.

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

B. Rxeed

Craig Perry, Esq., and Nizar Dewood, Esq., were present on behalf of Rxeed.

Brett Kandt, General Counsel for Nevada State Board of Pharmacy, originally prosecuted the citation and fine against Rxeed.

Mr. Perry requested that the Board vacate the matter.

President Park vacated the matter.

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

L. Gary M. DeShazo (23-450-CS-S)

Gary DeShazo was present.

Laura Tucker, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Respondent DeShazo entered a Settlement Agreement with the Osteopathic Board's Case No. PN1407002 and voluntarily surrendered his license.

Ms. Tucker requested that the settlement agreement be entered into the record as Exhibit 1.

President Park admitted the settlement agreement into record as Exhibit 1.

Board discussion ensued.

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Board Action:

Motion: Jade Jacobo moved to find the Findings of Facts and Conclusions of Law consistent with paragraphs 1-12 of the accusation.

Second: Chanyis Taylor

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to find Dr. DeShazo guilty of Counts 1-3 consistent with paragraphs 13-15 of the accusation.

Second: Adam Porath

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to retroactively revoke Gary DeShazo's, Certificate of Registration No. CS03830, to October 31, 2024, and may not petition for reinstatement for a period of one (1) year.

Second: Chanyis Taylor

Action: Passed unanimously.

Ms. Tucker requested that the memorandum of fees be entered into the record as Exhibit 2.

President Park admitted the memorandum of cost and fees into the record as Exhibit 2.

Board Action:

Motion: Richard Tomasso moved to dismiss all costs and fees.

Second: Jade Jacobo

Action: Passed unanimously.

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

A. FutureCare

No one was present on behalf of FutureCare.

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Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Julio Orozco, owner of FutureCare, was issued a citation and fine by the Nevada Board of Pharmacy, which Mr. Orozco appealed.

Mr. Orozco sent an email to Board staff saying that he would not be attending the hearing.

Kenneth Scheuber, Investigator for the Nevada Board of Pharmacy, was called as a witness.

Kenneth Scheuber appeared and was sworn in by President Park.

The Board heard testimony and received evidence.

Mr. Zunino requested that the email correspondence from Mr. Orozco and Mr. Scheuber to be admitted as Exhibit 6.

President Park admitted Exhibit 6 into the record.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to find that the Respondent was properly noticed of the hearing; Moved to make the Findings of Facts consistent with paragraphs 1-17 of the accusation; moved to make Conclusions of Law consistent with paragraphs 18-27 of the accusation; moved to find FutureCare guilty of Counts One in paragraphs 28-33; and to impose a fine of $1,000 to be due and payable within thirty (30) days of the Order.

Second: Adam Porath

Action: Passed unanimously.

7. Discussion and possible action to approve Amended Findings of Fact, Conclusions of Law and Order in Case No. 19-012-CS-S, in settlement of Petition for Judicial Review filed in *Festus Ebonka, APRN, Petitioner v. Nevada State Board of Pharmacy, Respondent*, Eighth Judicial District Court Case No. A-24-902608-J. **(FOR POSSIBLE ACTION)**

Brett Kandt, General Counsel for Nevada Board of Pharmacy, originally prosecuted the case against Festus Ebonka and gave a brief background on the previous Findings of Fact, Conclusions of Law and Order entered September 4, 2024, imposing discipline including a stay revocation against Respondent's Certificate of Registration No. CS23430n.

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Mr. Ebonka subsequently filed a Petition for Judicial Review of the Board's Order, but has proposed to dismiss the PJR if the Board would amend the Order to vacate the revocation and instead impose a stayed suspension for the remainder of the probation period, until September 4, 2027.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to uphold the original Order.

Second: Chanyis Taylor

Action: Passed unanimously.

16. General Counsel Report

Gregory Zunino, Senior General Counsel, presented.

8. Application for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6944) – Appearance (**FOR POSSIBLE ACTION)**

B. Optimal Embrace – Las Vegas, NV

Chelsea Jolley (Owner), Steve Jolley (Owner of Optimal Physical Therapy), and Matt Figgins (Administrator) were present.

The Board heard testimony and asked questions of the applicants.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Nevada Medical, Devices, Equipment and Gases License for Optimal Embrace.

Second: Chanyis Taylor

Action: Passed unanimously.

14. Application for Advance Practice Registered Nurse – Prescribe Registration (NAC 639.850) – Appearance (**FOR POSSIBLE ACTION)**

A. Leslie Erin Kalyn

Leslie Erin Kalyn was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Advance Practice Registered Nurse – Prescribe Registration for Leslie Erin Kalyn for dangerous drugs only.

Second: Jade Jacobo

Action: Passed unanimously.

10. Application for Nevada Ambulatory Surgery Center License (NAC 639.4992) – Appearance (**FOR POSSIBLE ACTION)**

    I. Sahara Surgery Center – Las Vegas, NV

Chike Okolo, Pharmacist in Charge, and Kelly Lorie, Administrator, were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the ownership change for Sahara Surgery Center – Las Vegas, NV.

Second: Adam Porath

Action: Passed unanimously.

Public comment at June 4, 2025, at 2:30 PM

There was no public comment.

President Park recessed the meeting for the night and reconvened the meeting the next morning at 9:00 AM.

Board Members Present:

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Helen Park	Krystal Freitas	Jade Jacobo	Richard Tomasso
Adam Porath	Anna Carr	Chanyis Taylor	

Board Staff Present:

David Wuest	Yenh Long	Gregory Zunino	Brett Kandt	Laura Tucker
Darlene Nases	Erin Miller	Todd Weiss	Dena McClish	John Castaldo
Darla Zarley	Leo Basch	Ken Scheuber	Joe Dodge	Jessette Phaynarikone

Call to Order and Roll Call – Establishment of Quorum

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

Public comment at June 5, 2025, at 9:11 AM

There was no public comment.

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

    B. Meta Pharmacy Services – Las Vegas, NV

Bruce Thielke (Pharmacist in Charge), Andy Vukadinovich (Vice President of Operations), Derek O'Leary (President of Operations), Rachel Grey (Counsel), and Erik Heikkenen (Consultant) were present.

The Board heard testimony and asked questions of the applicants.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the managing pharmacist change for Meta Pharmacy Services.

Second: Chanyis Taylor

Action: Passed unanimously.

13. Request for Approval of Change of Managing Pharmacist pursuant to NRS 639.220 **(FOR POSSIBLE ACTION)**

    A. Thomas Schotik

Thomas Schotik was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the change of managing pharmacist for Thomas Schotik.

Second: Chanyis Taylor

Action: Passed unanimously.

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

    A. Las Vegas Radiopharmacy – Las Vegas, NV

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

    C. RLS (USA) Inc. – Wood Dale, IL

David Miller ,Compliance, and Hussam Abbassi, Pharmacist in Charge, were present.

The Board heard testimony and asked questions of the applicants.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the ownership change for Las Vegas Radiopharmacy – Las Vegas, NV and RLS (USA) Inc. – Wood Dale, IL.

Second: Chanyis Taylor

Action: Passed unanimously.

    A. RLS (USA) Inc. – Livingston, NJ

Hussam Abbassi, Pharmacist in Charge, was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

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Board Action:

Motion: Jade Jacobo moved to approve the out of state pharmacy license for RLS (USA) Inc. – Livingston, NJ.

Second: Adam Porath

Action: Passed unanimously.

8. Application for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6944) – Appearance (**FOR POSSIBLE ACTION)**

A. Inspire Prosthetics & Orthotics – Las Vegas, NV

Chante Henry-Pottinger (Vice President and Chief Operational Officer), Elden Henry-Pottinger (President and Chief Clinical Officer), Wilfredo Christie (Chief Executive Officer and Cofounder), and Jennifer Daniels (Chief Administrator Officer and Cofounder) were present.

The Board heard testimony and asked questions of the applicants.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Medical, Devices, Equipment and Gases license for Inspire Prosthetics & Orthotics.

Second: Chanyis Taylor

Action: Passed unanimously.

C. Silver State Medical Supplies, LLC – Las Vegas, NV

Justin Caday, Owner, and Minnie Caday, Administrator and Registered Nurse, were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Medical, Devices, Equipment and Gases license for Silver State Medical Supplies, LLC.

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Second: Jade Jacobo

Action: Passed unanimously.

9. Application for Out-of-State Medical Devices, Equipment and Gases License (NAC 639.6944) – Appearance (**FOR POSSIBLE ACTION)**

    A. The CPAP Shop – West Berlin, NJ

Karen Baldino (Director of Operations), Anthony Zadnik (Vice President of Commerce), Diane Siegel (Senior Director of Credentialing), and Amy Bettinger (Credentialing Specialist) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Jade Jacobo left the meeting at 10:54 AM.

Board Action:

Motion: Adam Porath moved to approve the out-of-state Medical, Devices, Equipment and Gases license for The CPAP Shop, pending the Board staff's receipt of an updated application.

Second: Krystal Freitas

Action: Passed unanimously.

Jade Jacobo returned to the meeting at 10:57 AM.

10. Application for Nevada Ambulatory Surgery Center License (NAC 639.4992) – Appearance (**FOR POSSIBLE ACTION)**

    A. Coronado Surgery Center – Henderson, NV
    B. Coronado Surgical Recovery Suites – Henderson, NV
    G. Queensridge Surgery Center – Las Vegas, NV
    H. Queensridge Surgical Recovery Suites – Las Vegas, NV

Michelle McCarthy, Clinical Director of Pharmacy – Managing Pharmacist Consultant, and Marissa Antonucci, Executive Assistant to the COO and Owner, were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the ownership change for Coronado Surgery Center, Coronado Surgical Recovery Suites, Queensridge Surgical Center, and Queensridge Surgical Recovery Suites, pending the receipt of a letter of authorization from Dr. Michael Crovetti, Jr.

Second: Krystal Freitas

Action: Passed unanimously.

C. Elkhorn Surgery Center – Las Vegas, NV

Michelle McCarthy, Clinical Director of Pharmacy – Managing Pharmacist Consultant, and Brandon Reynolds, Owner, were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the name change and ownership change for Elkhorn Surgery Center.

Second: Adam Porath

Action: Passed unanimously.

A. Fort Apache Surgery Center, LLC – Las Vegas, NV

Michelle McCarthy, Clinical Director of Pharmacy – Managing Pharmacist Consultant, and Pete Bekas, Chief Executive Officer, were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the ownership change for Fort Apache Surgery Center, LLC.

Second: Krystal Freitas

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Action: Passed unanimously.

A. Horizon Ridge Surgery Center, LLC – Henderson, NV

Michelle McCarthy, Clinical Director of Pharmacy – Managing Pharmacist Consultant, and Crystal Lussier, Administrator, were present.

The Board heard testimony and asked questions of the applicants.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the name change and ownership change for Horizon Ridge Surgery Center, LLC.

Second: Jade Jacobo

Action: Passed unanimously.

J. Summit Surgical Center, LLC – Las Vegas, NV

Michelle McCarthy (Clinical Director of Pharmacy – Managing Pharmacist Consultant), Jennifer Tran (Medical Director), Stephanie Holmstrom (Administrator), Hashim Qureshi (Medical Director), and Denise Wright (Director of Nursing) were present.

The Board heard testimony and asked questions of the applicants.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the name change and ownership change for Summit Surgical Center, LLC.

Second: Adam Porath

Action: Passed unanimously.

E. Fresenius Vascular Care Henderson ASC, LLC – Henderson, NV

Lynda Teator, Facility Administrator, and Kim Royer, Senior Director of Business Integration, were present.

The Board heard testimony and asked questions of the applicants.

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Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Nevada Ambulatory Surgery Center license for Fresenius Vascular Care Henderson ASC, LLC.

Second: Chanyis Taylor

Action: Passed unanimously.

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

    A. Polaris Pharmacy Services – Warrington, PA

Jonathan Reibstein, Pharmacist in Charge, was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Out-of-State Pharmacy license for Polaris Pharmacy Services.

Second: Krystal Freitas

Action: Passed unanimously.

8. Application for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6944) – Appearance (**FOR POSSIBLE ACTION)**

    D. High Vibes Medical Supply, LLC - Las Vegas, NV

No one was present on behalf of High Vibes Medical Supply, LLC.

17. Date and Location of Next Scheduled Board Meeting:

    July 16-17, 2025 – Las Vegas, NV

18. Public Comment from June 5, 2025, at 11:43 AM.

There was no public comment.

19. Adjournment

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4A

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	■ Yes	☐ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

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

Section 1: General Information

Facility Name: CARDIO PARTNERS, INC.

MDEG Physical Address: 1033 COLLINS RD, SUITE B

City: GREENWOOD State: IN Zip: 46143

Mailing Address (if different from physical address): 5000 BRADENTON AVE

City: DUBLIN State: OH Zip: 43017

Telephone: 614-760-5000 Website: WWW.CARDIOPARTNERS.COM

Email: REGULATORY@SARNOVA.COM

Name of MDEG Administrator (NAC 639.694): JILL VENNEKOTTER

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
■ Practitioners[a]	☐ Life-sustaining equipment**
■ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
■ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	■ Others: AED's AND AED ACCESSORIES
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8-5	■ Tue: 8-5	■ Wed: 8-5	■ Thurs: 8-5	■ Fri: 8-5
☐ Sat: CLOSED	☐ Sun: CLOISED	☐ Holidays: CLOSED		

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

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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

NONE

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

Name: NONE Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: OHIO

Parent Company (if any): SARNOVA HC, LLC

Corporation/Organization Name: CARDIO PARTNERS, INC.

Mailing Address: 5000 TUTTLE CROSSING BLVD

City: DUBLIN State: OH Zip: 43016

Telephone: 614-760-5000 Email: REGULATORY@SARNOVA.COM

Contact Person Name: Darrell Hughes

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓ WH03775	✓	✓

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

DARRELL HUGHES, GENERAL COUNSEL

Print Name of Authorized Person Submitting Application

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

8/27/25

Date

Board Use Only	Date Received: 6/11/25	Amount: $500-cc

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 11/27/2024

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

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

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. Columbus OH Office 8940 Lyra Drive Suite 250 Columbus OH 43240 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Cardio Partners, Inc. 5000 Tuttle Crossing Blvd. P.O. Box 8023 Dublin OH 43016 USA	INSURER A: Federal Insurance Company	20281
	INSURER B: ProAssurance Specialty Insurance Company	17400
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 570109596691** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			36073395	12/01/2024	12/01/2025	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	POLICY X PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	Excluded
	OTHER:							
A	AUTOMOBILE LIABILITY			7363-09-65	12/01/2024	12/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
A	X UMBRELLA LIAB X OCCUR			78197881	12/01/2024	12/01/2025	EACH OCCURRENCE	$10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$10,000,000
	DED X RETENTION $10,000							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A						E.L. EACH ACCIDENT	
	(Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	
B	Products Liability			N240H380019 Claims Made	12/01/2024	12/01/2025	Aggregate Limit Agg Deductible Per Occ Comp/Op	$10,000,000 $150,000 $10,000,000

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

Evidence of Coverage. Facility Address: 1033 Collins Rd, Suite B, Greenwood, IN 46143.

CERTIFICATE HOLDER

Cardio Partners, Inc.
5000 Tuttle Crossing Blvd.
PO Box 8023
Dublin OH 43016 USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570109596691

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AGENCY CUSTOMER ID: 570000037575
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardio Partners, Inc.
POLICY NUMBER: See Certificate Number: 570109596691	
CARRIER: See Certificate Number: 570109596691 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
B	Products Liability			N24OH380019 Claims Made	12/01/2024	12/01/2025	Per Occ Deductible	$50,000

ACORD 101 (2008/01)
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UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CARDIO PARTNERS, INC., an Ohio corporation, Charter No. 2155064, having its principal location in Dublin, County of Franklin, was incorporated on December 3, 2012 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of January, A.D. 2025.

Ohio Secretary of State

Validation Number: 202502201130

Sarnova HC, LLC
(100% Owner of Cardio Partners, Inc.)

PO Box 8023, Dublin, Ohio 43016

State of Organization: DE Date of Organization: 05/01/2008 EIN: 26-2549813
File No. 4540843

Officers	
NAME	**TITLE**
Brian LaDuke	President
Shawn Saylor	CFO
Darrell Hughes	Secretary

Cardio Partners, Inc.
(Owned 100% by Sarnova HC, LLC)

State of Incorporation: OH Date of Incorporation: 12/03/2012 EIN: 80-0874694
Charter No. 2155064

Officers	
NAME	**TITLE**
Brian LaDuke	CEO
Lawrence Franchetti	President
Shawn Saylor	CFO
Darrell Hughes	Secretary

Kristy Zigenis

From: Turner, Laura A (PLA) <LaTurner1@pla.IN.gov>
Sent: Monday, November 2, 2020 10:05 AM
To: Jill Vennekotter
Subject: RE: Licensing

This clarifies things Jill.

We do not require a license for the wholesale distribution of medical devices. If the devices contain prescription drug products, then that activity would already be covered under the wholesale license.

Laura A. Turner, J.D.
Board Director
Indiana Professional Licensing Agency

From: Vennekotter, Jill <Jill.Vennekotter@Sarnova.com>
Sent: Monday, November 2, 2020 1:01 PM
To: Turner, Laura A (PLA) <LaTurner1@pla.IN.gov>
Subject: RE: Licensing

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Thank you for the information. We distribute legend and non-legend devices to hospitals, emergency first responders, physicians, and other wholesalers. Would the HME license apply to us? We do not sell directly to patients and the devices listed are not really in the category of what we sell.

I want to make sure we are adequately licensed, but I am not sure this applies to our company.

Thank you,

Jill Vennekotter
Sarnova HC, LLC | Regulatory Affairs Specialist
5000 Tuttle Crossing Blvd. | Dublin, OH 43016
Direct 614-760-5199 | General 614-760-5000
jill.vennekotter@sarnova.com | www.sarnova.com

From: Turner, Laura A (PLA) [mailto:LaTurner1@pla.IN.gov]
Sent: Monday, November 2, 2020 12:22 PM
To: Vennekotter, Jill <Jill.Vennekotter@Sarnova.com>
Subject: RE: Licensing

We have a Home Medical Device license – see this page for further information.

https://www.in.gov/pla/2567.htm

Laura A. Turner, J.D.
Board Director
Indiana Professional Licensing Agency

From: Vennekotter, Jill <Jill.Vennekotter@Sarnova.com>
Sent: Monday, October 26, 2020 12:09 PM
To: Group 04 <pla4@pla.IN.gov>
Subject: Licensing

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Hello,
My company is a distributor of legend devices. According to my research I am not sure if Indiana requires device distributors to be licensed, or just wholesale distributors that distribute drugs. My facilities are not located in state.

Can you please advise if a license is needed?

Thank you,

Jill Vennekotter
Sarnova HC, LLC | Regulatory Affairs Specialist
5000 Tuttle Crossing Blvd. | Dublin, OH 43016
Direct 614-760-5199 | General 614-760-5000
jill.vennekotter@sarnova.com | www.sarnova.com

Disclaimer

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This email has been scanned for viruses and malware, and may have been automatically archived.

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG CARDIO PARTNERS, INC. MDEG License # (if applicable) pending

Physical Address 1033 COLLINS RD, SUITE B

City GREENWOOD State IN Zip 46143

Mailing Address (if different from physical address) 5000 TUTTLE CROSSING BLVD

City DUBLIN State OH Zip 43016

Telephone 614-760-5000 Website WWW.AED.COM

Licensing Company Email REGULATORY@SARNOVA.COM

Section 2: Personal Information

First KYLE Middle [redacted] Last FRIERMOOD

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email REGULATORY@SARNOVA.COM

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

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

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

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

School Name			From - To (MM/YY – MM/YY)
SOUTHWOOD JUNIOR			2003-2007
Address	**City**	**State**	**Zip**
564 E STATE ROAD 124	WABASH	IN	46992
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2021-PRESENT	[redacted]	[redacted]	[redacted]	[redacted]
08/2017-12/2020				
07/2015-07/2017				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
CARDIO PARTNERS, INC.			09/2022-PRESENT	
Business Address		**City**	**State**	**Zip**
1033 COLLINS RD, SUITE B		GREENWOOD	IN	46143
Phone	**Title**		**Number of Employed Hours**	
614-760-5000	OPERATIONS MANAGER		3000	
Description of Duties				
SEE ATTACHED JOB DESCRIPTION				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/29/25
Date

I, KYLE FRIERMOOD, **certify that as the MDEG Administrator for**

CARDIO PARTNERS, INC.,

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

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

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

KYLE FRIERMOOD
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/29/25
Date

Board Use Only	Date Received: 6/11/25

Job Description



Job Title:	Operations Manager	**Travel Required:**	
Department:	Warehouse	**Date Posted:**	
Location:		**Posting Expires:**	
Reports To:	Director of Distribution Centers	**HR Contact:**	
Education:	Associate's degree	**Posting URL:**	

Summary:
Plans, organizes, and monitors the receiving, storage, and distribution of medical products (including prescription drugs and devices) received from suppliers to ensure on-time, quality shipments to customers.

Essential Duties and Responsibilities:

- Provide day to day leadership of the warehouse.
- Lead start-up operations including: storage capacity requirements, departmental layout, automation review, process flow, space utilization, staffing requirements, new hire training, and development of key performance metrics.
- Manage staff to ensure timely distribution and receipt of product while meeting standards of budget, policies, procedures and quality.
- Document and maintain, in proper form, all records required relating to the purchase and distribution of all prescription drugs (including controlled substances and devices).
- Develop and implement ongoing quality and process improvement programs.
- Handle shipping and receiving, unloading trucks, checking in merchandise, matching purchase orders to bill of lading/packing slip.
- Monitor the unloading of all materials into the Receiving Department; ensure materials are staged for counting and inspection and reports accurately reflect material received.
- Implement and maintain a program for inventory control--receiving, documenting, and adjusting product.
- Resolve day-to-day issues using defined processes and working with cross-functionally with internal departments.
- Develop and adhere to service and financial metrics, including staffing, capital and expense targets.
- Select, develop, motivate and lead staff to ensure attainment of warehouse goals.
- Monitor key performance metrics and provide associates with individual and team results.
- Assure associates have appropriate training and resources to meet customer needs.
- Maintain safe working conditions and ensure all associates comply with Company safety policies and procedures.
- Assure complete compliance with the Prescription Drug Marketing Act of 1987 (Federal) and with all Federal and State laws and regulation applicable to the conduct of a wholesaler.
- Provide for the proper storage of drugs in order to prevent loss or deterioration.
- Assure security and limited access to all areas holding prescription drugs and devices.

Physical Requirements:

- Ability to stand for long continuous periods of time.

- Ability to climb ladders up to 15 feet.
- May engage in some repetitive motion.
- May engage in frequent bending, stooping, pushing and pulling of parts and part containers.
- Due to the open environment of the warehouse, must be able to work in various weather and temperature conditions to include extreme heat, humidity and cold.
- Ability to use hands to finger, handle or feel; reach with hands and arms; and talk and hear.
- Ability to continuously walk, stoop, kneel, crouch or crawl.
- Ability to occasionally sit, climb or balance.
- Ability to continuously lift and/or move objects up to 10 pounds, frequently lift and/or move objects up to 25 pounds, and occasionally lift and/or move objects that weigh 50+ pounds.
- Specific vision abilities required include close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.

Qualifications

- Bachelor's degree preferred.
- Experience in the manufacturing/ wholesale distribution of drugs and or medical devices preferred.
- A minimum of five years warehouse management experience in a high volume pick pack operation.
- Experience with warehouse management system (WMS) a plus.

Skills/Experience Required:

- Ability to work and lead associates in a fast paced operation. Position requires time on the warehouse floor.
- Be familiar with and able to interpret packing slips, enter into the computer the correct information, and acknowledge receipt of the goods into the purchase order and processing database.
- Able to fill out bills of lading and be familiar with various forms that are used and required by the major freight carriers.
- Familiar with the most common material handling equipment – forklift, pallet jack, etc.
- Strong computer skills including proficiency with Microsoft Office suite. Able to operate UPS/FEDEX online software preferred.
- Strong managerial and conflict resolution skills. Able to effectively train, coach and mentor associates; provide current, direct, complete, and "actionable" positive and constructive feedback to team members.
- Results-oriented, self-motivated individual who can work in a team environment, as well as make independent decisions.
- Experience developing and implementing processes and procedures.
- Organized and efficient. Able to organize, prioritize and delegate work.
- Excellent documentation and record-keeping abilities.
- Able to make recommendations to effectively resolve problems or issues, by using judgment that is consistent with standards, policies, procedures, regulation or government law.
- Strong communication skills, including ability to influence and communicate at all levels, through verbal and written means. Able to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.

Supervises:

- A team of Warehouse Associates, Warehouse Team Lead, and Warehouse Managers.

Sarnova is an Equal Opportunity Employer. We offer a competitive salary, commensurate with experience, along with a comprehensive benefits package, including 401(k) Plan.
EEO/M/F/Veterans/Disabled

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site CARDIO PARTNERS, INC.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PENDING

Physical Address 1033 COLLINS RD, SUITE B

City GREENWOOD State IN Zip 46143

Mailing Address (if different from physical address) 5000 TUTTLE CROSSING BLVD

City DUBLIN State OH Zip 43016

Telephone 614-760-5000 Website WWW.CARDIOPARTNERS.COM

Licensing Company Email REGULATORY@SARNOVA.COM

Section 2: Personal Information

First DARRELL Middle _____ Last HUGHES

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email REGULATORY@SARNOVA.COM

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
CAPITAL UNIVERSITY LAW SCHOOL		1996-1999	
Address	**City**	**State**	**Zip**
303 EAST BROAD ST	COLUMBUS	OH	43215
Diploma/Degree obtained, if any			
J.D.			

School Name		From - To (MM/YY – MM/YY)	
INDIANA UNIVERSITY, BLOOMINGTON		1991-1995	
Address	**City**	**State**	**Zip**
107 S INDIANA AVE	BLOOMINGTON	IN	47405
Diploma/Degree obtained, if any			
B.A. PSYCHOLOGY			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2003-PRESENT	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
CARDIO PARTNERS, INC.			2012-PRESENT
Business Address	**City**	**State**	**Zip**
5000 TUTTLE CROSSING BLVD	DUBLIN	OH	43016
Phone	**Title**		
614-760-5000	SECRETARY, General Counsel		
Description of Duties			
~~SELF-EMPLOYED~~ officer of company			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/27/25
Date

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

DARRELL HUGHES

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/21/25

Date

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

State of Ohio, ss. County of Franklin

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

Original Signature

5/21/25

Date

Subscribed and Sworn to before me this 27 day of May 2025.

Notary Public Signature

JILL VENNEKOTTER
NOTARY PUBLIC • STATE OF OHIO
Comm. No. 2023-RE-869823
My Commission Expires Oct. 23, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site CARDIO PARTNERS, INC.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PENDING

Physical Address 1033 COLLINS RD, SUITE B

City GREENWOOD State IN Zip 46143

Mailing Address (if different from physical address) 5000 TUTTLE CROSSING BLVD

City DUBLIN State OH Zip 43016

Telephone 614-760-5000 Website WWW.CARDIOPARTNERS.COM

Licensing Company Email REGULATORY@SARNOVA.COM

Section 2: Personal Information

First BRIAN Middle _____ Last LADUKE

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email REGULATORY@SARNOVA.COM

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
XAVIER UNIVERSITY		2009-2011	
Address	**City**	**State**	**Zip**
3000 VICTORY PKWY	CINCINNATI	OH	45207
Diploma/Degree obtained, if any			
MBA, BUSINESS			

School Name		From - To (MM/YY – MM/YY)	
POINT LOMA NAZARENE UNIVERSITY		1994-2000	
Address	**City**	**State**	**Zip**
3900 LOALAND	SAN DIEGO	CA	92106
Diploma/Degree obtained, if any			
B.A., BUSINESS COMMUNICATIONS			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2018-PRESENT	[redacted]	[redacted]	[redacted]	[redacted]
06/2013-07/2018				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
CARDIO PARTNERS, INC.			10/2017-PRESENT
Business Address	**City**	**State**	**Zip**
5000 TUTTLE CROSSING BLVD	DUBLIN	OH	43016
Phone	**Title**		
614-760-5000	CEO		
Description of Duties			
~~SEE ATTACHED~~ CEO, officer of company			

Business Name			From - To (MM/YY – MM/YY)
INVACARE CORPORATION			01/2013-10/2017
Business Address	**City**	**State**	**Zip**
ONE INVACARE WAY	ELYRIA	OH	44035
Phone	**Title**		
--	VP, NORTH AMERICA REHAB CHANNEL & PRODUCT MARKETING		
Description of Duties			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/27/25
Date

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

BRIAN LADUKE

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/27/25

Date

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

State of OHIO, ss. County of Franklin

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

Original Signature

5/27/25

Date

Subscribed and Sworn to before me this 27 day of May 2025

Notary Public Signature

JILL VENNEKOTTER
NOTARY PUBLIC • STATE OF OHIO
Comm. No. 2023-RE-869823
My Commission Expires Oct. 23, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site CARDIO PARTNERS, INC.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PENDING

Physical Address 1033 COLLINS RD, SUITE B

City GREENWOOD State IN Zip 46143

Mailing Address (if different from physical address) 5000 TUTTLE CROSSING BLVD

City DUBLIN State OH Zip 43016

Telephone 614-760-5000 Website WWW.CARDIOPARTNERS.COM

Licensing Company Email REGULATORY@SARNOVA.COM

Section 2: Personal Information

First SHAWN Middle _____ Last SAYLOR

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email REGULATORY@SARNOVA.COM

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
THE OHIO STATE UNIVERSITY		2002-2004	
Address	**City**	**State**	**Zip**
281 W LANE AVE	COLUMBUS	OH	43210
Diploma/Degree obtained, if any			
MASTERS OF ACCOUNTING/CPA			

School Name		From - To (MM/YY – MM/YY)	
OHIO UNIVERSITY		2003	
Address	**City**	**State**	**Zip**
1 OHIO UNIVERSITY	ATHENS	OH	45701
Diploma/Degree obtained, if any			
BACHELOR OF BUSINESS ADMINISTRATION			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2008-PRESENT	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
CARDIO PARTNERS, INC.			2009-PRESENT
Business Address	**City**	**State**	**Zip**
5000 TUTTLE CROSSING BLVD	DUBLIN	OH	43016
Phone	**Title**		
614-760-5000	CFO		
Description of Duties			
CFO of company			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/2/25
Date

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

SHAWN SAYLOR

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/2/25

Date

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

State of Ohio, ss. County of Franklin

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

Original Signature

6/2/25

Date

Subscribed and Sworn to before me this 2nd day of June, 2025

Notary Public Signature

JILL VENNEKOTTER
NOTARY PUBLIC • STATE OF OHIO
Comm. No. 2023-RE-869823
My Commission Expires Oct. 23, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: CARDIO PARTNERS, INC.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PENDING

Physical Address: 1033 COLLINS RD. SUITE B

City: GREENWOOD State: IN Zip: 46143

Mailing Address (if different from physical address): 5000 TUTTLE CROSSING BLVD

City: DUBLIN State: OH Zip: 43016

Telephone: 614-760-5000 Website: WWW.CARDIOPARTNERS.COM

Licensing Company Email: REGULATORY@SARNOVA.COM

Section 2: Personal Information

First: LAWRENCE Middle: Last: FRANCHETTI

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

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

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: REGULATORY@SARNOVA.COM

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF DELAWARE		1999-2001	
Address	**City**	**State**	**Zip**
210 SOUTH COLLEGE AVE	NEWARK	DE	19716
Diploma/Degree obtained, if any			
BACHELORS			

School Name		From - To (MM/YY – MM/YY)	
TULANE UNIVERSITY		1997-1999	
Address	**City**	**State**	**Zip**
6823 ST CHARLES AVE	NEW ORLEANS	LA	70118
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
SALESIANUM SCHOOL		1993-1997	
Address	**City**	**State**	**Zip**
1801 N BROOM ST	WILMINGTON	DE	19802
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2019-PRESENT	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY) 01/2019-05/2019				
From - To (MM/YY – MM/YY) 04/2011-01/2019				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
ONE BEAT CPR LEARNING CENTER, LLC			01/2019- PRESENT	
Business Address	**City**	**State**	**Zip**	
3151 EXECUTIVE WAY	MIRAMAR	FL	33025	
Phone	**Title**			
614-760-5000	CEO			
Description of Duties				
[redacted] officer of company				

Business Name			From - To (MM/YY – MM/YY)	
CARDIO PARTNERS, INC.			08/2024-PRESENT	
Business Address	**City**	**State**	**Zip**	
5000 TUTTLE CROSSING BLVD	DUBLIN	OH	43016	
Phone	**Title**			
614-760-5000	PRESIDENT			
Description of Duties				
[redacted] officer of company				

Business Name			From - To (MM/YY – MM/YY)	
CIGNET, LLC			04/2014-01/2019	
Business Address	**City**	**State**	**Zip**	
24601 CAPITAL BLVD	CLINTON TOWNSHIP	MI	48036	
Phone	**Title**			
586-307-3790	PRESIDENT			
Description of Duties				
CIGNET IS NO LONGER A COMPANY				

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/30/2025
Date

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

LAWRENCE FRANCHETTI

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/30/2025

Date

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

State of Florida, ss. County of Broward

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

Original Signature

5/30/2025

Date

Subscribed and Sworn to before me this 30th day of May.

Notary Public Signature

RUTH E. BONILLA
Notary Public - State of Florida
Commission # HH 339734
My Comm. Expires Dec 22, 2026
Bonded through National Notary Assn.

(Seal)

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

License Number	Expire Date
48002644A	09/30/2026

CARDIO PARTNERS, INC.

Eric J. Holcomb
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

License Number	Expire Date
48002644A	09/30/2026

CARDIO PARTNERS, INC.

Signature _____

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

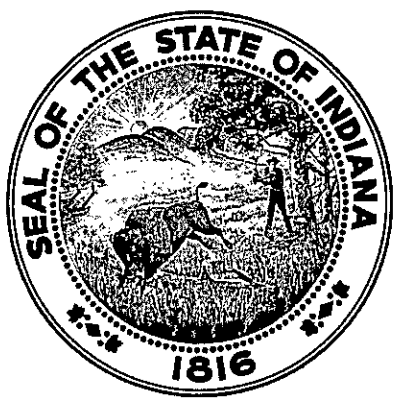
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CARDIO PARTNERS, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 17, 2013, and was in existence or authorized to transact business in the State of Indiana on June 04, 2025.

I further certify this Foreign For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 04, 2025

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

2013041800173 / 20254444955

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on July 04, 2025.

4B

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	☒ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☒ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

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

Section 1: General Information

Facility Name: CoreVerity, LLC

MDEG Physical Address: 1 Parrott Drive, Ste 400

City: Shelton State: CT Zip: 06484

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

City: _____ State: _____ Zip: _____

Telephone: 475-244-6082 Website: www.coreverity.com

Email: info@coreverity.com

Name of MDEG Administrator (NAC 639.694): Ivan Nussberg

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
☒ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☒ Others: Durable Medical Equipment
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: N/A
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8am - 5pm EST	■ Tue: 8am - 5pm EST	■ Wed: 8am - 5pm EST	■ Thurs: 8am - 5pm ES	■ Fri: 8am - 5pm EST
☐ Sat:	☐ Sun:	☐ Holidays:		

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

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
None

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

Name: N/A _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): _____

Corporation/Organization Name: CoreVerity, LLC

Mailing Address: 1 Parrott Drive, Ste 400

City: Shelton State: CT Zip: 06484

Telephone: 475-244-6082 Email: marc.reynolds@coreverity.com

Contact Person Name: Marc Reynolds

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of all Officers and Directors.	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• *Wholesaler Application must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

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

Marc Reynolds

Print Name of Authorized Person Submitting Application

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

10/15/2024

Date

Board Use Only	Date Received: 10/15/24	Amount: $500-cc

VANGUARDME NVARIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/1/2025

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

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

PRODUCER	CONTACT NAME: Nancy Varin
CRISP, an Alera Group Insurance Agency 1250 Route 28 Suite 201 Branchburg, NJ 08876	PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Lloyds of London — 112636
INSURED Coreverity LLC & Vanguard Medical LLC 1 Parrott Drive Shelton, CT 06484	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 2,000,000
	[X] CLAIMS-MADE [ ] OCCUR			E&O19263A24	7/1/2024	8/15/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	[X] E&O/PRODUCTS LIAB						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	[X] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Errors & Omissions (Professional Liability) and Products Liability - $2MIL Each Occurrence $4MIL Annual Aggrefate

CERTIFICATE HOLDER

Evidence of E&O/Products Liability

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Nancy C. Varin

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COREVERITY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COREVERITY, LLC" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2024.

Jeffrey W. Bullock, Secretary of State

4677924 8300

SR# 20243532825

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

Authentication: 204335818

Date: 09-09-24

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "COREVERITY, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE THIRTEENTH DAY OF AUGUST, A.D. 2024, AT 3:32 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "COREVERITY, LLC".





4677924 8100H
SR# 20243532825

Authentication: 204335823
Date: 09-09-24

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:32 PM 08/13/2024
FILED 03:32 PM 08/13/2024
SR 20243403143 - File Number 4677924

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is CoreVerity, LLC.

2. The Registered Office of the limited liability company in the State of Delaware is located at 131 Continental Drive, Suite 301 (street), in the City of Newark, Zip Code 19713-4323. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is InCorp Services, Inc.

By: /s/ Clancy Purcell
Authorized Person

Name: Clancy Purcell
Print or Type

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions can be emailed to the Drug Control Division at dcp.drugwholesalers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. All renewal notifications and certificates will only be emailed to your last reported email on record. You can update your email, mailing address or print a duplicate certificate by logging into your account with your User ID and Password at www.elicense.ct.gov. Visit our website at www.ct.gov/dcp.

Mailing address:

COREVERITY LLC
1 PARROTT DR STE 400
SHELTON, CT 06484-4853

Email on file to be used for receiving all notices from this office:

ivan.nussberg@coreverity.com

1098354

STATE OF CONNECTICUT ✦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

COREVERITY LLC

1 PARROTT DR STE 400
SHELTON, CT 06484-4853

has satisfied the qualifications required by law and is hereby issued a

WHOLESALER OF DRUGS, COSMETICS & MEDICAL DEVICES

Controlled Substances: No **Rx Legend Drugs: No** **Non Rx Legend Drugs: No** **Medical Devices: Yes**

Cosmetics: No **Medical Gases and Oxygen: No** **Durable Medical Equipment (DME): Yes**

Registration #: CSW.0005536
Effective Date: 07/01/2025
Expiration Date: 06/30/2026

verify online at www.elicense.ct.gov

Bryan T. Cafferelli, Commissioner

Additional Sheet – List of all Officers and Directors

- Clancy Purcell – CEO
- Ivan Nussberg – COO

Ownership

- Clancy Purcell – 90%
- Ivan Nussberg – 10%

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler CoreVerity, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 1 Parrott Drive, Ste 400

City Shelton State CT Zip 06484

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 475 244 6082 Website www.coreverity.com

Licensing Company Email marc.reynolds@coreverity.com

Section 2: Personal Information

First Ivan Middle _____ Last Nussberg

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email ivan.nussberg@coreverity.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Drew University		09/03 - 05/07	
Address	**City**	**State**	**Zip**
36 Madison Avenue	Madison	NJ	07940
Diploma/Degree obtained, if any			
Bachelor's Degree - Cum Laude			

School Name		From - To (MM/YY – MM/YY)	
Hopkins School		08/99 - 06/03	
Address	**City**	**State**	**Zip**
986 Forest Road	New Haven	CT	06515
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/22 - Present	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)				
10/18 - 04/22				
From - To (MM/YY – MM/YY)				
01/09 - 10/18				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
CoreVerity, LLC			09/24 - Present
Business Address	**City**	**State**	**Zip**
1 Parrott Drive, Ste 400	Shelton	CT	06484
Phone	**Title**		
475 244 6082	COO / MANAGING PARTNER		
Description of Duties			
Oversight of all company operations			

Business Name			From - To (MM/YY – MM/YY)
Vanguard Medical, LLC			09/18 - Present
Business Address	**City**	**State**	**Zip**
1 Parrott Drive, Ste 400	Shelton	CT	06484
Phone	**Title**		
203 308 2448	COO / MANAGING PARTNER		
Description of Duties			
Oversight of all company operations			

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

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

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

Continue on next page if additional space is needed.

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

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

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/02/2021		RI	Providence	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CA. NO.1.21-CV-00367-MSM-PAS	United States District Court

Reason/Charge
Cold Therapy Device Patient Injury

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff: Clifton Rivers	Lawsuit

Name of Business/Industry/Entity
Vanguard Medical, LLC

Provide explanation below:

Defendants:
Vanguard Medical, LLC, NICE Recovery Systems, Rhode Island Foot Care, Inc., Douglas Glod D.P.M, John Doe Corporation.

Explanation:
On November 3, 2020, patient, Clifton Rivers, received a NICE cold compression device from Vanguard Medical, prescribed by his Doctor to aid with recovery following his bunionectomy surgery, scheduled for November 5, 2020.

On November 12, 2020, the patient contacted his Doctor complaining of right foot pain, numbness and swelling and was admitted to the hospital until December 2, 2020 for treatment. The patient had allegedly received injuries resulting from a defective design of the NICE device and negligence by the surgeon.

Case was settled out of court with $0 liability.

Original Signature (electronic, copies or stamps not accepted)

10 - 23 - 2024
Date

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

Ivan Nussberg

Print Name (First, Last)

INUSSBERG

Original Signature (electronic, copies or stamps not accepted)

10 - 23 - 2024

Date

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

State of CONNECTICUT, ss. County of FAIRFIELD

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

INUSSBERG

Original Signature

10 - 23 - 2024

Date

Subscribed and Sworn to before me this 23 day of October 2024

Rebekah R Harry

Notary Public Signature

Rebekah R Harry
Notary Public-Connecticut
My Commission Expires
October 31, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG CoreVerity, LLC MDEG License # (if applicable) _____

Physical Address 1 Parrott Drive, Ste 400

City Shelton State CT Zip 06484

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

City _____ State _____ Zip _____

Telephone 475 244 6082 Website www.coreverity.com

Licensing Company Email marc.reynolds@coreverity.com

Section 2: Personal Information

First Ivan Middle _____ Last Nussberg

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email marc.reynolds@coreverity.com

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

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

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

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

School Name: Drew University			From - To (MM/YY – MM/YY): 09/03 - 05/07
Address: 36 Madison Avenue	City: Madison	State: NJ	Zip: 07940
Diploma/Degree obtained, if any: Bachelor's Degree - Cum Laude			
School Name: Hopkins School			From - To (MM/YY – MM/YY): 08/99 - 06/03
Address: 986 Forest Road	City: New Haven	State: CT	Zip: 06515
Diploma/Degree obtained, if any: High School Diploma			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/22 - Present	[redacted]	[redacted]	[redacted]	[redacted]
10/18 - 04/22				
01/09 - 10/18				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name: Vanguard Medical LLC			From - To (MM/YY – MM/YY): 09/18 - Present
Business Address: 1 Parrott Drive, Ste 400	City: Shelton	State: CT	Zip: 06484
Phone: 475 244 6082	Title: COO / MANAGING PARTNER		Number of Employed Hours: 40 hrs weekly
Description of Duties: Oversight of all company operations.			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

Provide explanation below:

/MASSENA

Original Signature (electronic, copies or stamps not accepted)

10-23-2024

Date

I, Ivan Nussberg, **certify that as the MDEG Administrator for**

CoreVerity, LLC,

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

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

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

Ivan Nusberg

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-23-2024

Date

Board Use Only	Date Received: 11/5/24

ASSIGNMENT AND SETTLEMENT AGREEMENT

This Assignment and Settlement Agreement ("Agreement") is executed this _____ day of October, 2024, by and between Clifton Rivers ("Rivers") and the Vanguard Medical, LLC ("Vanguard") (Rivers and Vanguard are collectively referred to herein as the "Parties").

RECITALS

WHEREAS, Rivers filed a civil action captioned Clifton Rivers v. Nice Recovery Systems, LLC et. al, C.A. No. 1:21-cv-00367-MSM-PAS in the United States District Court for the District of Rhode Island (the "Rivers Lawsuit") against Vanguard, among other defendants;

WHEREAS, the Rivers Lawsuit alleges that Rivers suffered personal injuries as a result of defendants' negligence;

WHEREAS, subsequent to the filing of the Rivers Lawsuit, Vanguard made a claim with its insurance seeking coverage for the Rivers Lawsuit.

WHEREAS, Vanguard was denied coverage by its insurance company, and thereafter brought suit in the Superior Court for the State of Connecticut against Acrisure, LLC d/b/a Security First Insurance Group, Certain Underwriters at Lloyd's Syndicate 2623 and Syndicate 0623, and Tyler Novak, for Breach of Contract, Negligence, and Declaratory Judgment, captioned Vanguard Medical v. Acrisure, LLC D/B/A Security First Insurance Group, Tyler Novak, and Certain Underwriters at Lloyd's Syndicate 2623 and Syndicate 0623, Docket No: UWY-CV23-6072741-S (the "Coverage Lawsuit").

WHEREAS, subsequent to filing the Rivers Lawsuit and the Coverage Lawsuit, Vanguard filed a petition for relief under Chapter 11 of the United States Code in the United States Bankruptcy Court for the Eastern District of Massachusetts, captioned In re: Vanguard Medical, LLC, Case No. 24-10561 (the "Bankruptcy Action").

- Any documents relating to policy issuance, modifications, cancellations, and renewals
- Any documents related to premium payments

2. **No Admission of Liability or Waiver of Rights or Defenses**. The Parties for themselves, their parents, subsidiaries, affiliates, attorneys, successors, assigns, owners, officers, directors, insureds, and subrogors, make no admission of liability nor waive any rights or defenses available to them.

3. **Entire Agreement**. All of the agreements, covenants, representations and warranties between the Parties, express or implied, oral and written, concerning the subject matter of this Agreement, are contained in this Agreement. All prior and contemporaneous conversations, negotiations, agreements, representations, covenants and warranties covering the subject matter of this Agreement are merged into this Agreement.

4. **Modification**. The Parties to this Agreement agree and understand that no modification or waiver of any terms of this Agreement shall be valid unless made in writing and executed by the Parties with the same formality as this Agreement.

5. **Binding on Successors**. All of the terms and conditions of this Agreement shall be binding upon and inure to the benefit of the Parties hereto and their respective successors, heirs, legatees, beneficiaries, legal representatives and assigns.

6. **Severability**. All of the terms and conditions of this Agreement shall be binding upon and inure to the benefit of the Parties hereto and their respective successors, heirs, legatees, beneficiaries, legal representatives and assigns.

7. **Governing Law**. This Agreement shall be governed, construed and enforced in accordance with the laws of the State of Rhode Island, to the extent applicable and any action to

EXECUTION AND ACCEPTANCE

The undersigned, on behalf of the Parties named herein, hereto represents and warrants that he/she has read this Agreement, and each and every part thereof; that he/she fully understands the terms thereof; and has consulted with counsel with respect thereto; and that he/she accepts, agrees to and intends to be bound by terms of this Agreement.

CLIFTON RIVERS

Date: 9-24-24

VANGUARD MEDICAL, LLC

By: _____

Its: CEO

Date: 9-25-24

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND

CLIFTON RIVERS Plaintiff	:	
v.	:	C.A. No. 1:21-cv-00367-MSM-PAS
NICE RECOVERY SYSTEMS LLC; VANGUARD MEDICAL LLC; RHODE ISLAND FOOT CARE, INC.; DOUGLAS GLOD, D.P.M.; JOHN DOE CORPORATION; & JOHN DOE Defendants	:	

AMENDED COMPLAINT

PARTIES

1. Plaintiff Clifton Rivers is a resident of Fall River in the Commonwealth of Massachusetts.

2. Defendant, Nice Recovery Systems LLC, is a foreign limited liability company, existing under the laws of Delaware, with its principal place of business in Boulder, Colorado.

3. Defendant, Vanguard Medical LLC, is a domestic limited liability company, existing under the laws of Connecticut, with its principal place of business in Derby, Connecticut.

4. Defendant, Rhode Island Foot Care, Inc., is a professional service corporation, existing under the laws of Rhode Island, with its principal place of business in Pawtucket, Rhode Island. At all relevant times, defendant Douglas Glod, D.P.M., was an employee, agent, servant, and/or partner of defendant Rhode Island Foot Care, Inc.

5. Defendant, Douglas Glod, D.P.M., upon information and belief, is a citizen and resident of the State of Rhode Island. At all relevant times mentioned herein, said defendant was engaged in the practice of medicine in the State of Rhode Island and the

13. The NICE1 device works by circulating "cooled" water and air through a therapy wrap and provides cold therapy; the air inflates the therapy wrap causing it to compress around the injured body part.

14. According to Defendant Nice Recovery Systems LLC's manual for the NICE1, it is "intended to treat post-surgical and acute injuries to reduce edema, swelling, and pain where cold and compression are indicated. It is intended to be used by or on the order of a healthcare professional in hospitals, outpatient clinics, athletic training settings, or home settings."

15. Defendant Nice Recovery Systems LLC maintains a website, nicerecovery.com, which is accessible via the Internet by individuals worldwide. Through this website, Defendant Nice Recovery Systems LLC markets the NICE1 and solicits business. Defendant solicits the rental and purchase of the NICE1, and solicits partnerships with physical therapists, athletic trainers, surgeons, Durable Medical Equipment providers, and professional athletes to utilize, promote, and supply the NICE1.

16. According to Defendant Nice Recovery Systems LLC's website, this NICE1 is embraced and utilized by leading orthopedic surgeons, athletic trainers and professional athletes, including the New York Yankees and the United States Ski and Snowboard Team.

17. The NICE1's user manual is available for download on Defendant Nice Recovery System LLC's website. Within the manual, Defendant directs users who encounter a systems error or other device error to contact Nice Recovery System LLC's customer service or technical assistance. The manual states that Defendant is committed to servicing its device both during and after the sale of the NICE1, and should there be any questions concerning the operation of the NICE1, users are instructed to contact Defendant Nice Recovery Systems

representative are responsible for marketing, supplying and/or distributing the NICE1 to physicians and physicians' patients within their respective territories.

24. Defendant Vanguard Medical LLC maintains a website, www.vanguard-med.com, which is accessible via the Internet by individuals worldwide. Through this website, Defendant Vanguard Medical LLC markets the NICE1 and solicits care providers and patients to contact Vanguard Medical LLC for the NICE1. Defendant Vanguard Medical LLC's website contains a photograph of the NICE1 and a link that takes the website user directly to the Defendant Nice Recovery System LLC's website to view the NICE1 user manual.

25. Defendant Vanguard Medical LLC's website informs website views that once a patient's doctor has prescribed a given therapy or device, a Vanguard representative will contact the patient and set up an at-home demonstrative fitting of the patient's device. A link to Defendant Nice Recovery System LLC's website, specifically the user manual portion of said website, is on the same page, along with links to other medical device user manuals.

26. Upon information and belief, Defendant Nice Recovery Systems LLC and/or Defendant Vanguard Medical LLC partnered and/or contracted with Defendant Rhode Island Foot Care, Inc. and/or Defendant Douglas Glod, D.P.M., to provide or supply NICE1 devices to patients of Defendant Rhode Island Foot Care, Inc., and/or Defendant Douglas Glod, D.P.M, including the plaintiff, Clifton Rivers. This partnership or contract included Defendant Vanguard Medical LLC's agents, servants, employees or representatives instructing patients of Defendant Rhode Island Foot Care, Inc. and/or Defendant Douglas Glod, D.P.M., on how to use the NICE1.

27. Defendant Nice Recovery Systems LLC and/or Defendant Vanguard Medical LLC is responsible for providing the NICE1 for use and treatment by Plaintiff Clifton Rivers.

on after surgery, twenty-four hours a day. Defendant Vanguard Medical LLC's representative also told Mr. Rivers to bring the therapy wrap piece of the Device to his surgery.

34. On November 5, 2020, Mr. Rivers underwent scheduled surgery, performed by Defendant Glod, at the Southern New England Surgery Center in Attleboro, Massachusetts, to correct his right foot bunion and tailor's bunion.

35. Upon completion of the surgery on November 5, 2020, Defendant Glod, and/or medical staff working with Defendant Glod at Defendant Glod's request, secured the therapy wrap piece of the Device on Mr. Rivers' right foot prior to his discharge, and reminded Plaintiff Rivers to follow the instructions previously provided to him on how he was to use the Device as he recuperated from the surgery.

36. On November 5, 2020, when Mr. Rivers arrived home after his operation, he connected the therapy wrap on his right foot to the Device and turned the Device on. Aside from powering the Device on, Mr. Rivers did not manipulate any controls on the Device, and as instructed by Defendants Glod and Vanguard Medical LLC, through its agents, servants, and employees, Mr. Rivers kept the device powered on, on his foot, twenty-four hours a day for the next seven days.

37. On November 12, 2020, Mr. Rivers contacted Defendant Glod's office, Rhode Island Foot Care, Inc.,, complaining of right foot pain, numbness, and swelling. Mr. Rivers was instructed to respond to Kent Hospital where he was diagnosed with a compartment syndrome and a postoperative infection.

38. Mr. Rivers was admitted to Kent Hospital on November 12, 2020, and discharged on December 2, 2020. During his admission, Mr. Rivers underwent a right foot fasciotomy on November 22, 2020 and a right foot debridement of all nonviable tissue on November 25, 2020.

43. On the date of Mr. Rivers' injury, the Device was in substantially the same condition as it was when originally manufactured.

44. Said injures and damages proximately resulted from the defective design and condition of said Device, which rendered it unreasonably dangerous to users like Mr. Rivers', and/or from Defendants' breach of warranties, and/or from Defendants' negligent acts and/or omissions, as herein referenced.

45. Further, Plaintiff Rivers' surgeries were also the result of Defendant Glod's failure to exercise diligence and skills of a reasonably competent physician of podiatry, and failure to properly diagnose, care and treat Plaintiff and was otherwise negligent.

46. At all times material hereto, Mr. Rivers was in the exercise of due care for his safety.

COUNT I
NEGLIGENCE
NICE RECOVERY SYSTEMS LLC

1. Plaintiff restates and realleges Paragraphs 1 through 46 of the Complaint as if fully set forth at length herein.

2. Defendant owed a duty to Plaintiff and others using the Device which is the subject of this Complaint to use reasonable care in the design, manufacture, distribution, sale, delivery, assembly, installation, supply, maintenance, and/or service of said Device.

3. Defendant further owed a duty to Plaintiff and others using said Device to test and inspect for, and warn of, defects and dangerous properties and conditions inherent in and arising from said Device.

4. Defendant breached said duties and was otherwise negligent in the design, manufacture, distribution, sale, delivery, assembly, installation, supply, maintenance, inspection, testing, and/or service of said Device.

3. At all material times, Plaintiff was a person reasonably expected to be affected by the use and operation of said Device.

4. Defendant impliedly and expressly warranted that said Device was safe, of merchantable quality, and fit for its intended and foreseeable uses.

5. At the time said Device was sold or leased, it did not comply with said warranties in that it was in a defective condition and was not fit for its ordinary purposes.

6. Plaintiff relied on the warranties made by Defendant and was permanently injured and sustained damage as a direct and proximate result of his reliance on said warranties and as a direct and proximate result of the breaches of said warranties by the Defendant.

7. As a direct and proximate result of Defendant's breaches of warranties, Plaintiff suffered significant and permanent personal injuries, and was otherwise damaged.

8. As a direct and proximate result of Defendant's breaches of warranties, Plaintiff suffered devastating injuries to his right lower extremity which necessitated several surgeries and other procedures.

7. As a direct and proximate result of Defendant's breaches of warranties, Plaintiff has endured and will in the future endure mental and physical pain, suffering, and mental and emotional anguish and distress.

8. As a direct and proximate result of Defendant's breaches of warranties, Plaintiff has been and will be unable to perform his usual activities, has suffered a loss of wages and earning capacity, and has been otherwise significantly and permanently damaged.

9. By reason of the foregoing, Plaintiff Rivers has incurred and will incur the need for and resulting expenses for medical treatment, medicines, hospitalization, rehabilitation therapy, and the like.

8. By reason of the foregoing, Plaintiff Rivers has incurred and will in the future incur the need for and resulting expenses for medical treatment, medicines, hospitalization, rehabilitation therapy, and the like.

WHEREFORE, Plaintiff, Clifton Rivers, demands judgment against Defendant Nice Recovery Systems LLC in an amount that, exclusive of interest and costs, exceeds the jurisdictional minimum of this Honorable Court, and whatever further relief this Honorable Court deems just.

COUNT IV
VICARIOUS LIABILITY
NICE RECOVERY SYSTEMS LLC

1. Plaintiff hereby incorporates by reference Paragraphs 1 through 46 and Counts I through III of the Complaint as if set forth fully and at length herein.

2. Defendant John and/or Jane Doe was an employee, agent, apparent agent, and/or servant of Defendant, and was acting within the scope of his/her employment at all times relevant hereto.

3. Defendant, through their agents, servants, employees and partners, was at all relevant times vicariously responsible for the acts of their employees, agents, and servants, including but not limited to, the acts of Defendant John and/or Jane Does, as set forth above.

4. As a direct and proximate result of said negligence, Plaintiff suffered significant and permanent personal injuries, and was otherwise damaged.

5. As a direct and proximate result of said negligence, Plaintiff suffered devastating injuries to his right lower extremity which necessitated several surgeries and other procedures.

4. Defendant breached said duties and was otherwise negligent in the design, manufacture, distribution, sale, lease, delivery, assembly, installation, supply, maintenance, inspection, testing, and/or service of said Device.

5. As a direct and proximate result of Defendant's negligence, Plaintiff suffered significant and permanent personal injuries, and was otherwise damaged.

6. As a direct and proximate result of Defendant's negligence, Plaintiff suffered devastating injuries to his right lower extremity which necessitated several surgeries and other procedures.

7. As a direct and proximate result of Defendant's negligence, Plaintiff has endured and will in the future endure mental and physical pain, suffering, and mental and emotional anguish and distress.

8. As a direct and proximate result of Defendant's negligence, Plaintiff has been and will be unable to perform his usual activities, has suffered a loss of wages and earning capacity, and has been otherwise significantly and permanently damaged.

9. By reason of the foregoing, Plaintiff Rivers has incurred and will incur the need for and resulting expenses for medical treatment, medicines, hospitalization, rehabilitation therapy, and the like.

WHEREFORE, Plaintiff, Clifton Rivers, demands judgment against Defendant Vanguard Medical LLC in an amount that, exclusive of interests and costs, exceeds the jurisdictional minimum of this Honorable Court, and whatever further relief this Honorable Court deems just.

8. As a direct and proximate result of Defendant's breaches of warranties, Plaintiff has been and will be unable to perform his usual activities, has suffered a loss of wages and earning capacity, and has been otherwise significantly and permanently damaged.

9. By reason of the foregoing, Plaintiff Rivers has incurred and will incur the need for and resulting expenses for medical treatment, medicines, hospitalization, rehabilitation therapy, and the like.

WHEREFORE, Plaintiff, Clifton Rivers, demands judgment against Vanguard Medical LLC in an amount that, exclusive of interest and costs, exceeds the jurisdictional minimum of this Honorable Court, and whatever further relief this Honorable Court deems just.

COUNT VII
STRICT TORT LIABILITY
VANGUARD MEDICAL LLC

1. Plaintiff hereby incorporates by reference paragraphs 1 through 46 of the Complaint and Counts I through VI as if set forth fully at length herein.

2. At the time Defendant sold and supplied said Device, it was defective in design, manufacture, and sale, which defects rendered it unfit and unreasonably dangerous to foreseeable users such as Plaintiff.

3. When injured, Plaintiff was using said Device in an ordinary and foreseeable manner.

4. As a direct and proximate result of said defective conditions of said Device, Plaintiff suffered significant and permanent personal injuries, and was otherwise damaged.

5. As a direct and proximate result of said defective condition of said Device, Plaintiff suffered devastating injuries to his right lower extremity which necessitated several surgeries and other procedures.

4. As a direct and proximate result of said negligence, Plaintiff suffered significant and permanent personal injuries, and was otherwise damaged.

5. As a direct and proximate result of said negligence, Plaintiff suffered devastating injuries to his right lower extremity which necessitated several surgeries and other procedures.

6. As a direct and proximate result of said negligence, Plaintiff has endured and will in the future endure mental and physical pain, suffering, and mental and emotional anguish and distress.

7. As a direct and proximate result of said negligence, Plaintiff has been and will be unable to perform his usual activities, has suffered a loss of wages and earning capacity, and has been otherwise significantly and permanently damaged.

8. By reason of the foregoing, Plaintiff Rivers has incurred and will in the future incur the need for and resulting expenses for medical treatment, medicines, hospitalization, rehabilitation therapy, and the like.

WHEREFORE, Plaintiff, Clifton Rivers, demands judgment against Defendant Vanguard Medical LLC in an amount that, exclusive of interest and costs, exceeds the jurisdictional minimum of this Honorable Court, and whatever further relief this Honorable Court deems just.

COUNT IX
NEGLIGENCE
RHODE ISLAND FOOT CARE, INC.

1. Paragraphs 1 through 46 of the Complaint and Counts I through VIII are hereby incorporated by reference as if fully set forth herein.

2. Defendant Rhode Island Foot Care, Inc. undertook for a valuable consideration to diagnose, treat and care for Clifton Rivers.

COUNT X
LACK OF INFORMED CONSENT
RHODE ISLAND FOOT CARE, INC.

1. Paragraphs 1 through 46 and Counts I through IX are hereby incorporated by reference as if set forth fully at length herein.

2. It then and there became the duty of Defendant Rhode Island Foot Care, Inc., no emergency existing, to inform Clifton Rivers of the risks of harm attendant to the course of treatment and care it proposed to administer to and perform upon him so that he could give his informed consent to the course of such treatment. It also then and there became the duty of Defendant Rhode Island Foot Care, Inc. to obtain Clifton Rivers' informed consent before proceeding with said course of treatment and care.

3. Nevertheless, Defendant Rhode Island Foot Care, Inc. disregarded its duty as aforesaid and failed to inform Clifton Rivers of the risks of harm attendant to the course of treatment and care in question and proceed to perform said course of treatment and care without having obtained his informed consent.

4. If Defendant Rhode Island Foot Care, Inc. had informed Clifton Rivers of the risks of harm attendant to the course of treatment and care in question including, but not limited to, the risk of his suffering those injuries from which he suffered and continues to suffer as a direct result of Rhode Island Foot Care, Inc.'s performance of the course of treatment and care in question, Clifton Rivers would have refused to consent to the performance of said course of treatment and care.

5. By reason of the foregoing, Plaintiff Clifton Rivers has incurred and will in the future incur the need for and resulting expenses for medical and nursing treatment, medicines, hospitalization, therapy, and the like.

5. As a direct and proximate result of Defendant Rhode Island Foot Care, Inc.'s negligence as aforesaid, Clifton Rivers suffered severe injuries to his mind, body, nerves and nervous system, has endured and will in the future endure extreme mental pain, suffering and emotional distress, has and will in the future be unable to perform his usual activities, has suffered a loss of earning capacity and loss of earnings, and has suffered a loss of enjoyment of life, all of which injuries are permanent, and has been otherwise permanently damaged.

WHEREFORE, Plaintiff Clifton Rivers demands judgment against Defendant Rhode Island Foot Care, Inc. in an amount that will justly compensate for his damages, together with interest, costs, and attorneys' fees, and such other and further relief as this Court deems just.

COUNT XII
VICARIOUS LIABILITY
RHODE ISLAND FOOT CARE, INC.

1. Paragraphs 1 through 46 and Counts I through XI are hereby incorporated by reference as if fully set forth at length herein.

2. Defendant Glod was an employee, agent, servant, and/or partner of Defendant Rhode Island Foot Care, Inc., and was acting within the scope of his employment at all times relevant hereto.

3. Defendant Rhode Island Foot Care, Inc. was at all relevant times vicariously responsible for the acts of its employees, agents, servants, and/or partners including but not limited to, the acts of Defendant Glod, as set forth above.

4. By reason for the foregoing, Plaintiff Clifton Rivers has incurred and will in the future incur the need for and resulting expenses for medical and nursing treatment, medicines, hospitalization, therapy, and the like.

5. As a direct and proximate result of Defendant Rhode Island Foot Care, Inc.'s negligence as aforesaid, Clifton Rivers suffered severe injuries to his mind, body, nerves and

endured and will in the future endure extreme mental pain, suffering and emotional distress, has and will in the future be unable to perform his usual activities, has suffered a loss of earning capacity and loss of earnings, and has suffered a loss of enjoyment of life, all of which injuries are permanent, and has been otherwise permanently damaged.

7. The injuries suffered by Plaintiff Rivers as a result of Defendant Glod's negligence were not discoverable through reasonable diligence until he was diagnosed on or about March 15, 2021.

WHEREFORE, Plaintiff Clifton Rivers demands judgment against Defendant Glod in an amount that will justly compensate for his damages, together with interests, costs, and attorneys' fees, and such other and further relief as this Court deems just.

COUNT XIV
LACK OF INFORMED CONSENT
DOUGLAS GLOD, D.P.M.

1. Paragraphs 1 through 46 and Counts I through XIII are hereby incorporated by reference as if set forth fully at length herein.

2. It then and there became the duty of Defendant Glod, no emergency existing, to inform Plaintiff Rivers of the risks of harm attendant to the course of treatment and care he proposed to administer to and perform upon him so that he could give his informed consent to such course of treatment. It also then and there became the duty of Defendant Glod to obtain Plaintiff Rivers' informed consent before proceeding with said course of treatment and care.

3. Nevertheless, Defendant Glod disregarded his duty as aforesaid and failed to inform Clifton Rivers of the risks of harm attendant to the course of treatment and care in question and proceeded to perform said course of treatment and care without having obtained his informed consent.

PLAINTIFF DEMANDS A TRIAL BY JURY AND DESIGNATE AMATO A. DeLUCA AS TRIAL COUNSEL

Plaintiff,
By his attorneys,

/s/ Amato A. DeLuca
Amato A. DeLuca (#0531)
Katelyn M. Revens (#9078)
DeLUCA & ASSOCIATES, LTD.
199 North Main Street
Providence, RI 02903
(401) 453-1500
(401) 453-1501 Fax
bud@delucaandassociates.com
kate@delucaandassociates.com

Dated: November 2, 2021

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler CoreVerity, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 1 Parrott Drive, Ste 400

City Shelton State CT Zip 06484

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 475 244 6082 Website _____

Licensing Company Email marc.reynolds@coreverity.com

Section 2: Personal Information

First Clancy Middle _____ Last Purcell

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email clancy.purcell@coreverity.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of New Haven		09/11 - 05/13	
Address	**City**	**State**	**Zip**
300 Boston Post Rd	West Haven	CT	06516
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
University of Connecticut		09/09 - 06/11	
Address	**City**	**State**	**Zip**
261 Glenbrook Rd	Storrs	CT	06269
Diploma/Degree obtained, if any			
Bachelors of Arts - Economics			

School Name		From - To (MM/YY – MM/YY)	
Hobart College		08/08 - 06/09	
Address	**City**	**State**	**Zip**
300 Pulteney St	Geneva	NY	14456
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Northeastern University			
Address	**City**	**State**	**Zip**
360 Huntington Av.	Boston	CT	02115
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
The Taft School			
Address	**City**	**State**	**Zip**
110 Woodbury Road	Watertown	CT	06795
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/24 - Present	[redacted]	[redacted]	[redacted]	[redacted]
05/21 - 03/24				
06/16 - 05/21				
06/14 - 06/16				
06/13 - 06/14				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
CoreVerity, LLC			09/24 - Present	
Business Address		**City**	**State**	**Zip**
1 Parrott Drive, Ste 400		Shelton	CT	06484
Phone	**Title**			
475 244 6082	CEO			
Description of Duties				
Strategic direction and oversight of all facets of the business.				

Business Name			From - To (MM/YY – MM/YY)	
Vanguard Medical, LLC			09/18 - Present	
Business Address		**City**	**State**	**Zip**
1 Parrott Drive, Ste 400		Shelton	CT	06484
Phone	**Title**			
203 308 2448	CEO			
Description of Duties				
Strategic direction and oversight of all facets of the business.				

Business Name			From - To (MM/YY – MM/YY)	
Bioventus, LLC			04/14 - 03/20	
Business Address		**City**	**State**	**Zip**
4721 Emperor Blvd. Suite 100		Durham	CT	27703
Phone	**Title**			
	Sales Representative			
Description of Duties				
Educate patients and surgeons on Durable Medical Equipment				

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

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

Continue on next page if additional space is needed.

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

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

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/02/2021		RI	Providence	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CA. NO.1.21-CV-00367-MSM-PAS	United States District Court

Reason/Charge
Cold Therapy Device Patient Injury

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff: Clifton Rivers	Lawsuit

Name of Business/Industry/Entity
Vanguard Medical, LLC

Provide explanation below:

Defendants:
Vanguard Medical, LLC, NICE Recovery Systems, Rhode Island Foot Care, Inc., Douglas Glod D.P.M, John Doe Corporation.

Explanation:
On November 3, 2020, patient, Clifton Rivers, received a NICE cold compression device from Vanguard Medical, prescribed by his Doctor to aid with recovery following his bunionectomy surgery, scheduled for November 5, 2020.

On November 12, 2020, the patient contacted his Doctor complaining of right foot pain, numbness and swelling and was admitted to the hospital until December 2, 2020 for treatment. The patient had allegedly received injuries resulting from a defective design of the NICE device and negligence by the surgeon.

Case was settled out of court with $0 liability.

Original Signature (electronic, copies or stamps not accepted)

10/29/24
Date

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

Clancy Purcell

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/25/24

Date

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

State of CONNECTICUT, ss. County of FAIRFIELD

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

Original Signature

10/25/24

Date

Subscribed and Sworn to before me this 25 day of October 2024

Notary Public Signature

Rebekah R Harry
Notary Public-Connecticut
My Commission Expires
October 31, 2028

(Seal)

4C

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

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

Section 1: General Information

Facility Name: Diabetes DME

MDEG Physical Address: One Overlook Point Suite 657

City: Lincolnshire State: IL Zip: 60069

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (847) 873 8040 Website: https://diabetesdme.com/

Email: info@diabetesdme.com

Name of MDEG Administrator (NAC 639.694): Christian Trujillo

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	■ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8:30 - 14:30	■ Tue: 8:30 - 14:00	■ Wed: 8:30 - 15:30	■ Thurs: 8:30 - 15:30	■ Fri: 8:30 - 13:00
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

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

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

   a) A practicing health professional; or

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

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Illinois

Parent Company (if any): N/A

Corporation/Organization Name: Diabetes DME LLC

Mailing Address: One Overlook Point #657

City: Lincolnshire State: IL Zip: 60069

Telephone: (847) 873 8040 Email: info@diabetesdme.com

Contact Person Name: Christian Trujillo

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

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

CHRISTIAN TRUJILLO

Print Name of Authorized Person Submitting Application

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

05/16/2025

Date

Board Use Only	Date Received: 5/20/25	Amount: $500 CK 1017

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/13/2025

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

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

PRODUCER: VGM Insurance Services, Inc. 1111 Van Miller Way Waterloo IA 50701	CONTACT NAME: VGM Insurance Services, Account Management Team PHONE (A/C, No, Ext): (800) 362-3363 FAX (A/C, No): E-MAIL ADDRESS: services@vgminsurance.com
INSURED: Diabetes DME LLC 1 Overlook Point STE 657 Lincolnshire IL 60069	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : BENCHMARK INSURANCE COMPANY — 41394 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			D1024 G7084-2	04/01/2025	04/01/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Professional Liabiilty						MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

Novitas Solutions - NPEast DMEPOS
P.O. Box 3704
Mechanicsburg PA 17050

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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File Number 1443785-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

DIABETES DME LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 08, 2024, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 16TH *day of* MAY ***A.D.*** 2025 .

Authentication #: 2513601892 verifiable until 05/16/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

From: Christian Trujillo
To: Kristy Zigenis
Cc: info@diabetesdme.com
Subject: Re: Nevada MDEG Application
Date: Wednesday, May 21, 2025 2:31:18 PM
Attachments: image001.png

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

Hi Kristy,

I am the only person with a title for this company and my title is CEO. No directors or officers other than me.

Thank you for clarifying.

On Wed, May 21, 2025 at 4:28 PM Kristy Zigenis <k.zigenis@pharmacy.nv.gov> wrote:

> Hi Christian,
>
> I have received the MDEG application for Diabetes DME of Lincolnshire, IL. Does Diabetes DME have any officers or directors? If so, please send me a list of names and titles. If not, please respond to this email with a statement indicating there are none.
>
> Thank you,
>
> **Kristy Zigenis**
>
> **Licensing Supervisor**
>
> **Nevada State Board of Pharmacy**
>
> **(775) 850-1440**
>
> k.zigenis@pharmacy.nv.gov

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

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
203.002932

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
03/31/2027

HOME MEDICAL EQUIPMENT AND SERVICES PROVIDER

DIABETES DME
1 OVERLOOK PT STE 657
LINCOLNSHIRE, IL 60069-4331

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
ACTING DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

19545107

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4786338

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Diabetes DME

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: One Overlook Point #657

City: Lincolnshire State: IL Zip: 60069

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 847 873 8040 Website: http://diabetesdme.com

Licensing Company Email: CHRISTIAN@diabetesdme.com

Section 2: Personal Information

First: Christian Middle: Hernan Last: Trujillo Behrens

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

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

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: christian@diabetesdme.com

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

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

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

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

School Name			From - To (MM/YY – MM/YY)
University of Notre Dame - Mendoza School of Business			07/07 - 05/09
Address	**City**	**State**	**Zip**
204 Mendoza College of Business	Notre Dame	IN	46556
Diploma/Degree obtained, if any: Master of Business Administration			

School Name			From - To (MM/YY – MM/YY)
Universidad de Chile - Escuela de Ingenieria			03/93 - 03/99
Address	**City**	**State**	**Zip**
Av. Beauchef 850, 2do Piso, Santiago, Chile			
Diploma/Degree obtained, if any: Master of Science in Engineering			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2020 - Now	[redacted]	[redacted]	[redacted]	[redacted]
05/2009 - 05/2020				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Punta Lobos LLC			06/2020 - Now
Business Address	**City**	**State**	**Zip**
1690 S Ridge Rd.	Lake Forest	IL	60045
Phone	**Title**		
646 7082159	Consultant / Owner		
Description of Duties			
Digital Transformation consultant			

Business Name			From - To (MM/YY – MM/YY)
FXCM Chile			06/2009 - 05/2020
Business Address	**City**	**State**	**Zip**
Av. Isidora Goyenechea 3365, piso 19. Las Condes, Santiago - Chile			
Phone	**Title**		
Description of Duties			
CEO. Business is closed after I left Chile.			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

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

Christian Trujillo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/16/2025

Date

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

State of Illinois, ss. County of Lake

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

Original Signature

5/16/2025

Date

Subscribed and Sworn to before me this 16 day of May 2025.

Notary Public Signature

OFFICIAL SEAL
EMMANUEL PEREZ
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 05/17/2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Diabetes DME MDEG License # (if applicable): _____

Physical Address: One Overlook Point #657

City: Lincolnshire State: IL Zip: 60069

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 847 873 8040 Website: http://diabetesdme.com

Licensing Company Email: christian@diabetesdme.com

Section 2: Personal Information

First: Christian Middle: Hernan Last: Trujillo Behrens

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

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

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: christian@diabetesdme.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Notre Dame - Mendoza School of Business		07/07 - 05/09	
Address	**City**	**State**	**Zip**
204 Mendoza College of Business	Notre Dame	IN	46556
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Universidad de Chile - Escuela de Ingenieria		03/93 - 03/99	
Address	**City**	**State**	**Zip**
Av. Beauchef 850, 2do Piso	Santiago, Chile		
Diploma/Degree obtained, if any			
Master of Science in Engineering			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2020 - Now	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)				Zip
05/2009 - 05/2020				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Diabetes DME LLC			03/24 - Now	
Business Address		**City**	**State**	**Zip**
One Overlook Point #657		Lincolnshire	IL	60069
Phone	**Title**		**Number of Employed Hours**	
837 873 8040	CEO		1750	
Description of Duties				
Onboarding patients, shipping coordination, billing, customer service, licensing, credentialing, all duties of the company were prformed by me before delegated to someone else.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) _____ Date _____

I, Christian Trujillo, **certify that as the MDEG Administrator for**

Diabetes DME,

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

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

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

Christian Trujillo
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/16/2025
Date

Board Use Only	Date Received: 5/20/25

(1) Full legal name: Christian Hernan Trujillo Behrens
(2) Date of birth: [redacted]
(3) Mailing address: [redacted]
(4) Telephone number: [redacted]
(5) Percentage of ownership: 100%

Product Category

All these products are cleared by the FDA and can be comercialized in all the states



FreeStyle Libre 2 Plus Sensor

Meet the first 15-day FreeStyle Libre Sensor that integrates with the Tandem t:slim X2 Insulin Pump.



Dexcom G7 CGM

Dexcom G7 CGM delivers the fingerstick-free* glucose testing Dexcom users have come to expect with some serious upgrades.



FreeStyle Libre 3 System

No more scanning with the FreeStyle Libre 3 System. Get automatic updates every minute.



Dexcom G6

Always know where your glucose number is headed with the Dexcom G6 Continuous Glucose Monitoring (CGM) System.



FreeStyle Libre 2 System

An FDA-approved integrated continuous glucose monitoring (iCGM) system for children as young as 4 and adults with diabetes



Dexcom G7 Sensor Kit (Box of 1)

The Dexcom G7 CGM System is Dexcom's most advanced continuous glucose monitoring system yet.



Dexcom G6 Transmitter

Dexcom G6 Transmitter. Affixes to the top of the sensor and sends data wirelessly to a display device.



Dexcom G6 Sensors & Applicator (3 Sensor/Box)

Applicator and sensors for the Dexcom G6 receiver.



FreeStyle Libre 2 Sensor (Box of 1)

FreeStyle Libre 2 Sensor Kit is compatible with the FreeStyle Libre 2 Reader and lasts 14 days.



FreeStyle Libre Sensor (Box of 1)

FreeStyle Libre Sensor Kit is worn up to 10 days on the back of upper arm. It continuously measures glucose every minute.



Freestyle Libre 14 Day System

Capture your glucose data from the sensor with a 1-second scan with no finger stick calibration required.

Christian Trujillo - Owner

4D

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	☒ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☒ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

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

Section 1: General Information

Facility Name: Integrated Ortho Services Inc

MDEG Physical Address: 7750 Zionsville Road Ste 700

City: Indianapolis State: IN Zip: 46268

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (317) 704-3300 Website: _____

Email: dslack@integratedortho.net

Name of MDEG Administrator (NAC 639.694): David Slack

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
☒ Patients by prescriptions ☐ Pharmacies[a] ☐ Practitioners[a] ☐ Hospitals/Clinics[a] ☐ Clinics[a] ☐ Wholesalers[a] ☐ Other business entities (specify)[a]:	☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment** ☐ Assistive Equipment ☐ Diabetic Supplies ☐ Orthotics and Prosthetics ☒ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription. [a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954): Name: _____ Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8:30-5:00	■ Tue: 8:30-5:00	■ Wed: 8:30-5:00	■ Thurs: 8:30-5:00	■ Fri: 8:30-5:00
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare 7734020001
Indiana Medicaid 300034597

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

Name: NA Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

   a) A practicing health professional; or

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

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Wyoming

Parent Company (if any): _____

Corporation/Organization Name: Integrated Ortho Services Inc.

Mailing Address: 970 W. Broadway Ste E408

City: Jackson State: WY Zip: 83001

Telephone: (800) 455-4204 Email: kandersen@integratedortho.net

Contact Person Name: Katie Andersen

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

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

Katie Andersen

Print Name of Authorized Person Submitting Application

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

4-22-25

Date

Board Use Only	Date Received: 4/28/25	Amount: $500-CK 1367

Integrated Ortho Services, Inc.

April 21, 2025

Integrated Ortho Services, Inc.
7750 Zionsville Rd, Suite 700
Indianapolis, IN. 46268

RE: **MDEG Application- Page 2 "Other" Description of Products**

Company Name	Location Address	TIN	NPI	PTAN	INDIANA MEDICAID
Integrated Ortho Services, Inc.	7750 Zionsville Rd, Suite 700	81-1841451	1215449467	7734020001	300034597
	Indianapolis, IN 46268-5115				

Integrated Ortho Services is a licensed and accredited DME provider specializing in rehabilitation equipment in the Orthopedic field. We provide FDA Cleared Class II Medical devices to patient's homes.

We offer the following devices:

Pneumatic Compression Devices
Lymphedema Pumps
Continuous Passive motion Devices (CPM)
Orthopedic Bracing
Deep Vein Thrombosis Prevention Devices (DVT)

Please feel free to contact us with any questions or comments.

Sincerely,

David Slack
General Manager

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/7/2025

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

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

PRODUCER
AssuredPartners of Illinois, LLC
4350 Weaver Pkwy
Warrenville IL 60555

CONTACT NAME: Certificate Team
PHONE (A/C, No, Ext): 630-355-2077 FAX (A/C, No): 630-355-7996
E-MAIL ADDRESS: certs.apil@assuredpartners.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Massachusetts Bay Insurance Company	22306
INSURER B : Hanover Insurance Company	22292
INSURER C : Acuity A Mutual Insurance Company	14184
INSURER D :	
INSURER E :	
INSURER F :	

INSURED INTEORT-03
Integrated Ortho Services Inc
7750 Zionsville Rd., Ste., 700
Indianapolis IN 46268

COVERAGES **CERTIFICATE NUMBER:** 1181880047 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			ZDCH975886	3/11/2025	3/11/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$ 10,000
	POLICY PRO-JECT X LOC						PERSONAL & ADV INJURY	$ 1,000,000
	OTHER:						GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
A	AUTOMOBILE LIABILITY			ZDCH975886	3/11/2025	3/11/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR			UHCH976135	3/11/2025	3/11/2026	EACH OCCURRENCE	$ 3,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 3,000,000
	DED X RETENTION $ 0							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		ZU4677	3/1/2025	3/1/2026	X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	PROFESSIONAL			ZDCH975886	3/11/2025	3/11/2026	LIMIT	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
For Proof of Insurance Purposes Only

CERTIFICATE HOLDER

Proof of Insurance

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Integrated Ortho Services, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **March 10, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000708789**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of April, 2025 at 9:52 AM. This certificate is assigned ID Number 084245323.

Chuck Gray

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Home Medical Equip Service Provider

License Number	Expire Date
69001410A	12/31/2025

Integrated Ortho Services, Inc

Eric J. Holcomb
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Home Medical Equip Service Provider

License Number	Expire Date
69001410A	12/31/2025

Integrated Ortho Services, Inc

Signature _____

Integrated Ortho Services, Inc.

Ownership / Officer Detail

Katie Andersen	60%	President
Mike Wilford	40%	Exec Vice President

7750 Zionsville Rd, Suite 700
Indianapolis, IN 46268
(800) 455-4204

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Integrated Ortho Services Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): _____

Physical Address: 7750 Zionsville Road Ste 700

City: Indianapolis State: IN Zip: 46268

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (317) 704-3300 Website: _____

Licensing Company Email: kandersen@integratedortho.net

Section 2: Personal Information

First: Katie Middle: M Last: Andersen

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

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

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: kandersen@integratedortho.net

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
North Central College		08/1995- 05/1999	
Address	City	State	Zip
30 North Brainard Street	Naperville	IL	60540
Diploma/Degree obtained, if any			
BA Psychology			

School Name		From - To (MM/YY – MM/YY)	
Hinckley-Big Rock High School		08/1991-05/1995	
Address	City	State	Zip
700 E. Lincoln Ave	Hinckley	IL 60520	
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2013- Present	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Integrated Ortho Services Inc.			03/2016- Present
Business Address	**City**	**State**	**Zip**
7750 Zionsville Road	Indianapolis	IN	46268
Phone	**Title**		
(317) 704-3300	President / Owner		
Description of Duties			
Provide strategic leadership and direction to drive business growth, overseeing all aspects of operations, sales, marketing, and finance.			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4-16-25
Date

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

Katie Andersen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-16-25

Date

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

State of IL, ss. County of Cook

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

Original Signature

4-16-25

Date

Subscribed and Sworn to before me this 16 day of April, 2025.

Notary Public Signature

MAYRA QUEVEDO
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 17, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Integrated Ortho Services Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 7750 Zionsville Road Ste 700

City: Indianapolis State: IN Zip: 46268

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (317) 704-3300 Website:

Licensing Company Email: mwilford@integratedortho.net

Section 2: Personal Information

First: Mike Middle: L Last: Wilford

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

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

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: mwilford@integratedortho.net

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Lake Forest College		08/1984- 05/1988	
Address	**City**	**State**	**Zip**
555 N Sheridan Road	Lake Forest	IL	60045
Diploma/Degree obtained, if any			
BS Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Saint Rita of Cascia High School		08/1980- 06/1984	
Address	**City**	**State**	**Zip**
7740 S Western Avenue	Chicago	IL	60620
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2019- Present	[redacted]	[redacted]	[redacted]	[redacted]
06/2013- 12/2019				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Integrated Ortho Services Inc.			01/2017- Present
Business Address	**City**	**State**	**Zip**
7750 Zionsville Road Ste 700	Indianapolis	IN	46268
Phone	**Title**		
(317) 704-3300	Vice President / Owner		

Description of Duties

Report to President on day to day business operations, sales and various business metrics. Work with Sales and Operations managers related to capital expenditures, operational head count, and business plans

Business Name			From - To (MM/YY – MM/YY)
Integrated Orthopedics DBA Wabash Medical Company			02/2007 - 12/2016
Business Address	**City**	**State**	**Zip**
7750 Zionsville Road Ste 850	Chicago	IL	60613
Phone	**Title**		
(317) 704-3300	General Manager		

Description of Duties

Responsible for managing the business' day to day activities.

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

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

Mike Wilford

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/15/2025

Date

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

State of IL, ss. County of Cook

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

Original Signature

5/15/2025

Date

Subscribed and Sworn ~~to before~~ me this 15 day of May, 2025.

Notary Public Signature

MAYRA QUEVEDO
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 17, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Integrated Ortho Services Inc. MDEG License # (if applicable): _____

Physical Address: 7750 Zionsville Road Ste 700

City: Indianapolis State: IN Zip: 46268

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (317) 704-3300 Website: N/A

Licensing Company Email: dslack@integratedortho.net

Section 2: Personal Information

First: David Middle: James Last: Slack

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

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

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: dslack@integratedortho.net

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Indiana University		08/1981- 05/1985	
Address	City	State	Zip
107 S. Indiana Ave	Bloomington	IN	47405
Diploma/Degree obtained, if any			
BS Marketing			

School Name		From - To (MM/YY – MM/YY)	
Centerville High School		08/1977-05/1981	
Address	City	State	Zip
500 E. Franklin St.	Centerville	OH	45459
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2001- Present	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Integrated Ortho Services Inc.			10/2004- Present	
Business Address		City	State	Zip
7750 Zionsville Road Ste 700		Indianapolis	IN	46268
Phone	Title		Number of Employed Hours	
(317) 704-3300	General Manager		40,000	
Description of Duties				
Oversee Daily Operations of Sales, Patient Services, Warehouse, and Customer Service				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/14/25

Date

I, David Slack, **certify that as the MDEG Administrator for**

Integrated Ortho Services Inc.,

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

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

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

David Slack
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/14/25
Date

Board Use Only	Date Received: 4/28/25

Integrated Ortho Services, Inc.

April 21, 2025

Integrated Ortho Services, Inc.
7750 Zionsville Rd, Suite 700
Indianapolis, IN. 46268

RE: Durable Medical Equipment Provider- MDEG Application

Company Name	Location Address	TIN	NPI	PTAN	INDIANA MEDICAID
Integrated Ortho Services, Inc.	7750 Zionsville Rd, Suite 700	81-1841451	1215449467	7734020001	300034597
	Indianapolis, IN 46268-5115				

Thank you for allowing us to participate. Enclosed you will find the completed application form(s) and supporting documentation for Integrated Ortho Services, Inc. Please feel free to contact us with any questions or comments.

Sincerely,

John Crane
Administration / Representative
jcrane@integratedorthoservices.net

CHAP Community Health Accreditation Partner

11/21/2024

ADAM GIBSON
HR COORDINATOR
INTEGRATED ORTHO SERVICES, INC
7750 ZIONSVILLE RD, SUITE 700
INDIANAPOLIS, IN 46268

RE: Customer ID: 3003752
Service: Home Medical Equipment
CCN/PTAN: 7734020001

Location and/or Site Accredited:
INTEGRATED ORTHO SERVICES, INC
7750 ZIONSVILLE RD, SUITE 700
INDIANAPOLIS, IN 46268

Site Visit Dates:	09/10/2024 - 09/10/2024
Type of Survey/Site Visit:	Re-accreditation
Accreditation Determination:	Full Accreditation
Plan of Correction Accepted Date:	10/24/2024
CHAP Accreditation Dates:	10/26/2024 - 10/26/2027
Method of Follow-up:	Acceptable POC

Dear ADAM GIBSON,

I am pleased to inform you that based on the findings of the site visit conducted 09/10/2024 - 09/10/2024, at the location and service referenced above, your organization is found to be in compliance with the CHAP Standards of Excellence. The CHAP Board of Review (BOR) has granted Full Accreditation to your organization for the term of three (3) years.

The site visit findings determined that your agency is in compliance with CHAP Standards of Excellence and meets DMEPOS accreditation requirements under Section 1834(A) (20) of the Social Security Act, and the Code of Federal Regulations, Title 42, Part 424.58. Your agency has been approved for the following product categories: **DM03** and **DM18.**

The continuation in good standing of this Accreditation is dependent upon your organization paying any and all accreditation and site visit fees in accordance with the terms and conditions of the Accreditation Services Agreement.

Please note that CHAP may conduct surveys less than every three years depending upon any applicable CMS or state regulation and/or the level of any deficiencies cited.

Should you wish to appeal, please email your Director of Accreditation, Shannon Dorsey-Dunlap, with the details of your appeal request within the next 10 days of notification receipt.

As a CHAP accredited agency, you are required to list our toll free CHAP Hotline telephone number to all of your clients. This hotline receives consumer complaints and questions about CHAP accredited organizations 24 hours a day, seven days a week. **The CHAP Hotline is 1-800-656-9656.**

Thank you for choosing CHAP as your national accreditation partner. Please contact Nancy McLaughlin at nancy.mclaughlin@chapinc.org or (202) 862-3413 if you have any questions.

Sincerely,

Teresa Harbour, RN, MBA, MHA
Chief Operating Officer

Community Health Accreditation Partner (CHAP)
2300 Clarendon Blvd. Suite 405 | Arlington, Virginia 22201
Office: 202.467.1701 | Fax: 202.862.3419
Teresa.Harbour@chapinc.org | www.chapinc.org

ID: *SEP1024_FJP*
Ref: *AMTM128942*

4E

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

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

Section 1: General Information

Facility Name: J.L. Artificial Limb & Brace

MDEG Physical Address: 1730 Highway 95 suite 10

City: Bullhead City State: AZ Zip: 86442

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 928-299-3130 Website: _____

Email: jlealcpo@gmail.com

Name of MDEG Administrator (NAC 639.694): Jason Leal

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
■ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	■ Orthotics and Prosthetics
	■ Others: Walkers, Wheelchairs, Scooters,
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Jason Leal CPO
	Telephone: 928-299-3130

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9-5	■ Tue: 9-5	■ Wed: 9-5	☐ Thurs: 9-5	■ Fri: 9-5
☐ Sat:	☐ Sun:	☐ Holidays:		

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

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare PTAN # 7950160001
AHCCCS # 095264

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

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: Jason Leal

Business Name: J.L. Artificial Limb & Brace

Business Address: 1730 Highway 95 suite 10

City: Bullhead City State: AZ Zip: 86442

Telephone: 928-299-3130 Email: jlealcpo@gmail.com

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of all Officers and Directors.	✓	✓		
• List of all general and limited partner names and their percent ownership (NAC 639.6942).			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

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

Jason Leal

Print Name of Authorized Person Submitting Application

Jason Leal

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

1/29/25

Date

Board Use Only	Date Received: 3/10/25	Amount: $500-cc

JLARLIM-01 PLATESSA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/19/2025

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

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

PRODUCER	CONTACT NAME: Shellene Wilkinson
World Insurance Associates, LLC 4610 Market Street P.O. Box 3989 Youngstown, OH 44513-3989	PHONE (A/C, No, Ext): (330) 782-8058 FAX (A/C, No): (330) 782-0458 E-MAIL ADDRESS: shellenewilkinson@worldinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : United Specialty Insurance Company	12537
INSURER B : Hartford Accident & Indemnity Company	22357
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
J. L. Artificial Limb & Brace, LLC
Jason Leal
1730 Highway 95 Suite 10
Bullhead City, AZ 86442

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			VGM10812318624-5	6/16/2025	6/16/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
	X Professional Liabill						MED EXP (Any one person)	$ 10,000
	X Hired/Non-Owned Auto						PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			45WECAM7RH1	8/19/2024	8/19/2025	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Jason Leal is covered under the General/Professional Liability Policy while working under the direction of the named insured

CERTIFICATE HOLDER

For Insurance Verification Only

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03) © 1988-2015 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

J.L. Artificial Limb & Brace LLC

ACC file number: 23237174

was incorporated under the laws of the State of Arizona on 06/17/2021, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **01/28/2025**

Douglas R. Clark, Executive Director

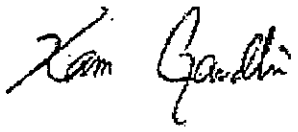
Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/registration/permit but serves as the primary source of verification.

Name :	J.L. Artificial limb & Brace
Address :	1730 Highway 95 suite 10 Bullhead City AZ 86442
Registration No :	C002550
Permit Type :	Medical Gas
Sub Type :	Durable Medical Equipment
Date Issued :	04/15/2025
Expiration Date :	10/31/2026
Status :	OPEN
Discipline :	No



Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 04/16/2025

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: J.L. Artificial Limb & Brace

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 1730 Highway 95 Suite 10

City: Bullhead City State: AZ Zip: 86442

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 928-299-3130 Website: jlartificiallimb.com

Licensing Company Email: jlealcpo@gmail.com

Section 2: Personal Information

First: Jason Middle: Alexander Last: Leal

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

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

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

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

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

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

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

School Name			From - To (MM/YY – MM/YY)
California State University Dominquez Hills			08/95 to 05/96
Address	**City**	**State**	**Zip**
1000 E. Victoria St.	Carson	CA	90747
Diploma/Degree obtained, if any			
Certificate in Prosthetics			

School Name			From - To (MM/YY – MM/YY)
University Of Arizona			08/85 to 01/89
Address	**City**	**State**	**Zip**
1200 University Blvd	Tucson	AZ	85721
Diploma/Degree obtained, if any			
Bachelor Of Science			

School Name			From - To (MM/YY – MM/YY)
Pima Community College			08/84 to 05/05
Address	**City**	**State**	**Zip**
4905 E Broadway	Tucson	AZ	85709
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Marana High School			08/80 to 05/84
Address	**City**	**State**	**Zip**
12000 W. Emigh Rd	Tucson	AZ	85743
Diploma/Degree obtained, if any			

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/20-current	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY) 08/19-8/20				
From - To (MM/YY – MM/YY) 09/13-08/19				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name		From - To (MM/YY – MM/YY)	
J.L. Artificial Limb & Brace		06/21 to present	
Business Address	**City**	**State**	**Zip**
1730 Highway 95 suite 10	Bullhead City	AZ	86442
Phone	**Title**		
928-299-3130	Owner , Certified Prosthetist/Orthotist		
Description of Duties			
Patient care and Admintration,Management			

Business Name		From - To (MM/YY – MM/YY)	
Hanger Clinic		01/89 to 06/21	
Business Address	**City**	**State**	**Zip**
1355 ramar Rd ste 4b	Bullhead City	AZ	86442
Phone	**Title**		
928-763-2900	Area Clinic Manager		
Description of Duties			
Patientt care and management of 3 offices			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

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

Jason Leal

Print Name (First, Last)

Jason Leal

Original Signature (electronic, copies or stamps not accepted)

01-29-25

Date

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

State of Arizona, ss. County of Mohave

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

Jason Leal

Original Signature

1/29/25

Date

Subscribed and Sworn to before me this 29 day of Jan 2025.

Notary Public Signature

TERESA L KILPATRICK
NOTARY PUBLIC - ARIZONA
MOHAVE COUNTY
COMMISSION # 645255
MY COMMISSION EXPIRES
FEBRUARY 08, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: J.L. Artificial limb & Brace — MDEG License # (if applicable):

Physical Address: 1730 Highway 95 suite 10

City: Bullhead city — State: AZ — Zip: 86442

Mailing Address (if different from physical address):

City: — State: — Zip:

Telephone: 928-299-3130 — Website: jlartificiallimb.com

Licensing Company Email:

Section 2: Personal Information

First: Jason — Middle: Alexander — Last: Leal

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

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

Mailing Address: [redacted]

City: [redacted] — State: [redacted] — Zip: [redacted]

Telephone: [redacted] — Email: [redacted]

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
California State University Dominquez Hills		08/95 to 05/96	
Address	**City**	**State**	**Zip**
1000 E. Victoria St.	Carson	CA	90747
Diploma/Degree obtained, if any			
Prosthetic Certificate			

School Name		From - To (MM/YY – MM/YY)	
University Of Arizona		08/85 to 01/89	
Address	**City**	**State**	**Zip**
1200 University Blvd	Tucson	AZ	85721
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Pima Community College		08/84 to 05/05	
Address	**City**	**State**	**Zip**
4905 E Broadway	Tucson	AZ	85709
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Marana High School		08/80 to 05/84	
Address	**City**	**State**	**Zip**
12000 W. Emigh Rd	Tucson	AZ	85743
Diploma/Degree obtained, if any			
Diploma			

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/20-current	[redacted]	[redacted]	[redacted]	[redacted]
08/19-8/20				
09/13-08/19				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name: J.L. Artificial Limb & Brace			From - To (MM/YY – MM/YY): 06/21 to Present	
Business Address: 1730 Highway 95 suite 10	City: Bullhead City		State: AZ	Zip: 86442
Phone: 28-299-3130	Title: Clinician , Owner		Number of Employed Hours: 7,200	
Description of Duties: Administration,patient care documentation,Accounts payable, Compliance department				
Business Name: Hanger Clinic			From - To (MM/YY – MM/YY): 01/89 to 06/21	
Business Address: 1355 Ramar rd suite 4b	City: Bullhead City		State: AZ	Zip: 86442
Phone: 928-763-2900	Title: Area Clinic Manager		Number of Employed Hours: 64,400	
Description of Duties: Admin,patient care				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) _____ Date _____

I, Jason Leal, certify that as the MDEG Administrator for

J.L. Artificial Limb & Brace,

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

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

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

Jason Leal
Print Name (First, Last)

Jason Leal
Original Signature (electronic, copies or stamps not accepted)

1/29/25
Date

Board Use Only	Date Received: 3/10/25

CITY OF BULLHEAD CITY
OCCUPATIONAL
BUSINESS LICENSE

LICENSEE NAME:	**J. L. ARTIFICIAL LIMB & BRACE LLC**
BUSINESS NAME:	**J. L. ARTIFICIAL LIMB & BRACE**
BUSINESS LOCATION:	**1730 HIGHWAY95 STE 2 Bullhead City, AZ 86442**
LICENSE NO:	**1701486**
ISSUE DATE:	**07/10/2024**
EXPIRATION DATE:	**6/30/2025**

This license is issued under the provisions of Chapter 5 of the Bullhead City Municipal Code, and is not transferable to any other party or legal entity. This license is valid only at the business location indicated above and must be conspicuously displayed at the business location. This license is valid through the expiration date shown above providing all county, state, federal, and other governmental agencies required licenses and permits are valid and in good standing, including compliance with all codes and requirements.

Dawn Ogden

CITY CLERK

American Board for Certification
in
Orthotics, Prosthetics and Pedorthics, Inc.

hereby accredits that

J. L. Artificial Limb & Brace, LLC
1730 Hwy 95 Ste 10, Bullhead City, AZ

having successfully met the facility accreditation requirements of this Board, which establishes and advocates for the highest patient care standards in the provision of orthotic, prosthetic and pedorthic services, is hereby declared to be a facility accredited in

Orthotics, Prosthetics & Ancillary Assistive Devices

Accreditation Period
September 16, 2023 – October 31, 2026

Richard A. Babcock, CO
President

American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc.

hereby certifies that

Jason A. Leal

having successfully met the requirements and passed the examinations of this Board, which establishes and advocates for the highest patient care standards in the provision of orthotic, prosthetic and pedorthic services, is hereby declared a

Certified Prosthetist Orthotist

Certification Period
January 1, 2025 – December 31, 2029

Certification Number: CPO02327
Original Certification Date: May 1, 2004

Mark Rodriguez, CPO

Mark A. Rodriguez, CPO
President

0213

4F

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

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

Section 1: General Information

Facility Name: JQ Medical Supply

MDEG Physical Address: 6910 S Highland Drive #4

City: Salt Lake City State: UT Zip: 84121

Mailing Address (if different from physical address): PO Box 711637

City: Salt Lake City State: UT Zip: 84171

Telephone: 8019428582 Website: www.jqmedical.com

Email: tc@jqmedical.com

Name of MDEG Administrator (NAC 639.694): Tricia Thurman

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	■ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business Will be Opened and provide the Hours of Operation				
■ Mon: 9am-6pm	■ Tue: 9am-6pm	■ Wed: 9am-6pm	■ Thurs: 9am-6pm	■ Fri: 9am-6pm
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

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

Medicare 0973040001	Ohio Medicaid 0095189 /
Colorado Medicaid 9000236297	Pennsylvania Medicaid 104399593 0001
Idaho Medicaid 1619960663	Texas Medicaid 20522262
New Mexico Medicaid 59408006	Utah Medicaid 3012912
Washington Medicaid 2306298	Wyoming Medicaid 235093900

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

Name:	N/A	Credentials:	n/a	%:	n/a
Name:		Credentials:		%:	
Name:		Credentials:		%:	
Name:		Credentials:		%:	
Name:		Credentials:		%:	

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: JQMS Holdings

Business Name: JQ Medical Supply

Business Address: 1225 East Fort Union Blvd.

City: Midvale State: UT Zip: 84047

Telephone: 8019428582 Email: tc@jqmedical.com

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

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

Tricia Thurman

Print Name of Authorized Person Submitting Application

Tricia Thurman

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

4-14-2025

Date

Board Use Only	Date Received: 5/21/25	Amount: $500.00

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/25/2025

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

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

PRODUCER	CONTACT NAME:	
SentryWest Insurance P.O. Box 9289 Salt Lake City UT 84109	PHONE (A/C, No, Ext): 801-272-8468	FAX (A/C, No): 801-277-3511
License#: 1549	E-MAIL ADDRESS: eoi@sentrywest.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Auto Owners Insurance Company	18988
INSURED JQMEDIC-02 JQ Medical Supply LLC JQMS Holding Company, LLC 6910 S Highland Dr. Ste 4 Salt Lake City UT 84121-3087	INSURER B : Spinnaker Insurance Company	24376
	INSURER C : Underwriter's at Lloyd's of Lo	15792
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1383731026 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			5029811400	3/17/2025	3/17/2026	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			5029811400	3/17/2025	3/17/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			5029811401	3/17/2025	3/17/2026	EACH OCCURRENCE	$ 3,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 3,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? N/A						E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	Business Pers Prop - Loc 1 & 2			5029811400	3/17/2025	3/17/2026	Replacement Cost	$1,559,570
B	Cyber Liability			FLY-CB-CUN61SL15-003	3/17/2025	3/17/2026	Limit of Liability	$1,000,000
C	Professional Liability			BSN0040292584	3/17/2025	3/17/2026		$1,000,000

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

CERTIFICATE HOLDER

Evidence of Coverage

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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Utah State Tax Commission
INCOME TAX & EDUCATION DIVISION 210 N 1950 W SALT LAKE CITY UT 84134-9000
Website: tax.utah.gov

6IL046 06/2024

Letter Issue Date
May 16, 2025

Letter ID
L1585371040

Account Type
Customer

Account Number
12026189

J Q MEDICAL SUPPLY LLC
6910 S HIGHLAND DR STE 4
COTTONWOOD HEIGHTS UT 84121-3087

TAXPAYER ACCESS POINT UTAH TAP tap.utah.gov

Business Name: J Q MEDICAL SUPPLY LLC
Federal Identification Number: XX-XXX7049
Department of Commerce Number: 1325811-0142

Letter of Good Standing

The Utah State Tax Commission certifies:

J Q MEDICAL SUPPLY LLC

has filed all required returns with the Utah State Tax Commission and has paid all taxes due as of May 16, 2025.

This certificate expires June, 17, 2025.

What to Do
- Keep this certificate in your records.

Please Note
- All accounts can be audited at any time.
- The Department of Commerce no longer accepts this Letter of Good Standing for reinstatement purposes. For information on how to reinstate your corporation, contact the Department of Commerce at corpucc@utah.gov or 801-530-4849.

Contact Information
If you have any questions, please call Marcy Smith at 801-297-7692 or toll free 1-800-662-4335 ext. 7692 or send me a fax at 801-297-4799. You may also write to me at the address at the top of this notice.

Respectfully,
Marcy Smith
Tax/Motor Vehicle Tech
Income Tax & Education Division

The Utah Taxpayer Bill of Rights (Pub 2) is available on the Tax Commission's website tax.utah.gov or upon request. This publication describes your rights and obligations and the Tax Commission's procedures for appeals, refund claims and collections.
If you need an accommodation under the Americans with Disabilities Act, contact the Tax Commission at 801-297-3811 or TDD 801-297-2020. Please allow three working days for a response.

JQ Medical

Disclosure of Ownership and Control Interest Statement Master List

JQ Medical Supply, LLC located at 6910 S Highland Dr., Ste. 4, Cottonwood Heights, UT 84121 is privately held and *wholly owned* by JQMS Holdings, LLC ("JQMS"). JQMS in turn, has eight *(8) equity investors with 5% or more indirect ownership.*

5% or Greater- Direct Ownership
JQMS Holdings Company, LLC
1225 E Fort Union Blvd
Ste 310
TIN 86-1353714
Eff 2/1/2021
100% Direct Ownership JQ Medical Supply, LLC

5% or Greater – INDIRECT Ownership

Twin Pagoda, LLC
515 N. State Street FL 14 Chicago, IL 60654
82-83180237
Eff 1/2/2024
12.58% in JQ Medical Holdings, LLC
NO RELATIONSHIP * NO SANCTIONS * NO EXCLUSIONS

Grand Q Investments, Inc.
2237 E Tomkins Dr. Cottonwood Heights, UT 84121
TIN 86-1735418
Eff 2/1/2021
11.63% in JQ Medical Holdings, LLC
NO RELATIONSHIP * NO SANCTIONS * NO EXCLUSIONS

Orchard Ventures, LLC
1160 S 3400 E Springville, UT 84663-9527
TIN 85-1294383
Eff 2/1/2021
10.63% in JQ Medical Holdings, LLC
NO RELATIONSHIP * NO SANCTIONS * NO EXCLUSIONS

Colonial Rivers, LLC
863 Alvermar Ridge Dr McLean, VA 22102-1437
TIN 36-7738136
Eff 2/1/2021
6.93% in JQ Medical Holdings, LLC
NO RELATIONSHIP * NO SANCTIONS * NO EXCLUSIONS

Brandon C. White Revocable Trust of 2010
200 Clarendon St. 54th Floor Boston, MA 02116-5021
EIN 27-6278218
6.11% in JQ Medical Holdings, LLC
NO RELATIONSHIP * NO SANCTIONS * NO EXCLUSIONS

732 Enterprises, LLC
238 E Ricks Creek Cir Centerville, UT 84014-1253
TIN 46-27491402
Eff 2/1/2021
5.31% in JQ Medical Holdings, LLC
NO RELATIONSHIP * NO SANCTIONS * NO EXCLUSIONS

Confidential

Final
Created by Jill Chapman
7/29/2024

JQ Medical

WSC Search & Acquire Fund I LP 2333 Randolph Rd. Ste 125 Charlotte, NC 28207-1569
TIN 85-1299592
Eff 2/1/2021
5.31% in JQ Medical Holdings, LLC
NO RELATIONSHIP * NO SANCTIONS * NO EXCLUSIONS

WSC Search & Acquire Fund II LP
2333 Randolph Rd. Ste 125 Charlotte, NC 28207-1569
TIN 85-1299592
Eff 2/1/2021
5.31% in JQ Medical Holdings, LLC
NO RELATIONSHIP * NO SANCTIONS * NO EXCLUSIONS

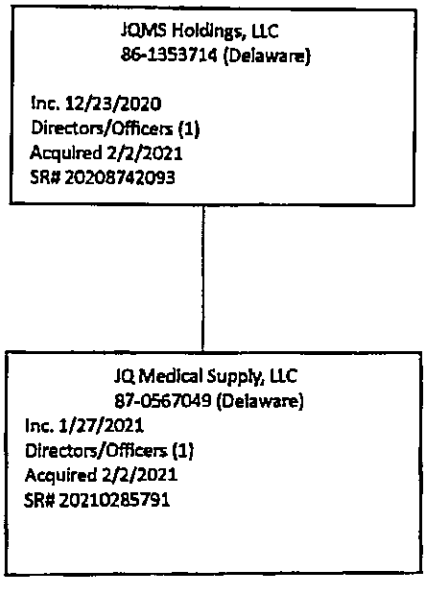
Organizational Chart

JQMS Holdings, LLC
100% Direct Ownership of JQ Medical Supply, LLC

JQ Medical Supply, LLC

(1) Directors
Matt Komenda
Jeff Henderson
Hiten Chawla
Aaron Bujnowski
Paul Brown
Matt Gallagher

Officers
Matt Gallagher



Final
Created by Jill Chapman
7/29/2024

Confidential

SPENCER J. COX
Governor
DEIDRE M. HENDERSON
Lieutenant Governor

State of Utah
Department of Commerce
Division of Professional Licensing

MARGARET W. BUSSE
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 04/14/2025

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): JQ Medical Supply LLC

Classification of License Issued: Pharmacy - Class E Business

Specialties: Durable Medical Equipment Providers

License Number: 12137636-1714

Obtained By: Application

Current Status: Active

Original Date of Licensure: 03/18/2021

Expiration Date: 09/30/2025

Agency and Disciplinary Action: NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107**

Docket and Citation Number(s):

E-Prescriber:

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

www.dopl.utah.gov • Heber M. Wells Building • 160 East 300 South • PO Box 146741 • Salt Lake City • UT 84114-6741
phone: (801)530-6628 • toll-free in Utah:(866)275-3675 • fax:(801)530-6511 • investigations fax:(801)530-6301

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LIMITED LICENSE

JQ Medical Supply LLC

EFFECTIVE 03/18/2021

EXPIRATION 09/30/2025

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

12137636-1714 Pharmacy - Class E Business

Durable Medical Equipment Providers

DBA: None Associated

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

JQ MEDICAL SUPPLY LLC
6910 HIGHLAND DR APT 4
COTTONWOOD HEIGHTS UT 84121

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
ACTIVE LIMITED LICENSE

EFFECTIVE DATE: 03/18/2021

EXPIRATION DATE: 09/30/2025

ISSUED TO: JQ Medical Supply LLC
6910 HIGHLAND DR APT 4
COTTONWOOD HEIGHTS UT 84121

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

12137636-1714 Pharmacy - Class E Business

Durable Medical Equipment Providers

DBA: None Associated

Form #1

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG JQ Medical Supply MDEG License # (if applicable) _____
Physical Address 6910 S. Highland Dr. #4
City Salt Lake City State UT Zip 84121
Mailing Address (if different from physical address) PO Box 711637
City Salt Lake City State UT Zip 84171
Telephone 8019428582 Website www.jqmedical.com
Licensing Company Email tc@jqmedical.com

Section 2: Personal Information

First Tricia Middle Ann Last Thurman
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X
Mailing Address [redacted]
City [redacted] State [redacted] Zip [redacted]
Telephone [redacted] Email tc@jqmedical.com
Are you a citizen of the United States? ☒ Yes ☐ No

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Alta High School		1984 - 1988	
Address	**City**	**State**	**Zip**
11055 South 1000 East	Sandy	UT	84094
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/1994 - present	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
JQ Medical Supply			07/2012 to present
Business Address	**City**	**State**	**Zip**
6910 S. Highland Dr. #4	Salt Lake City	UT	84121
Phone	**Title**		**Number of Employed Hours**
8019428582	Vice President of RCM		26,000

Description of Duties
create processes and implement best practices across all revenue-generating activities. Oversee all aspects of revenue cycle, billing, coding, collections accounts receivable. Business licenses and permits, Compliance audits.

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

Description of Duties

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2-3-2025
Date

I, Tricia Thurman, **certify that as the MDEG Administrator for**

JQ Medical Supply,

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

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

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

Tricia Thurman
Print Name (First, Last)

Tricia Thurman
Original Signature (electronic, copies or stamps not accepted)

2-3-2025
Date

Board Use Only	Date Received: 3/21/25

JQ
Medical Supply, LLC
"We Care"

[redacted]

May 28, 2025

Professional Experience Statement

I have proudly served at JQ Medical Supply, LLC for the past 13 years, where I have developed and maintained deep expertise in a broad range of advanced medical supplies and patient support services. My work has focused extensively on compression therapy, ostomy care, urological supplies, Continuous Glucose Monitors (CGMs), insulin pumps, and insulin pump supplies.

Throughout my tenure, I have participated in annual, manufacturer-led training programs, ensuring that I remain knowledgeable and proficient in the most current technologies, products, and clinical application standards. My role has included direct interaction with patients and healthcare providers to ensure proper product selection, education, and compliance.

In addition, I hold a certification as a Compression Therapy Fitter, which allows me to provide specialized support in fitting and managing compression garments for various medical indications, such as lymphedema, venous disorders, and post-surgical recovery.

This extensive, hands-on experience and continued professional education have enabled me to deliver informed, empathetic, and effective service in support of both patients and healthcare professionals across multiple areas of care.

Sincerely,

Tricia Thurman

Tricia Thurman
Vice President of Revenue Cycle
JQ Medical Supply, LLC

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: JQ Medical Supply, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): UT Pharmacy Class E - 12137636-1714

Physical Address: 6910 S Highland Dr. Ste 4

City: Cottonwood Heights State: UT Zip: 84121-3060

Mailing Address (if different from physical address): 1225 E Fort Union Blvd Ste 310

City: Midvale State: UT Zip: 84047-1883

Telephone: 800-231-6820 Website: https://www.jqmedical.com/

Licensing Company Email: jchapman@jqmedical.com cc: tc@jqmedical.com

Section 2: Personal Information

First: Aaron Middle: Mark Last: Bujnowski

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

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

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
The University of Alabama at Birmingham		08/22 - 08/25	
Address	**City**	**State**	**Zip**
1716 9th Avenue South	Birmingham	AL	35233
Diploma/Degree obtained, if any			
Doctor of Science in Healthcare Leadership			

School Name		From - To (MM/YY – MM/YY)	
The University of Texas at Austin		08/03 - 05/05	
Address	**City**	**State**	**Zip**
2110 Speedway	Austin	TX	78705
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Brigham Young Univesity		08/95 - 08/96	
Address	**City**	**State**	**Zip**
Campus Dr. 330 EB	Provo	UT	84604
Diploma/Degree obtained, if any			
Master of Science in Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Brigham Young Unviersity		08/89 - 04/95	
Address	**City**	**State**	**Zip**
Campus Dr. 330 EB	Provo	UT	84604
Diploma/Degree obtained, if any			
Bachelor of Science in Chemical Engineering			

School Name		From - To (MM/YY – MM/YY	
John Overton High School		08/85 - 05/89	
Address	**City**	**State**	**Zip**
4820 Franklin Road	Nashville	TN	37220
Diploma/Degree obtained, if any			
High School Diploma			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/10 - 03/25	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Alvarez & Marsal			11/23 - 03/25	
Business Address		**City**	**State**	**Zip**
600 Madison Avenue, 8th Floor		New York	NY	10022
Phone	**Title**			
212-759-4433	Managing Director			
Description of Duties				
Lead the Transformative Strategy capability in the Health Systems Practice.				

Business Name			From - To (MM/YY – MM/YY)	
Chartis			09/19 - 10/23	
Business Address		**City**	**State**	**Zip**
220 West Kinzie Street, Third Floor		Chicago	IL	60654
Phone	**Title**			
877-667-4700	Senior Partner			
Description of Duties				
Lead the Integrated Health Network capability in the Strategy Practice.				

Business Name			From - To (MM/YY – MM/YY)	
JQ Medical			05/21 - 03/25	
Business Address		**City**	**State**	**Zip**
6910 S Highland Dr. Ste 4		Cottonwood Heights	UT	84121-3060
Phone	**Title**			
800-231-6820	Board Director			
Description of Duties				
Member of the board of directors.				

Business Name			From - To (MM/YY – MM/YY)	
Frontpoint Health			06/22 - 12-24	
Business Address		**City**	**State**	**Zip**
701 N Collins Blvd		Richardson	TX	75080
Phone	**Title**			
866-573-1880	Board Director			
Description of Duties				
Member of the board of directors				

Business Name			From - To (MM/YY – MM/YY)	
Bujnowski and Company LLC			05/18 - 03/25	
Business Address		**City**	**State**	**Zip**
9882 Shell Ridge Drive		Frisco	TX	75033
Phone	**Title**			
979-236-4125	Founder			
Description of Duties				
Lead and found company.				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Texas Health Resources			12/10 - 06/19
Business Address	City	State	Zip
612 E Lamar Blvd	Arlington	TX	76011
Phone	Title		
877-847-9355	Chief Strategy Officer		
Description of Duties			
Lead all aspects of strategy as a member of the executive team.			

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

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

Aaron Bujnowski

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/12/2025

Date

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

State of Texas, ss. County of Denton

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

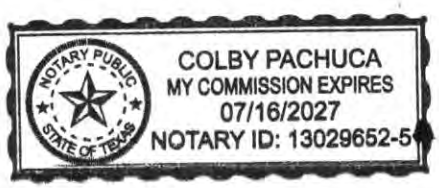
Original Signature

3/19/25

Date

Subscribed and Sworn to before me this 19th day of March.

Notary Public Signature



(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler JQ Medical Supply, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) UT Pharmacy Class E - 12137636-1714

Physical Address 6910 S Highland Dr. Ste 4

City Cottonwood Heights State UT Zip 84121-3060

Mailing Address (if different from physical address) 1225 E Fort Union Blvd Ste 310

City Midvale State UT Zip 84047-1883

Telephone 800-231-6820 Website https://www.jqmedical.com/

Licensing Company Email jchapman@jqmedical.com cc: tc@jqmedical.com

Section 2: Personal Information

First Hiten Middle _____ Last Chawla

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Samuel Curtis Johnson Graduate School of Management, Cornell University		08/2004 - 05/2006	
Address	**City**	**State**	**Zip**
114 Sage Hall,	Ithaca	NY	14853-6201
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Shaheed Bhagat Singh College, Delhi University		07/95-06/98	
Address	**City**	**State**	**Zip**
G6MH+V7P, Sanatan Mandir Marg, Phase II, Sheikh Sarai	New Delhi	Delhi, Indi	110017
Diploma/Degree obtained, if any			
Bachelor of Commerce (Honors)			

School Name		From - To (MM/YY – MM/YY)	
Air Force Bal Bharti School		04/93- 03/95	
Address	**City**	**State**	**Zip**
Lodhi Rd, Gokalpuri, Institutional Area, Lodi Colony	New Delhi	Delhi, Indi	110003
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/18 - Present	[redacted]	[redacted]	[redacted]	[redacted]
05/14 - 04/18				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Solventum Corp			02/25 - Present
Business Address	**City**	**State**	**Zip**
2510 Conway Ave.	St. Paul	MN	55144
Phone	**Title**		
1 (612) 842-1263	Chief Portfolio and Marketing Officer, Dental Solutions		
Description of Duties			
Portfolio and Marketing responsibilities for the Dental Solutions Portfolio			

Business Name			From - To (MM/YY – MM/YY)
Medtronic PLC			10/22 - 02/25
Business Address	**City**	**State**	**Zip**
7000 Central Avenue Northeast	Fridely	MN	55432
Phone	**Title**		
763-514-4000	Vice President, Marketing & Strategy, Pain Interventions		
Description of Duties			
Global & US Marketing and Strategy responsibilities for Pain Interventions business in Neuromodulation			

Business Name			From - To (MM/YY – MM/YY)
CeQur Corp			01/21-10/22
Business Address	**City**	**State**	**Zip**
355 S Main St	Greenville	SC	29601
Phone	**Title**		
1-888-552-3787	Vice President - Sales, Marketing and BD		
Description of Duties			
Commercial Sales and Marketing responsibilities for the company			

Business Name			From - To (MM/YY – MM/YY)
Medtronic PLC			06/06-10/20
Business Address	**City**	**State**	**Zip**
18000 Devonshire Street	Northridge	CA	91325
Phone	**Title**		
1-800-646-4633	Vice President, Global Marketing		
Description of Duties			
Last role at Vice President of Marketing and Strategy. Previous roles include Sr. Director and Director of Marketing as well as Product Manager roles.			

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

03.14.2025

Original Signature (electronic, copies or stamps not accepted) Date

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

Hiten Chawla

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03.14.2025

Date

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

State of California, ss. County of Los Angeles.

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

Original Signature

03.14.25.

Date

Subscribed and Sworn to before me this 14th day of March, 2025.

Elizabeth V. Early

Notary Public Signature

ELIZABETH V. EARLY
Notary Public - California
Los Angeles County
Commission # 2456545
My Comm. Expires Aug 1, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler JQ Medical Supply, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) UT Pharmacy Class E - 12137636-1714

Physical Address 6910 S Highland Dr. Ste 4

City Cottonwood Heights State UT Zip 84121-3060

Mailing Address (if different from physical address) 1225 E Fort Union Blvd Ste 310

City Midvale State UT Zip 84047-1883

Telephone 800-231-6820 Website https://www.jqmedical.com/

Licensing Company Email jchapman@jqmedical.com cc: tc@jqmedical.com

Section 2: Personal Information

First Matt Middle _____ Last Komenda

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone _____ Email _____

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Harvard University		09/16-05/18	
Address	**City**	**State**	**Zip**
111 Western Avenue	Boston	MA	02163
Diploma/Degree obtained, if any			
Master's of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Brigham Young University		08/09-04/12	
Address	**City**	**State**	**Zip**
A-209 ASB	Provo	UT	84602
Diploma/Degree obtained, if any			
Bachelors of Science			

School Name		From - To (MM/YY – MM/YY)	
Chandler Gilbert Community College		06/09-05/09	
Address	**City**	**State**	**Zip**
2626 E Pecos Rd	Chandler	AZ	85225
Diploma/Degree obtained, if any			
None			

School Name		From - To (MM/YY – MM/YY)	
Utah Valley University		08/07-05/08	
Address	**City**	**State**	**Zip**
800 W University PKWY	Orem	UT	84058
Diploma/Degree obtained, if any			
None			

School Name		From - To (MM/YY – MM/YY)	
Mesa High School		08/02-05/05	
Address	**City**	**State**	**Zip**
1630 E Southern Ave	Mesa	AZ	85204
Diploma/Degree obtained, if any			
High School Diploma			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/22 - Current	[redacted]	[redacted]	[redacted]	[redacted]
09/21-09/22				
08/20-08/21				
07/18-07/20				
05/17-06/18				
08/16-04/17				
07/14-07/16				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Tacoma Investment Holdings, LLC			07/20 - Current
Business Address	**City**	**State**	**Zip**
2702 N Ogden #102	Mesa	AZ	85215
Phone	**Title**		
480-293-4214	Managing Partner		
Description of Duties			
Founder and Managing Partner to Tacoma Holdings. Oversee all firm activities			

Business Name			From - To (MM/YY – MM/YY)
Frontpoint Holdings, LLC			08/22 - Current
Business Address	**City**	**State**	**Zip**
1701 N. Collins Blvd	Richardson	Tx	75080
Phone	**Title**		
913-579-8741	Director of the board		
Description of Duties			
Director on the board			

Business Name			From - To (MM/YY – MM/YY)
Cascade Peak Holdings, LLC			10/21 - Current
Business Address	**City**	**State**	**Zip**
198 West 3300 North	Provo	UT	84604
Phone	**Title**		
385-406-2428	Shareholder and Director of the board		
Description of Duties			
Shareholder and Director of the board.			

Business Name			From - To (MM/YY – MM/YY)
JQMS Holdings, LLC			02/21 - Current
Business Address	**City**	**State**	**Zip**
1225 E Fort Union Blvd #310	Midvale	UT	84047
Phone	**Title**		
800-231-6820	Chairman of the Board		
Description of Duties			
Oversee the board of directors and manage and control the equity interests in JQMS Holdings, LLC.			

Business Name			From - To (MM/YY – MM/YY)
FFL Partners, LLC			09/18 - 06/20
Business Address	**City**	**State**	**Zip**
333 Bush Street Suite 1450	San Francisco	CA	94104
Phone	**Title**		
415-402-2100	VICE President		
Description of Duties			
Employee and Member of the Investment Staff.			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Berkshire Partners			09/14 – 07/16
Business Address	**City**	**State**	**Zip**
200 Clarendon St #35	Boston	MA	02116
Phone	**Title**		
617-227-0050	Associate		
Description of Duties			
Employee and Member of the Investment Staff			

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3-19-2025
Date

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

Matt Komenda

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-19-2025

Date

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

State of ARIZONA, ss. County of MARICOPA

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

Original Signature

3-19-2025

Date

Subscribed and Sworn to before me this 19 day of MARCH.

Notary Public Signature

JOSH WHEATON
Notary Public - Arizona
Maricopa County
Commission # 640496
My Comm. Expires Dec 21, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler JQ Medical Supply, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) UT Pharmacy Class E - 12137636-1714

Physical Address 6910 S Highland Dr. Ste 4

City Cottonwood Heights State UT Zip 84121-3060

Mailing Address (if different from physical address) 1225 E Fort Union Blvd Ste 310

City Midvale State UT Zip 84047-1883

Telephone 800-231-6820 Website https://www.jqmedical.com/

Licensing Company Email jchapman@jqmedical.com cc: tc@jqmedical.com

Section 2: Personal Information

First Kenneth Middle _____ Last Cobabe

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email ken@jqmedical.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Georgia		08/18-05/19	
Address	City	State	Zip
600 S Lumkin St	Athens	GA	30605
Diploma/Degree obtained, if any			
Master's - Accounting			

School Name		From - To (MM/YY – MM/YY)	
University of Utah		01/16-05/18	
Address	City	State	Zip
201 Presidents' Cir	Salt Lake City	UT	84112
Diploma/Degree obtained, if any			
Bachelor of Science - Accounting			

School Name		From - To (MM/YY – MM/YY)	
LDS Business College		08/13-08/18	
Address	City	State	Zip
95 N 300 W	Salt Lake City	UT	84101
Diploma/Degree obtained, if any			
Associate of Science - Accounting and Applied Sciences			

School Name		From - To (MM/YY – MM/YY)	
Rancho Buena Vista High School		08/06-05/10	
Address	City	State	Zip
1601 Longhorn Dr	Vista	CA	92081
Diploma/Degree obtained, if any			
High School Diploma			

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/20-current	[redacted]	[redacted]	[redacted]	[redacted]
08/19-08/20				
08/18-08/19				
08/17-08/18				
08/15-08/17				
01/15-08/15				
From - To (MM/YY – MM/YY)	Address N/A - intentionally left blank	City	State	Zip
From - To (MM/YY – MM/YY)	Address N/A - intentionally left blank	City	State	Zip
From - To (MM/YY – MM/YY)	Address N/A - intentionally left blank	City	State	Zip
From - To (MM/YY – MM/YY)	Address N/A - intentionally left blank	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
JQ Medical Supply, LLC			03/23-current
Business Address	**City**	**State**	**Zip**
1225 E Fort Union Blvd Ste 310	Midvale	UT	84047-1883
Phone	**Title**		
800-231-6820	Chief Financial Officer		
Description of Duties			
Oversee financial activities of company			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A - intentionally left blank

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

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

KENNETH COBABE

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/9/2025

Date

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

State of UTAH, ss. County of SALT LAKE

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

Original Signature

4/9/2025

Date

Subscribed and Sworn to before me this 9th day of April 2025

Notary Public Signature

JESSICA D PISTORIUS
Notary Public - State of Utah
Comm. No. 732972
My Commission Expires on
Aug 31, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: JQ Medical Supply, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): UT Pharmacy Class E - 12137636-1714

Physical Address: 6910 S Highland Dr. Ste 4

City: Cottonwood Heights State: UT Zip: 84121-3060

Mailing Address (if different from physical address): 1225 E Fort Union Blvd Ste 310

City: Midvale State: UT Zip: 84047-1883

Telephone: 800-231-6820 Website: https://www.jqmedical.com/

Licensing Company Email: jchapman@jqmedical.com cc: tc@jqmedical.com

Section 2: Personal Information

First: Matthew Middle: Last: Gallagher

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

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

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: 801-942-8582 Email: mgallagher@jqmedical.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Texas at Austin		08/97 - 05/99	
Address	**City**	**State**	**Zip**
110 Inner Campus Drive	Austin	TX	78712
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of San Diego		08/88 - 05/92	
Address	**City**	**State**	**Zip**
5998 Alcala Park	San Diego	CA	92110
Diploma/Degree obtained, if any			
Bachelor of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
St. Augustine High School		08/84 - 05/88	
Address	**City**	**State**	**Zip**
3266 Nutmeg St	San Diego	CA	92104
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/18 - current	[redacted]	[redacted]	[redacted]	[redacted]
09/06 - 05/18				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
JQ Medical			01/23 - current	
Business Address	**City**	**State**	**Zip**	
6910 S Highland Dr, Ste 4	Cottonwood Heights	UT	84121	
Phone	**Title**			
800-231-6820	Chief Executive Officer			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Breg, Inc.			02/21 - 09/22	
Business Address	**City**	**State**	**Zip**	
2382 Faraday Ave, Ste 300	Carlsbad	CA	92008	
Phone	**Title**			
800-321-0607	Chief Commercial Officer			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Falck USA			01/18 - 08/21	
Business Address	**City**	**State**	**Zip**	
1517 W Braden Ct	Orange	CA	92868	
Phone	**Title**			
714-288-3800	Chief Executive Officer			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
US Renal Care			09/16 - 11/17	
Business Address	**City**	**State**	**Zip**	
5851 Legacy Circle, Ste 900	Plano	TX	75024	
Phone	**Title**			
214-736-2700	Region Vice President			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Apria Healthcare			01/06 - 06/16	
Business Address	**City**	**State**	**Zip**	
16811 Millikan Ave	Irvine	CA	92606	
Phone	**Title**			
888-492-7742	Division Vice President			
Description of Duties				

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/3/25
Date

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

Matthew Gallagher

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/9/25

Date

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

State of Utah, ss. County of Salt Lake

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

Original Signature

4/9/25

Date

Subscribed and Sworn to before me this 9th day of April 2025.

Jessica D. Pistorius

Notary Public Signature

JESSICA D PISTORIUS
Notary Public - State of Utah
Comm. No. 732972
My Commission Expires on
Aug 31, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler JQ Medical Supply, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) UT Pharmacy Class E - 12137636-1714

Physical Address 6910 S Highland Dr. Ste 4

City Cottonwood Heights State UT Zip 84121-3060

Mailing Address (if different from physical address) 1225 E Fort Union Blvd Ste 310

City Midvale State UT Zip 84047-1883

Telephone 800-231-6820 Website https://www.jqmedical.com/

Licensing Company Email jchapman@jqmedical.com cc: tc@jqmedical.com

Section 2: Personal Information

First David Middle _____ Last Gramer

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email dgramer@jqmedical.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Boylan Catholic High School		08/01 - 05/05	
Address	**City**	**State**	**Zip**
4000 St Francis Dr	Rockford	IL	61103
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Northern Illinois University		08/05 - 05/09	
Address	**City**	**State**	**Zip**
231 N Annie Glidden Rd	Dekalb	IL	60115
Diploma/Degree obtained, if any			
Bachelors of Science in Kinesiology			

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin MBA Consortium		08/14 - 05/19	
Address	**City**	**State**	**Zip**
127 Roosevelt Avenue	Eau Claire	WI	54701
Diploma/Degree obtained, if any			
Master of Business Administration			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/17 - Present	[redacted]	[redacted]	[redacted]	[redacted]
04/16 - 06/17				
04/14 - 04/16				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
JQ Medical Supply, LLC.			01/24 - Present
Business Address	**City**	**State**	**Zip**
1225 East Fort Union Blvd	Midvale	UT	84047
Phone	**Title**		
3853883886	Chief Operating Officer		
Description of Duties			
Oversee all operations of JQ Medical Supply, LLC.			

Business Name			From - To (MM/YY – MM/YY)
Breg, Inc.			03/13 - 10/23
Business Address	**City**	**State**	**Zip**
2382 Faraday Ave, Ste 300	Carlsbad	CA	92008
Phone	**Title**		
8003210607	Vice President Billing Operations		
Description of Duties			
Responsible for all aspects of Breg's third party billing business unit reporting to the CEO.			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

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

David Gromer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/9/25

Date

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

State of Utah, ss. County of Salt Lake

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

Original Signature

4/9/25

Date

Subscribed and Sworn to before me this 9th day of April 2025.

Jessica D. Pistorius

Notary Public Signature

JESSICA D PISTORIUS
Notary Public - State of Utah
Comm. No. 732972
My Commission Expires on
Aug 31, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler JQ Medical Supply, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) UT Pharmacy Class E 12137636-1714

Physical Address 6910 S Highland Dr. Ste. 4

City Cottonwood Heights State UT Zip 84121-3060

Mailing Address (if different from physical address) 1225 E Fort Union Blvd Ste 310

City Midvale State UT Zip 84047-1883

Telephone 800-231-6820 Website https://www.jqmedical.com/

Licensing Company Email jchapman@jqmedical.com cc:tc@jqmedical.com

Section 2: Personal Information

First Tricia Middle Ann Last Thurman

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip 84009

Telephone [redacted] Email tc@jqmedical.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Alta High School		1984-1988	
Address	**City**	**State**	**Zip**
11055 S 1000 E	Sany	UT	84094
Diploma/Degree obtained, if any			
Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997-present	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
JQ Medical Supply			2011-present
Business Address	**City**	**State**	**Zip**
6910 S Highland Dr. Ste. 4	Cottonwood Heights	UT	84121
Phone	**Title**		
8002316820	Vice President of Revenue Cycle		
Description of Duties			
Oversee the billing, collection and reporting of Revenue			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4-3-2025
Date

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

Tricia Thurman
Print Name (First, Last)

Tricia Thurman — 4-9-2025
Original Signature (electronic, copies or stamps not accepted) — Date

---

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

State of Utah, ss. County of Salt Lake

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

Tricia Thurman — 4-9-2025
Original Signature — **Date**

Subscribed and Sworn to before me this 9th day of April 2025.

Jessica D. Pistorius
Notary Public Signature

JESSICA D PISTORIUS
Notary Public - State of Utah
Comm. No. 732972
My Commission Expires on
Aug 31, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler JQ Medical Supply, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) UT Pharmacy Class E - 12137636-1714

Physical Address 6910 S Highland Dr. Ste 4

City Cottonwood Heights State UT Zip 84121-3060

Mailing Address (if different from physical address) 1225 E Fort Union Blvd Ste 310

City Midvale State UT Zip 84047-1883

Telephone 800-231-6820 Website https://www.jqmedical.com/

Licensing Company Email jchapman@jqmedical.com cc: tc@jqmedical.com

Section 2: Personal Information

First Jeffrey Middle William Last Henderson

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Harvard University School of Business		09/89-05/91	
Address	**City**	**State**	**Zip**
Harvard University, Massachusetts Hall	Cambridge	MA	02138
Diploma/Degree obtained, if any			
Masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Kettering University			
Address	**City**	**State**	**Zip**
1700 University Avenue	Flint	MI	48504
Diploma/Degree obtained, if any			
Bachelors of Science in Electrical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Governor Simcoe Secondary School			
Address	**City**	**State**	**Zip**
15 Glenview Avenue	St. Catharines	ON, CAN	L2N 2Z7
Diploma/Degree obtained, if any			
Honors Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/19-Present	[redacted]	[redacted]	[redacted]	[redacted]
06/05-07/23				
12/14-Present				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
JWH Consulting LLC			01/18-Present
Business Address	**City**	**State**	**Zip**
2400 Windward Way	Naples	FL	34103
Phone	**Title**		
614-397-8199	Owner & President		
Description of Duties			
Consulting company providing investment and business advice to businesses, primarily in the healthcare industry.			

Business Name			From - To (MM/YY – MM/YY)
Qualcomm, Inc.			02/16-Present
Business Address	**City**	**State**	**Zip**
5775 Morehouse Dr.	San Diego	CA	92121
Phone	**Title**		
858-845-5959	Board Director		
Description of Duties			
Board governance & oversight, Audit Committee Chair			

Business Name			From - To (MM/YY – MM/YY)
Haloyzyme Therapeutics, Inc.			08/15 - Present
Business Address	**City**	**State**	**Zip**
12390 El Camino Real	San Diego	CA	92130
Phone	**Title**		
858-794-8889	Board Director and Chairman		
Description of Duties			
Board governance & oversight, Board Chair			

Business Name			From - To (MM/YY – MM/YY)
Becton Dickinson			08/18-Present
Business Address	**City**	**State**	**Zip**
18-02 NJ-208	Franklin Lakes	NJ	07417
Phone	**Title**		
201-847-6800	Board Director		
Description of Duties			
Board governance & oversight, Audit Committee Chair			

Business Name			From - To (MM/YY – MM/YY)
Fibrogen, Inc.			08/15-06/24
Business Address	**City**	**State**	**Zip**
409 Illinois St.	San Francisco	CA	94158
Phone	**Title**		
415-978-1200	Board Director		
Description of Duties			
Board governance & oversight			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
JQ Medical Supply, LLC			02/21-Present
Business Address	**City**	**State**	**Zip**
6910 S. Highland Drive, Apt. 4	Cottonwood	UT	84121
Phone	**Title**		
800-231-6820	Board Director		
Description of Duties			
Board governance & oversight			

Business Name			From - To (MM/YY – MM/YY)
Integrated DNA Technologies, Inc.			03/15-4/18
Business Address	**City**	**State**	**Zip**
8180 N. McCormick Blvd.	Skokie	IL	60076
Phone	**Title**		
847-745-1713	Board Director		
Description of Duties			
Board governance & oversight			

Business Name			From - To (MM/YY – MM/YY)
Affordable Care, Inc.			
Business Address	**City**	**State**	**Zip**
629 Davis Drive, Suite 300	Morrisville	NC	27560
Phone	**Title**		
800-664-8212	Board Director		
Description of Duties			
Board governance & oversight			

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

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

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

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

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

This is in response to Question # 4 . **Provide all the following *where applicable*:**

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

Provide explanation below:

As a member of the Board of Directors of Qualcomm and Becton Dickinson (both public companies), I have been named, along with other directors, in class action and derivative lawsuits.

Original Signature (electronic, copies or stamps not accepted)

3/14/25
Date

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☑ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Diego

Subscribed and sworn to (or affirmed) before me on this 17th day of March, 2025,
Date *Month* *Year*
by
(1) Jeffrey William Henderson
(and (2)_____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

JACQUELINE GIAMMARIA
Notary Public - California
San Diego County
Commission # 2438423
My Comm. Expires Mar 12, 2027

Signature _____
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ **Document Date:** _____

Number of Pages: _____ **Signer(s) Other Than Named Above:** _____

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

Jeffrey Henderson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/14/25

Date

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

State of California, ss. County of San Diego

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

Original Signature

3/17/25

Date

Subscribed and Sworn to before me this _____ day of _____.

See attached

Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler JQ Medical Supply, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) UT Pharmacy Class E - 12137636-1714

Physical Address 6910 S Highland Dr. Ste 4

City Cottonwood Heights State UT Zip 84121-3060

Mailing Address (if different from physical address) 1225 E Fort Union Blvd Ste 310

City Midvale State UT Zip 84047-1883

Telephone 800-231-6820 Website https://www.jqmedical.com/

Licensing Company Email jchapman@jqmedical.com cc: tc@jqmedical.com

Section 2: Personal Information

First Paul Middle F. Last Brown

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Northwestern University Pritzker School of Law		08/89 – 05/92	
Address	**City**	**State**	**Zip**
375 East Chicago Avenue	Chicago	IL	60611
Diploma/Degree obtained, if any			
Juris doctorate			

School Name		From - To (MM/YY – MM/YY)	
University of Utah		01/86 – 05/89	
Address	**City**	**State**	**Zip**
201 Presidents Circle	Salt Lake City	UT	84112
Diploma/Degree obtained, if any			
dual bachelors of arts			

School Name		From - To (MM/YY – MM/YY)	
Olympus High School		08/80 – 05/83	
Address	**City**	**State**	**Zip**
4055 S. 2300 East	Holladay	UT	84124
Diploma/Degree obtained, if any			
General education			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/15 – Present	[redacted]	[redacted]	[redacted]	[redacted]
05/05 – 06/15				
08/21 – Present				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name: University of Utah				From - To (MM/YY – MM/YY): 06/15 – Present
Business Address: 201 Presidents Circle	City: Salt Lake City		State: UT	Zip: 84112
Phone: 801-581-4234	Title: Professor and Director, MBC program			
Description of Duties: I am a professor of entrepreneurship and teach graduate courses in the master of Business creation program, for which I am director.				

Business Name: Granite Growth Health Partners				From - To (MM/YY – MM/YY): 10/17 – Present
Business Address: 1485 Oak Rim Drive	City: Hillsborough		State: CA	Zip: 94010
Phone: (650) 888-3072	Title: Advisory Partner			
Description of Duties: Serve as a consultant to this growth equity investment fund.				

Business Name: Daughters Only LLC				From - To (MM/YY – MM/YY): 09/18 - PRESENT
Business Address: P.O. Box 741	City: Oakley		State: UT	Zip: 84055
Phone: (312) 384-9343	Title: Manager / partner / owner			
Description of Duties: Manager of investment company that makes equity investments in early-stage startup companies.				

Business Name: Upstream Ventures				From - To (MM/YY – MM/YY): 08/22 - Present
Business Address: 171 E. 3rd Avenue	City: Salt Lake City		State: UT	Zip: 84103
Phone: (801) 643-8740	Title: Managing / General Partner / owner			
Description of Duties: Co-manager of investment fund that makes equity investments in early stage startup companies.				

Business Name: CleanSlate Centers, Inc.				From - To (MM/YY – MM/YY): 06/15 - Present
Business Address: 8 Cadillac Dr. #180	City: Nashville		State: TN	Zip: 37027
Phone: (615) 425-0220	Title: Member, Board of Directors Also shareholder			
Description of Duties: Member of board of directors of this addiction treatment company.				

Continue on next page if additional space is needed.

Business Name: Accelerate Dental			From - To (MM/YY – MM/YY): 01/24 – Present
Business Address: 586 W. 5300 South, Suite 101	City: Murray	State: UT	Zip: 84123
Phone: (801) 382-7906	Title: Member, Board of Directors / Investor		
Description of Duties: Member of board of directors of this 30 office dental practices services organization.			

Business Name: We Be Well			From - To (MM/YY – MM/YY): 01/22 – Present
Business Address: 2619 Cottage Loop	City: Park City	State: UT	Zip: 84098
Phone: (435) 901-7230	Title: Member, Board of Directors / shareholder		
Description of Duties: Member of board of directors of this early-stage mental health training company.			

Business Name: Social Swell (dba Swell CX)			From - To (MM/YY – MM/YY): 06/21 – Present
Business Address: 6510 Millrock Drive, Suite 300	City: Holladay	State: UT	Zip: 84121
Phone:	Title: Member, Board of Directors / investor		
Description of Duties: Member of board of directors of this early-stage marketing technology/software company.			

Business Name: JQ Medical Supply			From - To (MM/YY – MM/YY): 06/21 – Present
Business Address: 6910 Highland Dr. #4	City: Cottonwood Heights	State: UT	Zip: 84121
Phone: (801) 942-8582	Title: Member, Board of Directors / investor		
Description of Duties: Member of board of directors of this medical equipment supply company.			

Business Name: Cinch Marketing			From - To (MM/YY – MM/YY): 01/21 – Present
Business Address: 67 W. 13490 South, Suite 200	City: Draper	State: UT	Zip: 84020
Phone: (801) 783-1441	Title: Member, Board of Directors / investor		
Description of Duties: Member of board of directors of this marketing technology/software company.			

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

Business Name: QualDerm Partners			From - To (MM/YY – MM/YY): 01/2017 – 11/22	
Business Address: 5141 Virginia Way, Suite 350	City: Brentwood		State: TN	Zip: 37027
Phone: (615) 250-6723	Title: Member, Board of Directors			
Description of Duties: Member of the board of directors of this multi-state dermatology practice organization.				

Business Name: Amplifi (Pattern)			From - To (MM/YY – MM/YY): 11/2015 – 12/21	
Business Address: 9305 Research Dr.	City: Irvine		State: CA	Zip: 92618
Phone: (949) 705-6900	Title: Member, Board of Directors / Investor			
Description of Duties: Member of the board of directors of this marketing technology/software company.				

Business Name: Central Logic			From - To (MM/YY – MM/YY): 10/16 – 5/20	
Business Address: 100 W. Towne Ridge Parkway #350	City: Sandy		State: UT	Zip: 84070
Phone: (866) 932-4333	Title: Chairman & board member, Board of Directors			
Description of Duties: Board member of this patient flow software company.				

Business Name: TripleCare			From - To (MM/YY – MM/YY): 8/16 – 12/18	
Business Address: 27-01 Queens Plaza North, Suite 502	City: Long Island City		State: NY	Zip: 11101
Phone: (855) 376-3669	Title: Member, Board of Directors			
Description of Duties: Member of the board of directors of this company that provided physician services to skilled nursing facilities via telemedicine.				

Business Name: Apple Tree Partners / HTP			From - To (MM/YY – MM/YY): 7/16 – 10/17	
Business Address: 230 Park Avenue #2800	City: New York		State: NY	Zip: 10169
Phone: (212) 468-5800	Title: Venture Partner			
Description of Duties: served as a venture partner/consultant for this $1.5B healthcare venture capital fund				

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

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

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

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Approx. 2007	Approx. 2007	DC	DC	

Case #	Governing, licensing, Arresting Presiding Body/Agency (Court)
unknown	U.S. District Court for District of Columbia

Reason/Charge	
employment discrimination	

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

Name of Business/Industry/Entity
Eileen Bradley v. William Breskin, Paul Brown, and BCBSA

Provide explanation below:

In approximately 2007, I served as a Vice President of the Blue Cross and Blue Shield Association in Chicago, Illinois. An employee who suffered from alcoholism sued her immediate supervisor (who reported to me) and me for age and gender-based discrimination in connection with her termination of employement. I do not have any of the details regarding the court, case number, or exact dates of when the case was filed or settled. The claims were without merit. We settled the case for about $25,000 without any admission of liability, for an amount that was less than the legal fees for answering or moving to dismiss the complaint.

Question #5:

As you can see, I have served as an investor, director, officer, and partner of numerous firms during my career. In the ordinary course of their business activities, several of these firms have been parties to numerous lawsuits—as both plaintiffs and defendants. They have also been parties to arbitration and administrative proceedings. It is simply not possible for me to list—or even know about—such proceedings, but none have involved my conduct or character.

Paul F. Brown

Original Signature (electronic, copies or stamps not accepted)

3/27/25

Date

Personal History Application (Applicant's Initials PFB) 7 of 8

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

PAUL F. BROWN

Print Name (First, Last)

Paul F. Brown

Original Signature (electronic, copies or stamps not accepted)

3/27/25

Date

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

State of Utah, ss. County of Washington

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

Paul F. Brown

Original Signature

3/27/25

Date

Subscribed and Sworn to before me this 27th day of March.

Poppy Babcock

Notary Public Signature

NOTARY PUBLIC
Poppy Babcock
731920
COMMISSION EXPIRES
June 29, 2027
State of Utah

(Seal)

4G

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG ☐ Ownership Change* ☐ Name Change* ■ Location Change*	* If making a change, provide current license number: M P03071	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Koya Medical, Inc

MDEG Physical Address: 2332 Valdina Street

City: Dallas State: TX Zip: 75207

Mailing Address (if different from physical address): PO Box 6919

City: Portland State: OR Zip: 97212

Telephone: (833) 999-5692 Website: www.koyamedical.com

Email: licensure@koyamedical.com

Name of MDEG Administrator (NAC 639.694): Connor Meehan

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions ☐ Pharmacies[a] ☐ Practitioners[a] ☐ Hospitals/Clinics[a] ☐ Clinics[a] ☐ Wholesalers[a] ☐ Other business entities (specify)[a]:	☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Parenteral and Enteral Equipment** ☐ Assistive Equipment ☐ Diabetic Supplies ☐ Orthotics and Prosthetics ■ Others: non-pneumatic compression device
This application is ONLY required if MDEG products will be sold to patients by prescription. [a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954): Name: _____ Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9:00-5:00 CST	■ Tue: 9:00-5:00 CST	■ Wed: 9:00-5:00 CST	■ Thurs: 9:00-5:00 CS	■ Fri: 9:00-5:00 CST
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare:8011590001 Maryland:661021800 Michigan:104368345-0001 New Mexico:N0009514
Ohio:59446 Pennsylvania:104368345-0001 Rhode Island:1649848672 South Carolina:DM1747
Virginia:30017717170002

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

Name: N/A _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Deleware

Parent Company (if any): _____

Corporation/Organization Name: Koya Medical,Inc

Mailing Address: PO Box 6919

City: Portland State: OR Zip: 97212-6919

Telephone: (833) 999-5692 Email: licensure@koyamedical.com

Contact Person Name: Damian Rippole

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

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

Connor Meehan

Print Name of Authorized Person Submitting Application

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

04/24/2025

Date

Board Use Only	Date Received: 5/6/25	Amount: $500-cc

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/10/2025

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

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

PRODUCER
Risk Strategies Company
Burlingame Office
PO Box 818078
Cleveland, OH 44181-8078
BURL

CONTACT NAME: Marianne Gunches
PHONE (A/C, No, Ext): (646) 846-3878 x6691 **FAX (A/C, No):**
E-MAIL ADDRESS: mgunches@risk-strategies.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hartford Underwriters Insurance Company	30104
INSURER B : Medmarc Insurance Group	22241
INSURER C : Scottsdale Insurance Company	41297
INSURER D : Travelers Excess and Surplus Lines Co	29696
INSURER E :	
INSURER F :	

INSURED
Koya Medical, Inc.
PO Box 6919, Portland, OR 97228
Physical Address: 2332 Valdina Street
Dallas TX 75207

COVERAGES **CERTIFICATE NUMBER:** 84806981 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	✓ COMMERCIAL GENERAL LIABILITY	✓		57SBABC9RS0	1/1/2025	1/1/2026	EACH OCCURRENCE	$2,000,000
	☐ CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$4,000,000
B	✓ POLICY ☐ PRO-JECT ☐ LOC			N25CA380004	1/1/2025	1/1/2026	PRODUCTS - COMP/OP AGG	$EXCLUDED
	✓ OTHER: ProductsCompletedOps						$1,000,000 Occ Limit	$10,000 Deductible
A	AUTOMOBILE LIABILITY			57SBABC9RS0			COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	✓ HIRED AUTOS ONLY ✓ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	✓ UMBRELLA LIAB ✓ OCCUR			57SBABC9RS0	1/1/2025	1/1/2026	EACH OCCURRENCE	$1,000,000
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$1,000,000
	DED ✓ RETENTION $10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Directors & Officers Liability			EKS3554695	1/1/2025	1/1/2026	Per Claim $2,000,000 / Aggr $3,000,000 Retention $0/$25k/$25K	
D	Cyber Liability			CYR10815897100	4/23/2025	4/23/2026	Limit $2,000,0000 Maximum Aggregate	
A	Business Personsal Property			57SBABC9RS0	1/1/2025	1/1/2026	$3,300,000	

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

RE: Contract/Agreeement
National Supplier Clearinghouse Medicare Administrative Contractor is included as Additional Insured as respects to General Liability per Form SL3032 attached.

CERTIFICATE HOLDER

National Supplier Clearinghouse Medicare
Administrative Contractor
National Suppler Clearinghouse
PO Box 100142
Columbia SC 29202

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
RSC Insurance Brokerage

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Koya Medical, Inc.

57SBABC9RS0



BLANKET ADDITIONAL INSURED BY CONTRACT

This endorsement modifies insurance provided under the following:

BUSINESS LIABILITY COVERAGE FORM

Except as otherwise stated in this endorsement, the terms and conditions of the Policy apply.

A. The following is added to Section **C. WHO IS AN INSURED:**

Additional Insureds When Required By Written Contract, Written Agreement Or Permit

The person(s) or organization(s) identified in Paragraphs **a.** through **f.** below are additional insureds when you have agreed, in a written contract or written agreement, or when required by a written permit issued by a state or governmental agency or subdivision or political subdivision that such person or organization be added as an additional insured on your Coverage Part, provided the injury or damage occurs subsequent to the execution of the contract or agreement, or the issuance of the permit.

A person or organization is an additional insured under this provision only for that period of time required by the contract, agreement or permit.

However, no such person or organization is an additional insured under this provision if such person or organization is included as an additional insured by any other endorsement issued by us and made a part of this Coverage Part.

The insurance afforded to such additional insured will not be broader than that which you are required by the contract, agreement, or permit to provide for such additional insured.

The insurance afforded to such additional insured only applies to the extent permitted by law.

The limits of insurance that apply to additional insureds are described in Section **D. LIABILITY AND MEDICAL EXPENSES LIMITS OF INSURANCE**. How this insurance applies when other insurance is available to an additional insured is described in the Other Insurance Condition in Section **E. LIABILITY AND MEDICAL EXPENSES GENERAL CONDITIONS**.

a. **Vendors**

Any person(s) or organization(s) (referred to below as vendor), but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business and only if this Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

(1) The insurance afforded to the vendor is subject to the following additional exclusions:

This insurance does not apply to:

(a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;

(b) Any express warranty unauthorized by you;

(c) Any physical or chemical change in the product made intentionally by the vendor;

(d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;

(e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;

(f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

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(g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or

(h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:

(i) The exceptions contained in Paragraphs **(d)** or **(f)**; or

(ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.

(2) This insurance does not apply to any insured person or organization from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

b. Lessors Of Equipment

(1) Any person or organization from whom you lease equipment; but only with respect to their liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

(2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after you cease to lease that equipment.

c. Lessors Of Land Or Premises

(1) Any person or organization from whom you lease land or premises, but only with respect to liability arising out of the ownership, maintenance or use of that part of the land or premises leased to you.

(2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:

(a) Any "occurrence" which takes place after you cease to lease that land or be a tenant in that premises; or

(b) Structural alterations, new construction or demolition operations performed by or on behalf of such person or organization.

d. Architects, Engineers Or Surveyors

(1) Any architect, engineer, or surveyor, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

(a) In connection with your premises;

(b) In the performance of your ongoing operations performed by you or on your behalf; or

(c) In connection with "your work" and included within the "products-completed operations hazard", but only if:

(i) The written contract, written agreement or permit requires you to provide such coverage to such additional insured; and

(ii) This Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

(2) With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services, including:

(i) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specifications; or

(ii) Supervisory, surveying, inspection, architectural or engineering activities.

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by an insured, if the "bodily injury", "property

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damage", or "personal and advertising injury" arises out of the rendering of or the failure to render any professional service.

e. State Or Governmental Agency Or Subdivision Or Political Subdivision Issuing Permit

(1) Any state or governmental agency or subdivision or political subdivision, but only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit.

(2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:

(a) "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or

(b) "Bodily injury" or "property damage" included within the "products-completed operations hazard".

f. Any Other Party

(1) Any other person or organization who is not in one of the categories or classes listed above in Paragraphs **a.** through **e.** above, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

(a) In the performance of your ongoing operations performed by you or on your behalf;

(b) In connection with your premises owned by or rented to you; or

(c) In connection with "your work" and included within the "products-completed operations hazard", but only if:

(i) The written contract, written agreement or permit requires you to provide such coverage to such additional insured; and

(ii) This Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

(2) With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

(a) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specifications; or

(b) Supervisory, surveying, inspection, architectural or engineering activities.

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by an insured, if the "bodily injury", "property damage", or "personal and advertising injury" arises out of the rendering of or the failure to render any professional service described in Paragraphs **f.(2)(a)** or **f.(2)(b)** above.

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Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KOYA MEDICAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MARCH, A.D. 2025.

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

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

C. J. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203196796

Date: 03-18-25

6762716 8300

SR# 20251107343

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

Officers & Board Of Directors

Name	Address	Title
Anand Doraiswamy	[redacted]	CEO
Damian Rippole		CFO
Joshua J Baltzell		Director
Alison K Bauerlein		Director
Jan L. Garfinkle		Director
Joseph R. Biller		Director

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

KOYA MEDICAL INC
2332 VALDINA ST
DALLAS, TX 75207

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

DEVICE DISTRIBUTOR

License # 1003468
Expires: July 7, 2026

NON-TRANSFERABLE

M.D.
Commissioner

514420

Koya Medical Ownership

Type	Name	DOB	SSN/EIN	Address	Phone	Ownership
Ind	Anand Doraiswamy	[redacted]				17.40%
Org	American Century Investment		83-2294607	4500 Main St Kansas City, Mo 64111	971-352-3104	10.1%
Org	Scientific Health Development III LTD.		47-2363777	2305 Cedar Springs Rd Suite 240 Dallas TX, 75201	214-303-1540	6.9%
Org	Arboretum Ventures V, L.P.		83-3348634	201 S Main Street 3rd Floor Ann Arbor, MI 48104	734-998-3688	32.4%

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Koya Medical, Inc

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): MP03071

Physical Address: 2332 Valdina St

City: Dallas State: TX Zip: 75207

Mailing Address (if different from physical address): PO Box 6919

City: Portland State: OR Zip: 97228

Telephone: (833) 999-5692 Website: www.koyamedical.com

Licensing Company Email: licensure@koyamedical.com

Section 2: Personal Information

First: Anand Middle: Last: Doraiswamy

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

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

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: Email: andy@koyamedical.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of North Carolina at Chapel Hill			
Address	**City**	**State**	**Zip**
200 E Cameron Ave	Chapel Hill	NC	27599
Diploma/Degree obtained, if any			
Doctor of Philosophy, Biomedical/Medical Engineering			

School Name		From - To (MM/YY – MM/YY)	
University of Arizona		08/01-12/03	
Address	**City**	**State**	**Zip**
1200 E University Blvd	Tucson	AZ	85721
Diploma/Degree obtained, if any			
Master of Science, Materials Science & Engineering			

School Name		From - To (MM/YY – MM/YY)	
University of Madras		08/97-05/01	
Address	**City**	**State**	**Zip**
PO #1, Pennalur Village, Chennai – Bengaluru Highways	Sri Perumbudur	TN	602117
Diploma/Degree obtained, if any			
Bachelor of Technology, Chemical Engineering			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/24-Present	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY) 05/19-07/24				
From - To (MM/YY – MM/YY) 02/14-05/19				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name: Koya Medical, Inc.			From - To (MM/YY – MM/YY): 02/18-Present
Business Address: 2332 Valdina St	City: Dallas	State: TX	Zip: 75207
Phone: 833-999-5692	Title: CEO		
Description of Duties:			

Business Name: Rivermark Medical, Inc.			From - To (MM/YY – MM/YY): 08/21-Present
Business Address: 758 North Broadway Suite 234	City: Milwaukee	State: WI	Zip: 53202
Phone: 773-307-9665	Title: Co-Founder, Chairman		
Description of Duties:			

Business Name: Aquea Health, Inc.			From - To (MM/YY – MM/YY): 01/20-Present
Business Address: 475Washington St	City: Wrentham	State: MA	Zip: 02093
Phone: 508-384-5820	Title: Co-Founder, Chairman		
Description of Duties:			

Business Name: OnPoint Vision, Inc.			From - To (MM/YY – MM/YY): 08/19-Present
Business Address: 6A Liberty	City: Aliso Viejo	State: CA	Zip: 92656
Phone: (949) 688-0660	Title: Board Director		
Description of Duties:			

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Anand Doraiswamy

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/1/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

I, Anand Doraiswamy, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/1/2025

Date

Subscribed and Sworn to before me this 1st day of May 2025

Notary Public Signature

PAOLA FLORES NOTARY PUBLIC STATE OF TEXAS NOTARY ID 133103703 MY COMM. EXP. 05-17-2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Koya Medical, Inc — MDEG License # (if applicable): MP03071

Physical Address: 2332 Valdina Street

City: Dallas — State: TX — Zip: 75207

Mailing Address (if different from physical address): PO Box 6919

City: Portland — State: OR — Zip: 97212

Telephone: _____ — Website: www.koyamedical.com

Licensing Company Email: licensure@koyamedical.com

Section 2: Personal Information

First: Connor — Middle: _____ — Last: Meehan

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] — State: [redacted] — Zip: [redacted]

Telephone: [redacted] — Email: Connor@Koyamedical.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Texas Tech University		08/03 - 12/07	
Address	**City**	**State**	**Zip**
2500 Broadway W	Lubbock	TX	79409
Diploma/Degree obtained, if any			
B.S. Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Mansfield High School		08/99 - 03/2003	
Address	**City**	**State**	**Zip**
3001 E Broad St,	Mansfield,	TX	76063
Diploma/Degree obtained, if any			
H.S. Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/24 08/25-present	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY) 05/19-08/25				
From - To (MM/YY – MM/YY) 07/12-05/19				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Koya Medical, Inc			05/19-04/25	
Business Address		**City**	**State**	**Zip**
2332 Valdina St		Dallas	TX	75207
Phone	**Title**		**Number of Employed Hours**	
(510) 666-6630	Dir. Operations		10,400	
Description of Duties				
Operational Leadership, supply chain management, manufacturing engineering, warehousing, fulfillment, customer service, CA Exemptee.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Connor Meehan, **certify that as the MDEG Administrator for**

Koya Medical, Inc,

that I (initial that you have read and meet the following requirements):

1. CM Have a high school diploma or its equivalent;
2. CM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Connor Meehan
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/22/2025
Date

Board Use Only	Date Received:

4H

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	■ Yes	☐ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		■ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

MDEG Physical Address: 3446 Highway 51N

City: Southaven State: MS Zip: 38672

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-643-4508 Website: https://www.medline.com/

Email: ralicensing@medline.com

Name of MDEG Administrator (NAC 639.694): Christopher Hollobaugh

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	☐ Medical Gases**
■ Pharmacies[a]	☐ Respiratory Equipment**
■ Practitioners[a]	☐ Life-sustaining equipment**
■ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
■ Clinics[a]	■ Assistive Equipment
■ Wholesalers[a]	■ Diabetic Supplies
☐ Other business entities (specify)[a]:	■ Orthotics and Prosthetics
	■ Others: Catheters, TENS Units, Incontinence Supplies, Manual Wheelchairs, Ostomy/Urologicals
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8a-5p	■ Tue: 8a-5p	■ Wed: 8a-5p	■ Thurs: 8a-5p	■ Fri: 8a-5p
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? This facility has not received any discipline. Please see Attachment A for Medline's corporate disciplinary history.	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
See Attachment B

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: Medline Industries, LP

Mailing Address: Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-643-4508 Email: ralicensing@medline.com

Contact Person Name: Kiara Rosado

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).** Attachment C			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**. Attachment D	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).** Attachment E	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00). Attachment F	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/ N/A No individual owners Refer to Attachment C		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/ Attached	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/ Attachment H	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara Simmons, Chief Quality Officer

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

04/11/2025

Date

Board Use Only	Date Received: 5/5/25	Amount: $500.00

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medline Industries, LP — MDEG License # (if applicable): _____

Physical Address: 3446 Highway 51N

City: Southaven — State: MS — Zip: 38672

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield — State: IL — Zip: 60093

Telephone: 662-449-8381 — Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Christopher — Middle: Paul — Last: Hollobaugh

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] — State: [redacted] — Zip: [redacted]

Telephone: [redacted] — Email: chollobaugh@medline.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Martin Luther King High School		2005-2009	
Address	**City**	**State**	**Zip**
9301 Wood Rd	Riverside	CA	92508
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2021 - Present	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)				
03/2020 - 11/2021				
From - To (MM/YY – MM/YY)				
06/1994 - 03/2020				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			07/2020 - Present	
Business Address		**City**	**State**	**Zip**
3446 HighWay 51 N		Southaven	MS	38672
Phone	**Title**		**Number of Employed Hours**	
662-449-8381	Warehouse Manager		10,240	
Description of Duties				
Oversee the facility to ensure proper receiving, distribution, storage, shipping and dispensing of prescription drugs and medical devices. Manage multiple team members to ensure proper record keeping, inventory, storage, & product security				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted) Date

I, Christopher Hollobaugh, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. CPH Have a high school diploma or its equivalent;
2. CPH Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CPH Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CPH Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Hollobaugh
Print Name (First, Last)

Chris Hollobaugh
Original Signature (electronic, copies or stamps not accepted)

04/11/2025
Date

Board Use Only	Date Received: 5/5/25

Attachment A

Medline Industries, LP- Discipline *Confidential*

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries' Kansas City, MO facility (#2003031660) was disciplined for failure to renew on time and for deficient temperature control procedures. Medline was placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialists that monitor and ensure our licenses are renewed on time. A temperature control room was constructed at the facility to ensure product is stored at the appropriate temperature and humidity. These control rooms are now a standard feature at our distribution centers. We worked closely with NABP to ensure that our temperature control facilities and procedures align with industry best practices throughout our distribution network.
12/7/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**FILE CLOSED 2008** The Florida Certified Designated Representative at the Georgia facility unexpectedly resigned. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Florida CDR was hired at the facility.	To prevent this for occurring in the future, all Florida licensed Medline facilities are required to have multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Dr. Orlando, FL 32824 401 Commerce Blvd. Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	**FILE CLOSED 2008** Medline Industries was cited for several violations. Failure to pass and maintain a Florida compliant pedigree. Maintaining the wrong permit type for the activities performed in the facilities (in addition to a manufacturing permit, Florida required the facility a repackager permit). Distribution of saline to an unauthorized recipient. Additionally an Rx drug item was found at an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required by law, Medline received a fined from New York for out-of-state professional misconduct. (Cal. No. 27278)	To address the pedigree issues, Medline instituted a Florida specific pedigree system. This program ensured that any pedigree shipments within our distribution network with potential to end up in Florida has the required Florida documentation. (Note - these requirements have since been preempted by federal law). To address the issue of the wrong permit type, Medline secured the repackaging permit. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx Drug purchases- this procedure generates an automatic block for any Rx Drug order by an unlicensed customer. The Rx Drug item unintentionally stored in the raw materials facility was properly disposed of. Waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd. Gainesville, FL 32609	**FILE CLOSED 2008** Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. In 2010, Medline made an unrelated business decision to close this facility. (Case # 2007-37412)	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, Medline implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
3/5/2008	149 New Camellia Blvd. Covington, LA 70433	**FILE CLOSED 2008** Medline Industries (LA #4318) was cited for failure to properly maintain copies of current customer licenses on-site. Medline was assessed and paid a fine. (Louisiana Administrative Docket #2008006). After duly notifying state authorities, as required by law, Medline received a fine from New York for out-of-state professional misconduct. (Cal. No. 27278)	In addition to storing copies of customers' licenses at headquarters, these licenses are now stored digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave. Wausau, WI 54401	**FILE CLOSED 2009** Medline Industries (WI # 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing following a facility inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All of the hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state (Case #08	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.

Attachment A (cont.)

Medline Industries, LP- Discipline *Confidential*

		PHM 037). In 2010, Medline made an unrelated business decision to close this facility. After duly notifying state authorities, as required by law, Medline received a fine from the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) for out-of-state professional misconduct.	
8/21/2008	94-1420 Moaniani St. Waipahu, HI 96797	**FILE CLOSED 2013** Medline Industries, Inc. (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices, but missed the 30-day deadline. The probationary period ended in August 2013. (Case # PHA 2008-17-L)	Medline implemented a new process to notify the necessary licensing boards of future disciplinary actions within the required reporting timelines.
3/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries, Inc. applied for a Colorado Out-of-State Wholesaler license for the Kansas City, MO distribution center. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See 8/3/2005 discipline). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.	See 8/3/2005 discipline for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. (OH License #01-1985050) received a fine of $250 from the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired. The fine was paid on January 21, 2021 and the case was closed. (Case No. A-2020-0054 I-2019-0972-B.) After duly notifying state authorities, as required by law, Medline received a $500 fine from the Alabama State Board of Pharmacy for the same underlying conduct as the Ohio matter. The fine was paid and the matter closed. (Case No:21-L-0048)	Medline takes this matter very seriously. Medline reviewed the customer licensing policies and procedures and updated internal requirements for the type of license required for customers in Ohio. Efforts were taken by Customer Licensing to research, ensure the proper type, and check license status for a large number of existing Ohio licenses. The Ohio TDDD licenses are reviewed on an annual basis to ensure compliance.
11/1/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**FILE CLOSED 2022** Medline Industries, LP (OH License #01-30000190) entered a settlement agreement and agreed to pay a fine of $1,125.00 to the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file versus a Terminal Distributor (TDDD) license. The TDDD license was added in May 2022- prior to this investigation. During the period of July 2021 to March 2022, the customer's TDDD license lapsed and Medline was unaware. Medline is in the process of notifying states of this fine.	Medline is committed to following all applicable state and federal statutes and regulations, including customer license requirements. Medline updated customer licensing requirements after the 01/06/2021 fine. This incident occurred while Medline was in the process of updating a large number of Ohio accounts. Medline is implementing additional steps to ensure compliance, including, increasing staffing, training, and resources for the customer licensing team.
12/19/2022	9670 NW 112th Ave Miami, FL 33178	**FILE CLOSED 2022** Medline Industries, LP (FL WDD# #2220297) entered a settlement agreement and agreed to pay a fine of $6,000.00 to the FL Dept. Business and Professional Regulation. Medline accepted a physician license for a facility customer, instead of the correct facility license. The second allegation relates to failure to include NDC numbers on outbound packing slips/ invoices. After duly notifying state authorities, as required by law, Medline received a reciprocal fine for disciplinary action by another state from the Hawaii Department of Consumer Affairs. The fine was paid and the matter closed. (Case PHA 2023-9-L).	Medline is addressing the customer licensing issue by expanding the customer licensing team resources and oversight. This process began after the 11/1/2022 Ohio Discipline and has been expanded to address FL and confirming other states. The packing slip/invoice error stemmed for an internal system error. The error was limited to DSCSA exempt products, i.e. IV fluids. A system fix is in progress.

Attachment A (cont.)

Medline Industries, LP- Discipline *Confidential*

07/19/2023 07/25/2023	1040 Enterprise Parkway South West Jefferson, OH 43162 251 Hilton Drive, Jeffersonville, IN 47130	**FILE CLOSED 2023** Medline Industries, LP entered a settlement agreement with the Ohio Board of Pharmacy and agreed to pay fines of $750 and $850 for alleged sales of dangerous drugs to an unlicensed entity from the Jeffersonville, IN (OH License #01-30000158) and West Jefferson, OH locations (OH License #01-30000190). The sales occurred between July 2021 and January 2022. After duly notifying state authorities, as required by law, Medline received a reciprocal fine for disciplinary action by another state from the Hawaii Department of Consumer Affairs. The fine was paid and the matter closed. (Case PHA 2023-9-L).	This underlying issue was previously corrected. These fines related to activities between July 2021 and January 2022. At that time Medline was in the process of updating Ohio customer requirements. Medline updated Ohio customer license requirements and implemented a TDDD verification process in 2021. In addition, Medline reviewed all existing Ohio accounts to verify the correct license was on file. The review process was completed in 2022. Medline also dedicated additional resources and staff for the customer licensing team and remains committed to following all state and federal laws and regulations.

Attachment B

Medicare

Enrollment State	Enrollment Status	Medicare ID
IL	Active	0428930001

Medicaid

Enrollment State	Enrollment Status	Provider Number
AK	Active	1750309 (new) 1021896 (old)
AK	Active	1704352
AL	Active	216180
AR	Active	194904716
AZ	Active	AHCCCS ID 036021
CA	Active	9449244
CA	Active	1811997638; account ID 800336592
CO	Active	9000161244
CO	Active	1811997638 Location 98000060
DC	Active	19902800
DE	Active	200044726 -Location ID #
FL	Active	119444000
GA	Active	003127194A (Rendering) 305948034A (Payee ID)
HI	Active	008508
IA	Active	0715918 HCBS Waiver 0915918 DME
ID	Active	1811997638
IL	Active	362596612001
KS	Active	30003891870001
KY	Active	90032335
LA	Active	2429400
MA	Active	110066936C

Attachment B (cont.)

MA	Active	110066936A
MD	Active	033388300
MI	Active	1811997638
MO	ACTIVE	620803601
MT	Active	100030893
NC	Active	1649637059
NE	Active	36259661200
NH	Active	3098855;
NJ	Active	5096901
NM	Active	000T0700
NV	Active	1801225354
NY	Active	00680891
OH	Active	0400435
OR	Active	500719754
PA	Active	000905230-0006 (NEW) 000905230-0005 (OLD)
RI	Active	4028930
SC	Active	556712
TN	Active	3539772
TX	Active	3587834-01 (TPI)
UT	Active	1024729 - Prism ID
VA	Active	30015042570002
WA	Active	1024838
WI	Active	100269854
WY	Active	234872100

Attachment C

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

PARTNERS	Business Address	General or Limited	% of Ownership	FEIN
Mozart GP, LLC	Three Lakes Drive Northfield, IL 60093	General	0%	87-2508203
Medline Borrower, LP	Three Lakes Drive Northfield, IL 60093	Limited	100%	87-2530238

PARENT COMPANY INFORMATION:
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: IL
Managing Members:

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

THREE LAKES DRIVE
NORTHFIELD, IL 60093
PHONE #: 847-949-5500

Title	Name	Address
CEO	James M. Boyle	[redacted]
President / COO	James M. Pigott	
CFO	Michael B. Drazin	
Chief Quality Officer	Lara N. Simmons	

Attachment D

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 27TH *day of* FEBRUARY *A.D.* 2025 .

Authentication #: 2505804876 verifiable until 02/27/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

MISSISSIPPI

Board of Pharmacy

Permit #
18278 / 11.1

Medical Equipment Supplier

Medline Industries, LP

Permit Holder:
Christopher Hollobaugh

3446 Highway 51 N.
Southaven, MS 38672
DeSoto

This permit is not transferable or assignable.

Issued: 03/05/2021
Renewed: 05/19/2025
Expires: 06/30/2026

Susa McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/23/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC.
155 N. WACKER, SUITE 1200
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-25-26

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : Endurance Assurance Corporation	11551
INSURER C : See Acord 101 for Carrier Participation	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-010710026-10 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 4065036	07/01/2025	07/01/2026	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	4,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	SEE BELOW
	OTHER:							$	
A	AUTOMOBILE LIABILITY			CA 6675933	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			ELD10004065212	07/01/2025	07/01/2026	EACH OCCURRENCE	$	3,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	3,000,000
	DED X RETENTION $ 10,000							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			LDS 4065032 (AOS)	07/01/2025	07/01/2026	X PER STATUTE OTH-ER		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y N/A (Mandatory in NH)			PS 4065034 (WI)	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Products/Completed Operations Liability			LSR-PCO-00613-25	07/01/2025	07/01/2026	Limit		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Medline Industries, LP & Subsidiaries is/are included as additional insured (except workers' compensation) where required by written contract. SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.

CERTIFICATE HOLDER

Medline Industries , LP & Subsidiaries
Insurance Compliance
PO Box 5074
Glenview, IL 60025

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA LLC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products/Completed Operations Liability Carrier Participation:
57.86% of the layer is insured by Lloyds of London
17.14% of the layer is insured by AXA XL UK Ltd. (A+)
25% of the layer is insured by Harleysville Insurance Company of NY (A)

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Attachment H

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/23/2024
Amount: $ 1050.00
Permit #: WH03085

Medline Industries, LP
3446 Highway 51 N.
Southaven MS 38672

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Wholesaler
Effective Date:11/01/2024
Expires:10/31/2026

Medline Industries, LP
3446 Highway 51 N.
Southaven MS 38672

Permit #
WH03085
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Wholesaler

Expires: 10/31/2026
STATUS: Active

Permit Type: Wholesaler
Permit #: WH03085
Effective Date: 11/01/2024
DEA #:

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

Medline Industries, LP
3446 Highway 51 N.
Southaven MS 38672

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

41

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]**Is the business also a wholesaler? (NRS 639.016)**	■ Yes	☐ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
■ New MDEG	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Outset Medical Inc

MDEG Physical Address: 3052 Orchard Drive

City: San Jose State: CA Zip: 95134

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (669)231-8200 Website: www.outsetmedical.com

Email: dstefani@outsetmedical.com

Name of MDEG Administrator (NAC 639.694): Dinamarie Stefani

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	■ Others: Dialysate Bicarbonate
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9am-4pm	■ Tue: 9am-4pm	■ Wed: 9am-4pm	■ Thurs: 9am-4pm	■ Fri: 9am-4pm
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
N/A

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: NA Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): _____

Corporation Name: Outset Medical Inc

Mailing Address: 3052 Orchard drive

City: San Jose State: CA Zip: 95134

Telephone: (669) 231-8200 Email: _____

Contact Person Name: Dinamarie Stefani

Date of SEC Registration: 08/21/2020	SEC Registration Number: 0001484612	Stock Exchange Symbol: OM

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dinamarie Stefani

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

April 18, 2025

Date

Board Use Only	Date Received: 4/21/25	Amount: $650 cc

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/3/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Woodruff-Sawyer & Co. 50 California Street, Floor 12 San Francisco CA 94111	CONTACT NAME: WS Certificates PHONE (A/C, No, Ext): 844-972-6326 FAX (A/C, No): E-MAIL ADDRESS: certificates@woodruffsawyer.com
INSURED OUTSMED-01 Outset Medical, Inc. 3052 Orchard Drive San Jose, CA 95134	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Federal Insurance Company — 20281 INSURER B : Chubb National Insurance Company — 10052 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1573189420 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			36085158	6/5/2025	6/5/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ Included $
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			73642523	6/5/2025	6/5/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			56722563	6/5/2025	6/5/2026	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	71840268	6/5/2025	6/5/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Products Liability			99510872	6/5/2025	6/5/2026	Aggregate Limit Each Occurance	$10,000,000 $10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Evidence of Insurance
Outset Medical, Inc.
3052 Orchard Drive
San Jose, CA 95134

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Zoe Overbay

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/4/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Woodruff-Sawyer & Co. 50 California Street, Floor 12 San Francisco CA 94111	**CONTACT NAME:** WS Certificates **PHONE (A/C, No, Ext):** 844-972-6326 **FAX (A/C, No):** **E-MAIL ADDRESS:** certificates@woodruffsawyer.com
INSURED OUTSMED-01 Outset Medical, Inc. 3052 Orchard Drive San Jose, CA 95134	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** INSURER A : Federal Insurance Company — 20281 INSURER B : Federal Insurance Company Korea Branch INSURER C : Chubb National Insurance Company — 10052 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 990858475 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			36085158	6/5/2024	6/5/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ Excluded $
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			73642523	6/5/2024	6/5/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
B	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $			56722563	6/5/2024	6/5/2025	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			71840268	6/5/2024	6/5/2025	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
B	Products Liability Including Errors and Omission			99510872	6/5/2024	6/5/2025	Each Occ./Agg	$10M/$10M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage: Cyber Liability Primary
Policy #D02294485
Term: 6/5/2024 to 6/5/2025
Carrier: ACE American Insurance Company
Each Occ./Agg: $5M

Coverage: Cyber Liability Excess
Policy #C4LPE044031CYBER2024
See Attached...

CERTIFICATE HOLDER

Outset Medical, Inc.
3052 Orchard Drive
San Jose, CA 95134

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Zoe Overbay

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AGENCY CUSTOMER ID: OUTSMED-01

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Woodruff-Sawyer & Co.	Outset Medical, Inc. 3052 Orchard Drive San Jose, CA 95134
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Term: 6/5/2024 to 6/5/2025
Carrier: Arch Specialty Insurance Company
Each Occ./Agg: $5M xs $5M

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "OUTSET MEDICAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FIFTH DAY OF MAY, A.D. 2003, AT 9:18 O`CLOCK P.M.

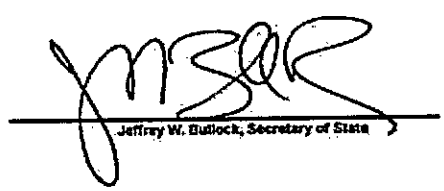
RESTATED CERTIFICATE, FILED THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2010, AT 12:24 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE FOURTH DAY OF SEPTEMBER, A.D. 2014, AT 6:22 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "HOME DIALYSIS PLUS, LTD." TO "OUTSET MEDICAL, INC.", FILED THE FIFTH DAY OF JANUARY, A.D. 2015, AT 1:05 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FOURTH DAY OF MAY, A.D. 2015, AT 7:38 O`CLOCK P.M.





3654851 8310

SR# 20244481651

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205121162

Date: 12-12-24

Delaware

The First State

RESTATED CERTIFICATE, FILED THE EIGHTEENTH DAY OF APRIL, A.D. 2017, AT 3:38 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTIETH DAY OF JUNE, A.D. 2017, AT 3:19 O`CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2017, AT 8:31 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FOURTEENTH DAY OF AUGUST, A.D. 2018, AT 7:12 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE FOURTEENTH DAY OF NOVEMBER, A.D. 2018, AT 11:05 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2019, AT 8:09 O`CLOCK A.M.

RESTATED CERTIFICATE, FILED THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2020, AT 8:21 O`CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWELFTH DAY OF AUGUST, A.D. 2020, AT 7:21 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE EIGHTH DAY OF SEPTEMBER, A.D. 2020, AT 7:03 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

3654851 8310

SR# 20244481651

Authentication: 205121162

Date: 12-12-24

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

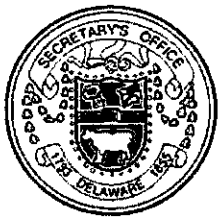
The First State

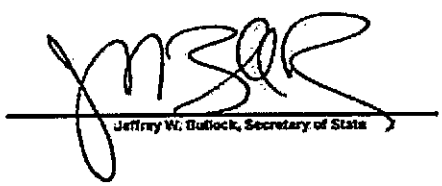
RESTATED CERTIFICATE, FILED THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2020, AT 8:46 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, 'OUTSET MEDICAL, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.





3654851 8310

SR# 20244481651

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205121162

Date: 12-12-24

Kristy Zigenis

From: Dina Stefani <dstefani@outsetmedical.com>
Sent: Thursday, May 1, 2025 1:15 PM
To: Kristy Zigenis
Subject: RE: MDEG Application

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Kristy,
I realized after sending the list of Directors to you that I inadvertently omitted one of them.
This is the complete list with the addition in orange:

Outset Medical Directors:
Leslie Trigg
Keith Grossman
Brent Lang
Dale Jones
Pat Hackett
Andrea Saia
Karen Drexler

Kind regards,
Dinamarie

From: Dina Stefani
Sent: Thursday, May 1, 2025 12:42 PM
To: Kristy Zigenis <k.zigenis@pharmacy.nv.gov>
Subject: RE: MDEG Application

Hi Kristy,
Thank you for taking my call this morning and confirming what is needed to address your requests below.
I have responded below and attached p.3 highlighted fields and a copy of Outset Medical's liability insurance certificate.

Kind regards,
Dinamarie

Outset
Dinamarie Stefani | Sr. VP, RA & QA
m: [redacted]
w: www.outsetmedical.com
e: dstefani@outsetmedical.com
a: 3052 Orchard Drive
San Jose, CA 95134

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prohibited. If you have received this email in error, kindly delete it from your computer system and notify me at the email address provided for above. Thank you.

From: Kristy Zigenis <k.zigenis@pharmacy.nv.gov>
Sent: Wednesday, April 30, 2025 12:14 PM
To: Dina Stefani <dstefani@outsetmedical.com>
Subject: MDEG Application
Importance: High

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Dinamarie,
I will need some additional information top process the MDEG application for Outset Medical Inc of San Jose, CA.

- Please complete the highlighted sections on page 3 of the application (attached). If there are none of the owners are practitioners as defined by NRS 629.0125 please add NA for section 4.

[D.Stefani] – Please refer to attached completed document.

- Please provide a list of all Officers and Directors

[D.Stefani]

Outset Medical Officers:
Leslie Trigg
Nabeel Ahmed
Marc Nash
John Brottem

Outset Medical Directors:
Leslie Trigg
Keith Grossman
Brent Lang
Dale Jones
Pat Hackett
Andrea Saia

- Please provide a copy of an active certificate for $1,000,000.00 in liability insurance

[D.Stefani] – refer to attached file

- If Outset Medical Inc has any shareholders/stockholders/partners/owners with 50% or more ownership a personal history application will also need to be submitted (see attached).

[D.Stefani] – No shareholders/stockholders/partners/owners have 50% or more ownership in Outset Medical.

- The named MDEG Administrator is required to be physically at the licensed facility, will you be commuting from Truckee to San Jose during the hours of operation?

[D.Stefani] – During the week, I am in the office and stay in an apartment close to the San Jose office at 3238 Scott Blvd, Santa Clara, CA.

Thank you,

Kristy Zigenis
Licensing Supervisor
Nevada State Board of Pharmacy
(775) 850-1440 xt 131
k.zigenis@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Outset Medical, Inc.
3052 Orchard Dr
San Jose, CA 95134

LICENSE NUMBER: 112796
EXPIRATION DATE: 11/30/2026

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Dinamarie Stefani — MDEG License # (if applicable): N/A

Physical Address: 3052 Orchard Drive

City: San Jose — State: CA — Zip: 95134

Mailing Address (if different from physical address):

City: — State: — Zip:

Telephone: (669) 231-8200 — Website: www.outsetmedical.com

Licensing Company Email: dstefani@outsetmedical.com

Section 2: Personal Information

First: Dinamarie — Middle: — Last: Stefani

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Truckee — State: CA — Zip: [redacted]

Telephone: [redacted] — Email: dstefani@outsetmedical.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Harvard Business School			
Address	City	State	Zip
Diploma/Degree obtained, if any			
Harvard Business Analytics Program Certificate			

School Name		From - To (MM/YY – MM/YY)	
Seton Hall Law School			
Address	City	State	Zip
Diploma/Degree obtained, if any			
MS in Jurisprudence, emphasis in Health Care, Medical Devices, and Pharmaceuticals			

School Name		From - To (MM/YY – MM/YY)	
Webster University			
Address	City	State	Zip
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
California State University Long Beach			
Address	City	State	Zip
Diploma/Degree obtained, if any			
BS Biomedical and Clinical Engineering			

School Name		From - To (MM/YY – MM/YY	
John F. Kennedy High School			
Address	City	State	Zip
Diploma/Degree obtained, if any			
Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/24-present	[redacted]	[redacted]	[redacted]	[redacted]
11/19-5/24				
6/19-11/19				
11/10-6/19				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Outset Medical Inc			11/24-Present
Business Address	**City**	**State**	**Zip**
3052 Orchard Drive	San Jose	CA	95134
Phone	**Title**		**Number of Employed Hours**
(669) 231-8200	Senior VP, Regulatory Affairs and Quality Assurance		40 hrs/wk

Description of Duties

Responsible for the regulatory compliance and quality assurance of medical devices across the lifecycle. Includes premarket design/submissions, manufacturing, and post-market distribution, service and surveillance/reporting.

Business Name			From - To (MM/YY – MM/YY)
Verily Life Sciences, LLC			9/22-11/24
Business Address	**City**	**State**	**Zip**
269 E Grand Ave.	South San Francisco	CA	94080
Phone	**Title**		**Number of Employed Hours**
	Head of Quality and Regulatory Affairs		40 hrs/wk

Description of Duties

Responsible for the regulatory compliance and quality assurance of medical devices across the lifecycle. Includes premarket design/submissions, manufacturing, and post-market distribution, service and surveillance/reporting.

Business Name			From - To (MM/YY – MM/YY)
Abbott Diabetes Care Inc			6/19-9/22
Business Address	**City**	**State**	**Zip**
1420 Harbor Bay Pkwy	Alameda	CA	94502
Phone	**Title**		**Number of Employed Hours**
	Divisional VP, QA and Compliance		40 hrs/wk

Description of Duties

Responsible for the regulatory compliance and quality assurance of medical devices across the lifecycle. Includes premarket design, manufacturing, and post-market distribution, service and surveillance/reporting.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Dinamarie Stefani, **certify that as the MDEG Administrator for**

Outset Medical,

that I (initial that you have read and meet the following requirements):

1. DS Have a high school diploma or its equivalent;
2. DS Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. DS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. DS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dinamarie Stefani

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

April 18, 2025

Date

Board Use Only	Date Received: 4/24/25

Outset Medical

Date: April 18th 2025

To Whom It May Concern:
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: Wholesaler Application – Statement Regarding Lenders and Holders of Indebtedness

Pursuant to the requirements of the Nevada State Board of Pharmacy Wholesaler Application, we are submitting this letter to fulfill the obligation to disclose a list of each employee, agent, independent contractor, consultant, guardian, personal representative, lender, or holder of indebtedness of the applicant.

At this time, the only entity that holds a material position as a lender or holder of indebtedness of Outset Medical, Inc. is:

Perceptive Credit Holdings IV, LP

We confirm that no other person or entity currently holds a comparable position with respect to indebtedness of Outset Medical, Inc. relevant to this application.

Should you require any further information or documentation, please do not hesitate to contact us.

4J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*	M P01653	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
■ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Quest Health Solutions LLC

MDEG Physical Address: 3301 N University Dr, Suite 310

City: Coral Springs State: FL Zip: 33065-4149

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Email: _____

Name of MDEG Administrator (NAC 639.694): Adam Nadler

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	■ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9AM-5PM	■ Tue: 9AM-5PM	■ Wed: 9AM-5PM	■ Thurs: 9AM-5PM	■ Fri: 9AM-5PM
☐ Sat: Closed	☐ Sun: Closed	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
See List Attached.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: No. Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): Vast Medical Holdings LLC

Corporation/Organization Name: Quest Health Solutions LLC

Mailing Address: 3301 N University Dr, Suite 310

City: Coral Springs State: FL Zip: 33065

Telephone: 877-888-7050 Email: qhscredentialing@questhealthsolutions.com

Contact Person Name: Ashley Beall

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Vasta

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

04/21/2025

Date

Board Use Only	Date Received: 5/14/25	Amount: $500 cc

QUEST HEALTH SOLUTIONS

Quest Health Solutions LLC
Nevada State Board of Pharmacy Medical Devices, Equipment, Gas #MP01653

TIN: 81-4541240
T2NPI: 1760993968

Subject: Notification of **Changes** for Quest Health Solutions, LLC

To whom it may concern:

Quest Health Solutions LLC is hereby providing formal notification of an upcoming change in ownership. These changes are anticipated to be effective **April 30, 2025**. Percentage changes and the historical ownership structure of Quest Health Solutions LLC are outlined below:

Prior to April 29, 2024:

- Vasta Consulting, Inc. (Philip Vasta) – 60.44%
- Gemini Consulting, LLC (Adam Nadler) – 30.22%
- ZBS Management, LLC (Adam Handfinger) – 9.33%

Following the April 29, 2024, transaction (current structure):

- Vasta Consulting, Inc. (Philip Vasta) – 40.44%
- Gemini Consulting, LLC (Adam Nadler) – 27.72%
- ZBS Management, LLC (Adam Handfinger) – 6.83%
- SCOA Wellness Holdings, LLC – 25% (Tax ID: 99-2147002)

Following the anticipated April 30, 2025, transaction:

- SCOA Wellness Holdings, LLC – 50% (Tax ID: 99-2147002)
- Vasta Consulting, Inc. (Philip Vasta) – 23.7767%
- Gemini Consulting, LLC (Adam Nadler) – 21.2233%
- ZBS Management, LLC (Adam Handfinger) – 5%

Quest Health Solutions LLC is a subsidiary of its parent company, Vast Medical Holdings, LLC (Tax ID: 83-2332773).

Quest Health Solutions LLC also wishes to report a change of physical and mailing address as follows:

Current Address ([illegible] April 30, 2025).
7451 Wiles Road, Suite 105
Coral Springs, FL 33067

New Address (anticipated to open in June/July 2025):
3301 N University Dr, Suite 310
Coral Springs, FL 33065

QUEST HEALTH
SOLUTIONS

Please note that while we have signed the lease for the new location (copy included), the office is currently under construction. The move-in date is not yet finalized but is expected to occur sometime between the end of June and July 2025. Once the date is confirmed, we will notify the Board and submit updated documentation and certifications reflecting the new address. These are currently in process.

Should you require further information or documentation, please do not hesitate to contact us at (561) 289-2622 or qhscredentialing@questhealthsolutions.com. Thank you for your time and attention to this matter. We look forward to your confirmation of receipt and any further instructions necessary to complete this process.

Sincerely,

Philp Vasta
Owner
Quest Health Solutions, LLC

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/24/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com
INSURED Quest Health Solutions, LLC 3301 N University Drive Suite 310 Coral Springs, FL 330654149	INSURER A: Benchmark Insurance Company — NAIC # 41394 INSURER B: Hartford Underwriters Insurance Company — NAIC # 30104 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W38715913 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Medical Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			D1024 G6521-5	05/01/2025	05/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Incidental Med Prof	$ $ $ $ $ $ $	1,000,000 100,000 10,000 1,000,000 3,000,000 3,000,000 Included
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $ $	
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			UM1024 6882-3	05/01/2025	05/01/2026	EACH OCCURRENCE AGGREGATE	$ $ $	4,000,000 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N Yes If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		10 WEC HF9U1R	05/01/2025	05/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Excess Liability is follow form.

CERTIFICATE HOLDER

BOC USA (Board of Certification / Accreditation)
10461 Mill Run Circle, Ste 1250
Owings Mills, MD 21117

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Patricia A Forry

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State of Florida
Department of State

I certify from the records of this office that QUEST HEALTH SOLUTIONS, LLC is a limited liability company organized under the laws of the State of Florida, filed on November 30, 2016, effective November 29, 2016.

The document number of this limited liability company is L16000217005.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025, that its most recent annual report was filed on March 4, 2025, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-first day of April, 2025



Secretary of State

Tracking Number: 3697229592CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

View current license information at: Floridahealthfinder.gov

LICENSE #: 1315079
CERTIFICATE #: 27719

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Home Medical Equipment Provider

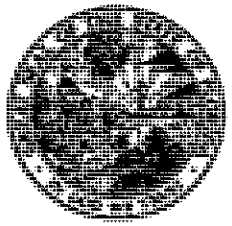
LICENSED

This is to confirm that QUEST HEALTH SOLUTIONS LLC has complied with rules and regulations adopted by the State of Florida, Agency for Health Care Administration, as authorized in Chapter 400, Part VII and Chapter 408, Part II, Florida Statutes, and Chapter 59A-25, Florida Administrative Code, and is authorized to operate the following:

QUEST HEALTH SOLUTIONS LLC
7401 Wiles Rd Ste I39
Coral Springs, FL 33067
in the following counties:
ALL COUNTIES

EFFECTIVE DATE: 02/27/2023

EXPIRATION DATE: 02/26/2027



Shevaun L. Harris, Secretary

0375

Ownership Information:

Phil Vasta, Owner/Officer/ Authorized Official

Relationship: 23.7767% Ownership

[redacted]

Email: phil@questhealthsolutions.com

Adam Nadler, Owner/Officer/ Authorized Official

Relationship: 21.2233% Ownership

[redacted]

Email: adam@questhealthsolutions.com

Adam Handfinger, Owner/ Officer/ Authorized Official

Relationship: 5% Ownership

[redacted]

Email: ahandfinger@questhealthsolutions.com

SCOA Wellness Holdings LLC, Owner

Relationship: 50% Ownership

Tax ID: 992147002

Address: 277 Park Avenue 15th Floor, New York, New York 10172-0003

Contact: Jeremy Yap

- Phone: 917-754-8243
- Email: Jeremy.yap@sumitomocorp.com

Medicare: 7681150001	
Medicaid	
State	**Provider ID number**
Alabama	262643
Arkansas	261029716
California	Provider Number: 100208452 PIN: 4827942
Connecticut	NPI/ Non-medical Provider Identifier- 1760993968 AVRS ID: 008097708
Delaware	Medicaid ID: 250546301 Pin: 1240
Florida	Provider ID: 118347300
Idaho	1760993968
Illinois	NPI: 1760993968
Indiana	300068810
Iowa	907850
Kansas	KMAP ID: 201316960B NPI: 1760993968
Kentucky	NPI: 1760993968 Kentucky Medicaid Provider Number: 7100707160
Louisiana	Provider ID: 2564757 EDI Number: 4500594
Maine	NPI: 1760993968 TPA registration PIN: 1200800001
Maryland	487237100
Massachusetts	110162069A
Michigan	NPI: 1760993968
Minnesota	NPI: 1760993968
Mississippi	0.09709849
Nevada	Medicaid ID: 250012626
New Hampshire	3128894
New Mexico	21121214
North Carolina	NPI/Atypical ID- 1760993968
Ohio	Provider ID: 0395263
Oklahoma	Provider ID: 200952640 A
Rhode Islan	1760993968 Trading Partner ID: 710001779
South Carolina	DM1744
Tennessee	Group Medicaid #: Q062243
Texas	Texas Provider Identifier-4211245
Vermont	Vermont Medicaid provider number: 6712647
Virginia	Base ID: 3001527850 NPI/Atypical ID: 1760993968
Washington	Provider ID: 2156889

West Virginia	NPI/Atypical ID: 1760993968
Wisconsin	Provider ID: 100278041
Wyoming	Provider ID: 156694600

Board of Certification/Accreditation

Owings Mills, Maryland

Accredited Facility

Practice limited to DMEPOS supplier categories:
DM02, DM05, DM06, DM12, DM24, M01, PD09, PE03

The Board of Certification/Accreditation attests that the Facility named below complies with all requirements for facility accreditation.

Quest Health Solutions LLC

7401 Wiles Rd Ste 139
Coral Springs, Florida 33067-2097

This accreditation is awarded for meeting the professional standards of BOC, together with all the honors, rights, privileges and responsibilities in pursuit of our mission to assure patients, physicians, professional organizations, the public-at-large, and government agencies and representatives of the competence and professionalism of BOC-Accredited Facilities. In witness whereof, we have affixed the seal of the Board and subscribed our names in acknowledgment.

Matthew Gruskin, MBA, BOCO, BOCPD, CDME, Chief Operating Officer

Judi L. Knott, MA, MBA, President & CEO

S60112
Facility Number

January 31, 2027
Accredited Through

Accredited Since: January 31, 2024

BOC is a CMS deemed accrediting organization.

This accreditation is the property of BOC — the certificate holder agrees to abide by the BOC and CMS standards.

0379

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Quest Health Solutions LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): MP01653

Physical Address: 3301 N University Dr, Suite 310

City: Coral Springs State: FL Zip: 33065

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 877-888-7050 Website: www.questhealthsolutions.com

Licensing Company Email: qhscredentialing@questhealthsolutions

Section 2: Personal Information

First: Adam Middle: Last: Nadler

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: adam@questhealthsolutions.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Emory University		08/95-05/99	
Address	**City**	**State**	**Zip**
201 Dowman Drive	Atlanta	GA	30322
Diploma/Degree obtained, if any			
BA Sociology			

School Name		From - To (MM/YY – MM/YY)	
Taravella High School		08/91- 06/95	
Address	**City**	**State**	**Zip**
10600 Riverside Dr	Coral Springs	FL	33071
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/15- present	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)				
07/04-09/15				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Quest Health Solutions LLC			06/18-present
Business Address	**City**	**State**	**Zip**
7401 Wiles Road Suite 139	Coral Springs	FL	33067
Phone	**Title**		
877-888-7050	Owner/CEO		
Description of Duties			
CEO			

Business Name			From - To (MM/YY – MM/YY)
Vast Medical Holdings LLC			06/18 - Present
Business Address	**City**	**State**	**Zip**
7351 Wiles Road Suite 104	Coral Springs	FL	33067
Phone	**Title**		
877-888-7050	Owner		
Description of Duties			
Owner			

Business Name			From - To (MM/YY – MM/YY)
Show Me Medical Equipment LLC			06/18 - Present
Business Address	**City**	**State**	**Zip**
1208 Porter Wagoner Blvd Ste 3	West Plains	MO	65775
Phone	**Title**		
(417) 256-2526	Owner		
Description of Duties			
Owner			

Business Name			From - To (MM/YY – MM/YY)
Gemini Consulting LLC			06/08 - Present
Business Address	**City**	**State**	**Zip**
9035 Vista Way	Parkland	FL	33076
Phone	**Title**		
954-540-5425	Owner		
Description of Duties			
Consulting/ Professional Services			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

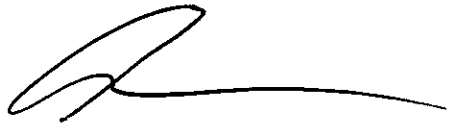
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

4/21/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam Nadler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/21/25

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Adam Nadler, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/21/25

Date

Subscribed and Sworn to before me this 21st day of April 2025

Notary Public Signature

Notary Public State of Florida
Ashley Beall
My Commission HH 609277
Expires 11/3/2028

(Seal)

ASSIGNMENT OF MEMBERSHIP INTERESTS

This Assignment of Membership Interests ("Assignment"), dated as of April 30, 2025 (the "Execution Date"), is made by Vasta Consulting, Inc., a Florida corporation ("Assignor"), to SCOA Wellness Holdings, LLC, a Delaware limited liability company ("Assignee").

RECITALS

WHEREAS, this Assignment is being delivered pursuant to Section 2.08(h)(iv) of that certain Equity Purchase Agreement, dated as of March 22, 2024, by and among Assignor, Assignee and the other parties identified therein (as amended, restated, amended and restated, supplemented or otherwise modified from time to time, the "Purchase Agreement");

WHEREAS, Assignor owns 40.4434% of the issued and outstanding Membership Interests of the Target (the "Owned Interests"); and

WHEREAS, pursuant to the Purchase Agreement, Assignor has agreed to sell, convey, transfer, assign, and deliver to Assignee, free and clear of all Liens, and Assignee has agreed to accept and purchase from Assignor, 41.2099% of the Owned Interests, representing 16.6667% of the Fully Diluted Equity Interests in the Target on the date hereof (the "Assigned Interests").

NOW, THEREFORE, in consideration of the respective representations and agreements hereinafter set forth and other good and valuable consideration, the adequacy and receipt of which are hereby acknowledged, the parties agree as follows:

1. Definitions. All capitalized terms not otherwise defined herein have the respective meanings given to them in the Purchase Agreement.

2. Assignment. As of the Execution Date, Assignor hereby sells, conveys, transfers, assigns, and delivers to Assignee Assignor's rights, titles and interests in and to the Assigned Interests, free and clear of all Liens. Assignor represents that no certificates have been issued by the Target in respect of the Assigned Interests and therefore this instrument represents a valid assignment of the Assigned Interests which Assignor represents is free and clear of any and all security interests, liens, encumbrances, options, restrictions, claims and rights of others.

3. Acceptance by Assignee. Assignee hereby accepts the Assigned Interests as of the Execution Date and shall be deemed to have purchased, acquired and accepted the Assigned Interests as of the Execution Date.

4. Further Assurances. On and after the Execution Date, Assignor shall take any and all further actions, including, but not limited to, the execution of additional instruments or documents that may be reasonably requested in writing by Assignee to effectuate or evidence the sale, conveyance, transfer, assignment, and delivery of the Assigned Interests or the other actions expressly contemplated by this Assignment.

5. Miscellaneous. This Assignment shall be binding upon and inure to the benefit of Assignor and Assignee and their respective successors and assigns. The Assignment shall be governed by and construed in accordance with the laws of the State of New York, without giving effect to any conflict or choice of law provision that would result in the imposition of another state's law. This Assignment may be executed in counterparts, by facsimile or PDF signature, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

[*Signature Page Follows*]

IN WITNESS WHEREOF, this Assignment has been duly executed and delivered by the duly authorized representative of the parties as of the Execution Date.

ASSIGNOR:

Vasta Consulting, Inc.

Signed by:
By: _____
AE4087EC4816488...
Name: Phil Vasta
Title: Authorized Person

[Signature Page to Assignment of Membership Interests]

ASSIGNEE:

SCOA Wellness Holdings LLC,
a Delaware limited liability company

By: Sumitomo Corporation of Americas
Its: Sole Member

Jeremy Yap

By: Jeremy Yap
Title: Senior Vice President, General Manager of Business Development Group

[Signature Page to Assignment of Membership Interests]

ASSIGNMENT OF MEMBERSHIP INTERESTS

This Assignment of Membership Interests ("Assignment"), dated as of April 30, 2025 (the "Execution Date"), is made by Gemini Consulting, LLC, a Florida limited liability company ("Assignor"), to SCOA Wellness Holdings, LLC, a Delaware limited liability company ("Assignee").

RECITALS

WHEREAS, this Assignment is being delivered pursuant to Section 2.08(h)(iv) of that certain Equity Purchase Agreement, dated as of March 22, 2024, by and among Assignor, Assignee and the other parties identified therein (as amended, restated, amended and restated, supplemented or otherwise modified from time to time, the "Purchase Agreement");

WHEREAS, Assignor owns 27.7233% of the issued and outstanding Membership Interests of the Target (the "Owned Interests"); and

WHEREAS, pursuant to the Purchase Agreement, Assignor has agreed to sell, convey, transfer, assign, and deliver to Assignee, free and clear of all Liens, and Assignee has agreed to accept and purchase from Assignor, 23.44598% of the Owned Interests, representing 6.50% of the Fully Diluted Equity Interests in the Target on the date hereof (the "Assigned Interests").

NOW, THEREFORE, in consideration of the respective representations and agreements hereinafter set forth and other good and valuable consideration, the adequacy and receipt of which are hereby acknowledged, the parties agree as follows:

1. Definitions. All capitalized terms not otherwise defined herein have the respective meanings given to them in the Purchase Agreement.

2. Assignment. As of the Execution Date, Assignor hereby sells, conveys, transfers, assigns, and delivers to Assignee Assignor's rights, titles and interests in and to the Assigned Interests, free and clear of all Liens. Assignor represents that no certificates have been issued by the Target in respect of the Assigned Interests and therefore this instrument represents a valid assignment of the Assigned Interests which Assignor represents is free and clear of any and all security interests, liens, encumbrances, options, restrictions, claims and rights of others.

3. Acceptance by Assignee. Assignee hereby accepts the Assigned Interests as of the Execution Date and shall be deemed to have purchased, acquired and accepted the Assigned Interests as of the Execution Date.

4. Further Assurances. On and after the Execution Date, Assignor shall take any and all further actions, including, but not limited to, the execution of additional instruments or documents that may be reasonably requested in writing by Assignee to effectuate or evidence the sale, conveyance, transfer, assignment, and delivery of the Assigned Interests or the other actions expressly contemplated by this Assignment.

5. Miscellaneous. This Assignment shall be binding upon and inure to the benefit of Assignor and Assignee and their respective successors and assigns. The Assignment shall be governed by and construed in accordance with the laws of the State of New York, without giving effect to any conflict or choice of law provision that would result in the imposition of another state's law. This Assignment may be executed in counterparts, by facsimile or PDF signature, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

[*Signature Page Follows*]

IN WITNESS WHEREOF, this Assignment has been duly executed and delivered by the duly authorized representative of the parties as of the Execution Date.

ASSIGNOR:

Gemini Consulting, LLC

By: Signed by: Adam Nadler 5DC84D9A25A5448...

Name: Adam Nadler
Title: Authorized Person

[Signature Page to Assignment of Membership Interests]

ASSIGNEE:

SCOA Wellness Holdings LLC,
a Delaware limited liability company

By: Sumitomo Corporation of Americas
Its: Sole Member

Jeremy Yap

By: Jeremy Yap
Title: Senior Vice President, General Manager of Business Development Group

[Signature Page to Assignment of Membership Interests]

ASSIGNMENT OF MEMBERSHIP INTERESTS

This Assignment of Membership Interests ("Assignment"), dated as of April 30, 2025 (the "Execution Date"), is made by ZBS Management LLC, a Florida limited liability company ("Assignor"), to SCOA Wellness Holdings, LLC, a Delaware limited liability company ("Assignee").

RECITALS

WHEREAS, this Assignment is being delivered pursuant to Section 2.08(h)(iv) of that certain Equity Purchase Agreement, dated as of March 22, 2024, by and among Assignor, Assignee and the other parties identified therein (as amended, restated, amended and restated, supplemented or otherwise modified from time to time, the "Purchase Agreement");

WHEREAS, Assignor owns 6.8333% of the issued and outstanding Membership Interests of the Target (the "Owned Interests"); and

WHEREAS, pursuant to the Purchase Agreement, Assignor has agreed to sell, convey, transfer, assign, and deliver to Assignee, free and clear of all Liens, and Assignee has agreed to accept and purchase from Assignor, 26.828911% of the Owned Interests, representing 1.8333% of the Fully Diluted Equity Interests in the Target on the date hereof (the "Assigned Interests").

NOW, THEREFORE, in consideration of the respective representations and agreements hereinafter set forth and other good and valuable consideration, the adequacy and receipt of which are hereby acknowledged, the parties agree as follows:

1. Definitions. All capitalized terms not otherwise defined herein have the respective meanings given to them in the Purchase Agreement.

2. Assignment. As of the Execution Date, Assignor hereby sells, conveys, transfers, assigns, and delivers to Assignee Assignor's rights, titles and interests in and to the Assigned Interests, free and clear of all Liens. Assignor represents that no certificates have been issued by the Target in respect of the Assigned Interests and therefore this instrument represents a valid assignment of the Assigned Interests which Assignor represents is free and clear of any and all security interests, liens, encumbrances, options, restrictions, claims and rights of others.

3. Acceptance by Assignee. Assignee hereby accepts the Assigned Interests as of the Execution Date and shall be deemed to have purchased, acquired and accepted the Assigned Interests as of the Execution Date.

4. Further Assurances. On and after the Execution Date, Assignor shall take any and all further actions, including, but not limited to, the execution of additional instruments or documents that may be reasonably requested in writing by Assignee to effectuate or evidence the sale, conveyance, transfer, assignment, and delivery of the Assigned Interests or the other actions expressly contemplated by this Assignment.

5. Miscellaneous. This Assignment shall be binding upon and inure to the benefit of Assignor and Assignee and their respective successors and assigns. The Assignment shall be governed by and construed in accordance with the laws of the State of New York, without giving effect to any conflict or choice of law provision that would result in the imposition of another state's law. This Assignment may be executed in counterparts, by facsimile or PDF signature, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

[*Signature Page Follows*]

IN WITNESS WHEREOF, this Assignment has been duly executed and delivered by the duly authorized representative of the parties as of the Execution Date.

ASSIGNOR:

ZBS Management LLC

By: Signed by: Adam Handfinger
A4D58E8427344A9...
Name: Adam Handfinger
Title: Authorized Person

[Signature Page to Assignment of Membership Interests]

ASSIGNEE:

SCOA Wellness Holdings LLC,
a Delaware limited liability company

By: Sumitomo Corporation of Americas
Its: Sole Member

Jeremy Yap

By: Jeremy Yap
Title: Senior Vice President, General Manager of Business Development Group

[Signature Page to Assignment of Membership Interests]

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Quest Health Solutions LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) MP01653

Physical Address 3301 N University Dr, Suite 310

City Coral Springs State FL Zip 33065

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877-888-7050 Website www.questhealthsolutions.com

Licensing Company Email phil@questhealthsolutions.com

Section 2: Personal Information

First Philip Middle Ross Last Vasta

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email phil@questhealthsolutions.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Palm Beach State College		9/93- 6/94	
Address	**City**	**State**	**Zip**
3160 PGA Blvd	Palm Beach Gardens	FL	33410
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Jupiter High School		9/89 - 6/93	
Address	**City**	**State**	**Zip**
500 Military Trail	Jupiter	FL	33458
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/2012 - current	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Quest Health Solutions LLC			6/18- current
Business Address	**City**	**State**	**Zip**
1955 Cleveland Ave, STE 100	Santa Rosa	CA	95401
Phone	**Title**		
707-843-7803	Owner		
Description of Duties			
Owner			

Business Name			From - To (MM/YY – MM/YY)
Quest Health Solutions LLC			6/18-current
Business Address	**City**	**State**	**Zip**
3301 N University Dr, Suite 310	Coral Springs	FL	33065
Phone	**Title**		
877-888-7050	Owner		
Description of Duties			
Owner			

Business Name			From - To (MM/YY – MM/YY)
Show Me Medical Equipment LLC			6/18-current
Business Address	**City**	**State**	**Zip**
1208 Porter Wagoner Blvd Ste 3	West Plains	MO	65775
Phone	**Title**		
(417) 256-2526	Owner		
Description of Duties			
Owner			

Business Name			From - To (MM/YY – MM/YY)
Vast Medical Holdings LLC			6/18-current
Business Address	**City**	**State**	**Zip**
7351 Wiles Road Suite 104	Coral Springs	FL	33067
Phone	**Title**		
877-888-7050	Owner		
Description of Duties			
Owner			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

04/21/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Vasta

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/21/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Philip Vasta, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/21/2025

Date

Subscribed and Sworn to before me this 21st day of April 2025

Ashley Ball

Notary Public Signature

Notary Public State of Florida
Ashley Beall
My Commission HH 609277
Expires 11/3/2028

Notary Public State of Florida
Ashley Beall
My Commission HH 609277
Expires 11/3/2028

(Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Adam Nadler — MDEG License # (if applicable): MP01653
Physical Address: 3301 N University Dr, Suite 310
City: Coral Springs — State: FL — Zip: 33065
Mailing Address (if different from physical address):
City: — State: — Zip:
Telephone: 877-888-7050 — Website: www.questhealthsolutions.com
Licensing Company Email: qhscredentialing@questhealthsolutions.com

Section 2: Personal Information

First: Adam — Middle: — Last: Nadler
Alias(es, nicknames, name changes, etc.):
Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☒ M ☐ F ☐ X
Mailing Address: [redacted]
City: [redacted] — State: [redacted] — Zip: [redacted]
Telephone: [redacted] — Email: adam@questhealthsolutions.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Emory University		08/95-05/99	
Address	**City**	**State**	**Zip**
201 Dowman Drive	Atlanta	GA	30322
Diploma/Degree obtained, if any			
BA Sociology			

School Name		From - To (MM/YY – MM/YY)	
Taravella High School		08/91- 06/95	
Address	**City**	**State**	**Zip**
10600 Riverside Dr	Coral Springs	FL	33071
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/15- present	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)				
07/04-09/15				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Quest Health Solutions LLC			06/18-present	
Business Address		**City**	**State**	**Zip**
7401 Wiles Road Suite 139		Coral Springs	FL	33067
Phone	**Title**		**Number of Employed Hours**	
877-888-7050	Owner		Over 1,500	
Description of Duties				
Owner				

Business Name			From - To (MM/YY – MM/YY)	
Vast Medical Holdings LLC			06/18 - Present	
Business Address		**City**	**State**	**Zip**
7351 Wiles Road Suite 104		Coral Springs	FL	33067
Phone	**Title**		**Number of Employed Hours**	
877-888-7050	Owner		Over 1,500	
Description of Duties				
Owner				

Business Name			From - To (MM/YY – MM/YY)	
Show Me Medical Equipment LLC			06/18 - Present	
Business Address		**City**	**State**	**Zip**
1208 Porter Wagoner Blvd Ste 3		West Plains	MO	65775
Phone	**Title**		**Number of Employed Hours**	
(417) 256-2526	Owner		Over 1,500	
Description of Duties				
Owner				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/21/21
Date

I, Adam Nadler, **certify that as the MDEG Administrator for**

Quest Health Solutions LLC,

that I (initial that you have read and meet the following requirements):

1. X Have a high school diploma or its equivalent;
2. X Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. X Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam Nadler

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

4/21/25

Date

Board Use Only	Date Received:

Kristy Zigenis

From: Adam <adam@questhealthsolutions.com>
Sent: Wednesday, May 21, 2025 2:33 PM
To: Kristy Zigenis
Subject: Re: MDEG Application

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Kristy,

I am the CEO and founder of Quest Health Solutions, LLC. I have held this position since the company's incorporation in 2016 and have been actively involved in all aspects of our operations since day one.
Quest is a durable medical equipment provider specializing in continuous glucose monitors and insulin pump supplies. We maintain a direct supplier agreement with Abbott Diabetes Care, and our products are shipped through our contracted third-party logistics provider, Gemco Medical. As the owner, I oversee and manage all procurement, compliance, and product-related operations company-wide.
My responsibilities include:

- Managing vendor relationships, including our direct supplier agreement with Abbott
- Overseeing inventory, fulfillment processes, and distribution logistics
- Developing training programs for internal staff
- Ensuring compliance with state, federal, and payer-specific regulations related to medical product distribution
- Interfacing with providers and patients regarding proper use and support for CGMs and related devices.

Please let me know if you need any additional information. I will be happy to answer any other questions you may have.

Regards,

QUEST HEALTH SOLUTIONS

ADAM NADLER
Co-Founder & CEO
(954) 540-5425
ADAM@QUESTHEALTHSOLUTIONS.COM
7401 WILES RD, STE. 139
CORAL SPRINGS, FL 33067
WWW.QUESTHEALTHSOLUTIONS.COM

Schedule a meeting with me.

From: Kristy Zigenis <k.zigenis@pharmacy.nv.gov>
Sent: Wednesday, May 21, 2025 11:07 AM
To: Adam <adam@questhealthsolutions.com>
Subject: MDEG Application

Hi Adam,

I have received the MDEG change of ownership/location application for MP01653. Please elaborate on the highlighted section to explain your direct experience relating to the medical products provided by Quest Health Solutions, LLC of Coral Springs, FL.

Thank you,

Kristy Zigenis
Licensing Supervisor
Nevada State Board of Pharmacy
(775) 850-1440
k.zigenis@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Quest Health Solutions LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): MP01653

Physical Address: 3301 N University Dr, Suite 310

City: Coral Springs State: FL Zip: 33065

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 877-888-7050 Website: www.questhealthsolutions.com

Licensing Company Email: qhscredentialing@questhealthsolutions.com

Section 2: Personal Information

First: Jeremy Middle: Last: Yap

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: jeremy.yap@sumitomocorp.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		09/00 - 06/04	
Address	**City**	**State**	**Zip**
633 Clark Street	Evanston	IL	60208
Diploma/Degree obtained, if any			
Bachelor's Degree			

School Name		From - To (MM/YY – MM/YY)	
Crescent School		09/92 - 06/00	
Address	**City**	**State**	**Zip**
2365 Bayview Avenue	Toronto, Ontario, Canada	Ontario	M2L 1A2
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/19 - Current	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)				
07/18 - 07/19				
From - To (MM/YY – MM/YY)				
07/14 - 07/18				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Sumitomo Corporation of Americas			07/13 - Current
Business Address	**City**	**State**	**Zip**
277 Park Avenue 15th Floor	New York	NY	10172
Phone	**Title**		
212 207 0700	SVP		
Description of Duties			
Evaluate new potential business			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jeremy Yap

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/15/2025

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of New York

I, Jeremy YAP, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/15/2025

Date

Subscribed and Sworn to before me this 15th day of Apr.1, 2025.

Notary Public Signature

CAROLE L. GONZALEZ
Notary Public, State of New York
No. 01G04947687
Qualified in New York County
Commission Expires Feb. 27, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Quest Health Solutions LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): MP01653

Physical Address: 3301 N University Dr, Suite 310

City: Coral Springs State: FL Zip: 33067

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 877-888-7050 Website: www.questhealthsolutions.com

Licensing Company Email: qhscredentialing@questhealthsolutions.com

Section 2: Personal Information

First: Adam Middle: Last: Handfinger

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: ahandfinger@questhealthsolutions.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Spanish River High School		1988-1992	
Address	**City**	**State**	**Zip**
5100 Jog Rd.	Boca Raton	FL	33496
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Florida		1992- 1996	
Address	**City**	**State**	**Zip**
1329 SW 16th St.	Gainesville	FL	32610
Diploma/Degree obtained, if any			
B.S. In Finance (Highest Honor - DOH)			

School Name		From - To (MM/YY – MM/YY)	
Emory University School of Law		1996-2000	
Address	**City**	**State**	**Zip**
1301 Clifton Rd.	Atlanta	GA	30322
Diploma/Degree obtained, if any			
JD/ MBA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2016 - Present	[redacted]	[redacted]	[redacted]	[redacted]
1/2012 - 12/ 2015				

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Peckar and Abraham, P.C.			10/2002 - present
Business Address	**City**	**State**	**Zip**
1 SE 3rd Ave. Suite 200	Miami	FL	33131
Phone	**Title**		
305-358-2600	Co Managing Partner		
Description of Duties			
Co managing partner, responsible for management of Miami office			

Business Name			From - To (MM/YY – MM/YY)
ZBS Management, LLC			9/2014 - present
Business Address	**City**	**State**	**Zip**
6000 NW 68th St.	Parkland	FL	33067
Phone	**Title**		
	Manager		
Description of Duties			
Run management and holding company.			

Business Name			From - To (MM/YY – MM/YY)
Document Crunch, Inc.			2020- present
Business Address	**City**	**State**	**Zip**
1 Glen Lake Parkway, NE suite 650	Atlanta	GA	30328
Phone	**Title**		
	Co- Founder and Chairman of Board		
Description of Duties			
Chairman without any day to day responsibilities.			

Business Name			From - To (MM/YY – MM/YY)
Quest Health Solutions LLC			07/16- present
Business Address	**City**	**State**	**Zip**
1955 Cleveland Ave, STE 100	Santa Rosa	CA	95401
Phone	**Title**		
707-843-7803	Part Owner		
Description of Duties			
Part Owner and Advisor			

Business Name			From - To (MM/YY – MM/YY)
Nova Southeastern University			2020-present
Business Address	**City**	**State**	**Zip**
3301 College Ave.	Ft. Lauderdale	FL	33314
Phone	**Title**		
	Adjunct Professor		
Description of Duties			
Adjunct Professor			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Go Commando			2009- 2016	
Business Address		City	State	Zip
6000 NW 68th		Parkland	FL	33067
Phone	Title			
	Owner			
Description of Duties				
Owner				

Business Name			From - To (MM/YY – MM/YY)	
Show Me Medical Equipment LLC			07/16- present	
Business Address		City	State	Zip
1208 Porter Wagoner Blvd Ste 3		West Plains	MO	65775
Phone	Title			
(417) 256-2526	Part Owner			
Description of Duties				
Part Owner				

Business Name			From - To (MM/YY – MM/YY)	
Vast Medical Holdings LLC			07/16- present	
Business Address		City	State	Zip
7351 Landings Drive Suite 104		Coral Springs	FL	33067
Phone	Title			
877-888-7050	Part Owner			
Description of Duties				
Part Owner				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

In conjunction with a divorce proceeding Countrywide Home Loans filed a Mortgage Foreclosure Action against me and my ex-wife, Randi Handfinger. It was amicably resolved and dismissed with prejudice on 1/7/2013. There was no judgement entered against either of us and the property was not foreclosed on.

Original Signature (electronic, copies or stamps not accepted)

04/21/2015
Date

Countrywide Home Loans Plaintiff vs. Adam P Handfinger, et al Defendant

Broward County Case Number: CACE08061770
Court Type: Civil
Incident Date: N/A
Court Location: Central Courthouse
Magistrate Id / Name: N/A

State Reporting Number: 062008CA061770AXXXCE
Case Type: Real Prop Homestead Res Fore =/>$250,000
Filing Date: 12/17/2008
Case Status: Disposed
Judge ID / Name: 11 Garcia-Wood, Marina

CFN # 111298216, OR BK 49474 Page 594, Page 1 of 2, Recorded 02/04/2013 at 11:27 AM, Broward County Commission, Deputy Clerk 3505

IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT
IN AND FOR BROWARD COUNTY, FLORIDA
CIVIL ACTION

COUNTRYWIDE HOME LOANS SERVICING LP,

Plaintiff,

vs.

CASE NO.: CACE08061770
DIVISION: 11

ADAM P. HANDFINGER A/K/A ADAM HANDFINGER, et al,

Defendant(s).
_____/

FILED FOR RECORD
BROWARD COUNTY COURT
CLERK OF
13 JAN -7 PM 2:06
CIRCUIT CIVIL-1

NOTICE OF VOLUNTARY DISMISSAL AND RELEASE OF LIS PENDENS

YOU ARE NOTIFIED that Plaintiff, Countrywide Home Loans Servicing LP, hereby dismisses this action without prejudice pursuant to Rule 1.420(a)(1). This case is being dismissed due to a shortsale and there is no prevailing party in this action.
Notice shall serve as a release of the Lis Pendens recorded in connection with this action.

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished to all parties on the attached service list by mail or eService on this 4 day of ~~December, 2012.~~ January, 2013

Albertelli Law
P.O. Box 23028
Tampa, FL 33623
Phone: (813)221-4743
Fax: (813)221-9171
eService: servealaw@albertellilaw.com

By: _____
Amanda Hersom, Esq.
Florida Bar No. 98988
Attorney for Plaintiff

LC-11-69939

Service List

Adam P. Handfinger a/k/a Adam Handfinger
c/o Harry J. Ross, Esq.
6100 Glades Road, Suite 211
Boca Raton, FL 33434
E-Serve 1: hross@hjrlaw.com

Randi Handfinger
c/o Harry J. Ross, Esq.
6100 Glades Road, Suite 211
Boca Raton, FL 33434
E-Serve 1: hross@hjrlaw.com

National City Bank
c/o Melissa R. Rinaldi, Esq.
9204 King Palm Drive
Tampa, FL 33619
E-Serve 1: mrinaldi@kasslaw.com

Wyndham Lakes Central Homeowners Association, Inc.
C/O Steven Eastep, Officer
5107 NW 121st Drive
Coral Springs, FL 33076

Countrywide Home Loans Plaintiff vs. Adam P Handfinger, et al Defendant

Broward County Case Number: CACE08061770
State Reporting Number: 062008CA061770AXXXCE
Court Type: Civil
Case Type: Real Prop Homestead Res Fore =/>$250,000
Incident Date: N/A
Filing Date: 12/17/2008
Court Location: Central Courthouse
Case Status: Disposed
Magistrate Id / Name: N/A
Judge ID / Name: 11 Garcia-Wood, Marina

− Party(ies)

Total: 5

Party Type	Party Name	Address	Attorneys / Address ★ Denotes Lead Attorney
Defendant	**Handfinger, Adam P** *Also Known As* **Handfinger, Adam**		★ Ross, Harry Jay Retained Bar ID: 846228 Law Offices of Harry J. Ross 6100 Glades Road, Suite 211 Boca Raton, FL 33434 **Status: Active**
Defendant	**Handfinger, Randi**		★ Ross, Harry Jay Retained Bar ID: 846228 Law Offices of Harry J. Ross 6100 Glades Road, Suite 211 Boca Raton, FL 33434 **Status: Active**
Defendant	**Wyndham Lakes Central Ho Assn**		

Party Type	Party Name	Address	Attorneys / Address ★ Denotes Lead Attorney
Defendant	**National City Bank**		★ Consuegra, Daniel C Retained Bar ID: 371300 L/O of Daniel C. Consuegra, LLC 9210 King Palm Dr. Tampa, FL 33619-1328 **Status: Active**

Party Type	Party Name	Address	Attorneys / Address ★ Denotes Lead Attorney
Plaintiff	**Countrywide Home Loans**		★ Ferrell, Elizabeth M. Retained Bar ID: 52092 Lloyd & McDaniel PLC P O Box 23200. Louisville, KY 40223 **Status: Active** Evans, Sara L Retained Bar ID: 68697 Albertelli Law P.O Box 23028 Tampa, FL 33623 **Status: Active** Renardo, Christie M., ESQ. Retained Bar ID: 60421 Albertelli Law P.O. Box 23028 Tampa, FL 33623 **Status: Active**

− Disposition(s)

Total: 1

Date	Statistical Closure(s)
01/07/2013	Dismissed Before Hearing - Other

Date	Disposition(s)	View	Page(s)
01/07/2013	**Notice of Voluntary Dismissal W/Out Prejudice** Comment (and Release of Lis Pendens)		

− Collection(s)

Total: 0

There is no Collection information available for this case.

- Event(s) & Document(s)

Total: 49

Date	Description	Additional Text	View	Pages
01/07/2013	**Final Disposition Form**	Dismissed before hrg		
01/03/2013	**Notice of Cancellation**	of hearing 7/30/12, 8:45am, rm 518		
11/16/2012	**Notice of Hearing**	01/03/13 @ 8:45 Rm 518		
08/28/2012	**Motion for Enlargement of Time**	to respond to def's discovery request and comply w/ the court's 7/30/12 order Party: *Plaintiff* Countrywide Home Loans		
08/28/2012	**Motion**	plaintiff's motion to substitute party /attorney Sara Evans Esq		
08/24/2012	**Motion for Extension of Time**	to respond to Deft Discovery Request and Comply with the Court's July 30,2012 Order Party: *Plaintiff* Countrywide Home Loans		
08/24/2012	**Motion for Substitution of Party(S)**	US Bank Nat		
08/22/2012	**Mediator's**	report/ no agreement. impasse		
07/31/2012	**Notice of Service**	answers to interrogs Party: *Plaintiff* Countrywide Home Loans		
07/30/2012	**Order**	on motion to compel pltf to comply w/ discovery request propounded on 11/3/09/ pltf shall supply mor responsive answers to interrogs #1,2,6,8,9,12 & 13 filed by pltf on 7/27/12 within 30 hereof		

Date	Description	Additional Text	View	Pages
07/06/2012	**Notice**	notice of plaintiff's response to defendant's request for production Party: *Plaintiff* Countrywide Home Loans		
06/26/2012	**Notice of Hearing**	7/30/12 at 8:45 am room 518		
06/18/2012	**Order**	On Dfs' Adam P Handfinger and Randi Handfinger Motion to Amend Answer and Affirmative Defenses/Deeme Filed		
04/25/2012	**Motion to Amend Answer**	& affirm defense (exh A attached) Party: *Defendant* Handfinger, Adam P *Defendant* Handfinger, Randi		
04/25/2012	**Motion to Compel**	pl to comply w/ disc req propounded on Nov. 3, 2009 Party: *Defendant* Handfinger, Adam P *Defendant* Handfinger, Randi		
01/30/2012	**Notice of Mediation**	03/26/2012 at 3:00pm		
03/10/2011	**Notice of Appearance**	CHRISTIE M. RENARDO, ESQ., OF ALBERTELLI LAW AS CO-COUNSEL FOR PLAINTIFF Party: *Plaintiff* Countrywide Home Loans		
02/17/2011	**Notice of Lack of Prosecution**			
12/01/2009	**Motion for Extension of Time**	TO RESPOND TO REQ'T TO PRODUCE/ PLTF COUNTRYWIDE HOME LOANS INC		
11/06/2009	**Interrogatories**	(FIRST SET) Party: *Defendant* Handfinger, Adam P		

Date	Description	Additional Text	View	Pages
11/06/2009	**Request for Production of Documents**	(FIRST) Party: *Defendant* Handfinger, Adam P *Defendant* Handfinger, Randi		
08/31/2009	**Notice of Change of Address**	/Miguel A. Gonzalez Esq		
07/07/2009	**Order Granting Motion**	Order Granting Motion For Mediation 60 Days Of The Date Of This Order (Bdw)		
06/23/2009	**Re-Notice of Hearing 8:45**	Re-Notice Of Hrg 8:45 7-6-09 Rm 1020b (Txb)		
06/12/2009	**Notice of Hearing**	06/22/09 At 08:45 Rm 1020b-Notice Of Hearing (Dob)		
06/09/2009	**Motion**	Motion For Mediation/deft Adam And Randi (Tdc)		
05/01/2009	**Answer to Complaint**	Answer To Pl'S Complaint To Foreclosure Mtg And To Enforce Lost Loan Docs/df Adam And Randi (Txb)		
03/30/2009	**Stipulation & Order for Substitution of Counsel**	Stip & Order For Substitution Of Counsel For Df Adam And Randi (Fbn 846228)/granted (Txb)		
03/23/2009	**Notice of Appearance**	Not Of Appearance And Reqt For Docs Harry J Ross Esq As Counsel For The Df Adam P Handfinger And Ran i Handfinger (Sen)		
02/09/2009	**Request for Production**	Request For Production To Pltf/deft National City Bank (Moc)		
02/09/2009	**Answer**	Answer/deft National City Bank (Moc)		
02/09/2009	**Notice of Appearance**	Notice Of Appearance/atty For Deft National City Bank (Moc)		

Date	Description	Additional Text	View	Pages
01/27/2009	**Motion for Extension of Time**	Amended Mo For Extension Of Time To Respond To The Complaint/dfs Adam P Handfinger And Randi Handfin er (9jj)		
01/21/2009	**Notice of Appearance**	Notice Of Appearance As Atty For Randi Handfinger (Cxp)		
01/20/2009	**Motion for Extension of Time**	Df Adam Handfinger'S Mo For Extension Of Time To Respond To The Complaint (Sen)		
01/20/2009	**Notice of Appearance**	Notice Of Appearance Of Ronald E D'Anna Of The Law Firm Of McClosky D'Anna & Dieterle Llp As Atty Fo The Df Adam P Handfinger Aka Adam Handfinger (Sen)		
01/15/2009	**Summons Returned Unserved**	Sums Retd Unsrvd John Doe (Mxb)		
01/15/2009	**Summons Returned Unserved**	Sums Retd Unsrvd Jane Doe (Mxb)		
01/15/2009	**Summons Returned Served**	Sums Retd Srvd 01.01.09 Randi Handfinger (Mxb)		
01/15/2009	**Summons Returned Served**	Sums Retd Srvd 01/05/09 Wyndham Lakes Central Homeowners Assn Inc (Mxb)		
01/15/2009	**Summons Returned Served**	Sums Retd Srvd 12/22/08 National City Bank (Mxb)		
01/15/2009	**Summons Returned Served**	Sums Retd Srvd 12/29/08 Adam P Handfinger Aka Adam Handfinger (Mxb)		
12/17/2008	**Random Assignment**	Random Assignment Subd:25 (Axr)		
12/17/2008	**Clock In Date of Case**	12/17/08 Is Clock-In Date Of Case (Kxj)		
12/17/2008	**Summons Issued**	Summons Issued-6 (Kxj)		

Date	Description	Additional Text	View	Pages
12/17/2008	**Lis Pendens**	Lis Pendens: Fld & Rec (Kxj)		
12/17/2008	**Civil Cover Sheet**	Civil Cover Sheet (Kxj)		
12/17/2008	**Petition**	Petition: Fld (Axr)		
12/17/2008	**Filing Fee**	Filing Fee Paid (Kxj)		

- Hearing(s)

Total: 0

There is no Disposition information available for this case.

- Related Case(s)

Total: 0

There is no related case information available for this case.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Go Commando, LLC filed a trademark infringement action against Kimberly Clark in Federal Court. The matter was amicably resolved under confidential terms

Original Signature (electronic, copies or stamps not accepted)

04/29/2025
Date

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Case No. 15-cv-60598-BLOOM/Valle

GO COMMANDO, LLC,

Plaintiff,

v.

KIMBERLY-CLARK CORPORATION,

Defendant.
_____/

ORDER OF DISMISSAL WITH PREJUDICE

THIS CAUSE is before the Court upon the parties' Joint Stipulation of Dismissal with Prejudice, ECF No. [42] ("Stipulation"), filed on December 23, 2015. The Stipulation resolves all claims between Plaintiff Go Commando, LLC ("Plaintiff"), and Defendant Kimberly-Clark Corporation ("Defendant"), pursuant to the terms of a Confidential Settlement Agreement ("Agreement"). *See id.* The Court has carefully reviewed the Stipulation, the record, and is otherwise fully advised in the premises.

Accordingly, it is **ORDERED AND ADJUDGED** as follows:

1. The Stipulation, **ECF No. [42]**, is **GRANTED**;
2. The above-styled case is hereby **DISMISSED WITH PREJUDICE**;
3. Each party shall bear its own attorneys' fees and costs; and
4. Per the parties' request, the Court shall retain jurisdiction for the sole purpose of enforcing the terms of the Agreement, which terms are incorporated herein.

DONE AND ORDERED in Miami, Florida, this 23rd day of December, 2015.

BETH BLOOM
UNITED STATES DISTRICT JUDGE

cc: counsel of record

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam Handfinger

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/21/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Adam Handfinger, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/21/2025

Date

Subscribed and Sworn to before me this 21st day of April 2025

Notary Public Signature

Notary Public State of Florida
Ashley Beall
My Commission HH 609277
Expires 11/3/2028

(Seal)

ADDENDUM TO SERVICE AGREEMENT

THIS AGREEMENT is made and entered into 12/9/2024 and is by and between WHISPERING WOODS CENTER, LLC a Florida limited liability company ("Provider") and Quest Health Solutions ("Client").

WITNESSETH:

WHEREAS, Provider and Client have heretofore entered into a certain Service Agreement (the "The Service Agreement"), wherein the Client agreed to use SUITE 139 of the building situated at 7401 Wiles Rd, Coral Springs, FL, and

WHEREAS, Client acknowledges that at the time of execution hereof, Client does not have any claims, demands, set-offs, or other complaints against Provider, and that the Accommodations are in good condition in accordance with the terms of the Service Agreement, and

WHEREAS, Provider and Client desire to modify the term of the original Service Agreement as set forth herein.

NOW, THEREFORE, the above recitals being true and correct and incorporated herein by reference, and in consideration of the mutual promises set forth herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby conclusively acknowledged by the parties hereto, it is hereby agreed as follows:

1. The Monthly Standard Fee will be $ 1,100.00 plus Sales Tax effective 12/1/2024
2. The accommodations will be SUITE 139 as of 12/1/2024
3. The Term of the Service Agreement will be extended for 6 Months.
4. Any and all other provisions of the Service Agreement not specifically modified herein shall remain in full force.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands and seals as of the day and year written below their signatures.

PROVIDER: WHISPERING WOODS CENTER, LLC

Freddy Boulton

CLIENT(S): Quest Health Solutions

Rhiannon Sullivan

Docusign Envelope ID: A36E8423-87A8-459E-AD86-F91124295D34

LEASE AGREEMENT

BETWEEN

BORSA PROPERTIES, LLC,
A FLORIDA LIMITED LIABILITY COMPANY,
REPRESENTED BY ITS MANAGER PETRA LTD.

(LANDLORD)

AND

VAST MEDICAL HOLDINGS, LLC,
A FLORIDA LIMITED LIABILITY COMPANY

(TENANT)

Leased Premises: Suite 310

Building: 3301 North University Drive, Coral Springs, Florida 33065

Effective Date: January 31, 2025

Docusign Envelope ID: A36E9423-87A8-459E-AD66-F81124286D34

LEASE
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SCHEDULE "A-3": CENTRE PLAN
SCHEDULE "B": INTENTIONALLY DELETED
SCHEDULE "C": INITIAL SCOPE
SCHEDULE "D": RULES AND REGULATIONS
SCHEDULE "E": INTENTIONALLY DELETED
SCHEDULE "F": SPECIAL PROVISIONS

LEASE SUMMARY			ARTICLES
A)	Tenant	VAST MEDICAL HOLDINGS, LLC, a Florida Limited Liability Company.	Preamble (Page 2)
B)	Leased Premises	Means the Suite 310 shown in teal on the plan attached hereto as Schedule "A" (the **Leased Premises**) having a leasable area of approximately 13,318 square feet, including the Tenant's portion attributable to the Common Areas (the **Rentable Area of the Leased Premises**) and located on the 3rd floor of the Building (as defined hereinafter).	1 (Description of the Leased Premises)
C)	Intentionally Deleted	N/A	N/A
D)	Deposit	**Deposit:** $134,191.84 subject, provided that the Tenant is not in default beyond any applicable notice and cure periods afforded herein, to reduction by $44,730.61 against the Rent payable by the Tenant during the month of August 2025 (or if the same occurs during the Free Rent Period, this date shall be tolled until the next month Minimum Rent and Additional Rent are due hereunder) as set forth in this Lease.	Schedule "F" (Special Provisions)
E)	Term	Commencing on May 1, 2025 (the **Commencement Date**) and ending on April 30, 2035 (the **Term**).	2.1 (Term)
F)	Intentionally Deleted	N/A	N/A
G)	Intentionally deleted	N/A	N/A
H)	Minimum Rent	Subject to the Free Rent Period: **May 1, 2025 to April 30, 2026:** $22.00 per square foot of the Rentable Area of the Leased Premises, plus applicable taxes, per annum; **May 1, 2026 to April 30, 2027:** $22.66 per square foot of the Rentable Area of the Leased Premises, plus applicable taxes, per annum; **May 1, 2027 to April 30, 2028:** $23.34 per square foot of the Rentable Area of the Leased Premises, plus applicable taxes, per annum; **May 1, 2028 to April 30, 2029:** $24.04 per square foot of the Rentable Area of the Leased Premises, plus applicable taxes, per annum; **May 1, 2029 to April 30, 2030:** $24.76 per square foot of the Rentable Area of the Leased Premises, plus applicable taxes, per annum; **May 1, 2030 to April 30, 2031:** $25.50 per square foot of the Rentable Area of the Leased Premises, plus applicable taxes, per annum; **May 1, 2031 to April 30, 2032:** $26.27 per square foot of the Rentable Area of the Leased Premises, plus applicable taxes, per annum; **May 1, 2032 to April 30, 2033:** $27.06 per square foot of the Rentable Area of the Leased Premises, plus applicable taxes, per annum; **May 1, 2033 to April 30, 2034:** $27.87 per square foot of the Rentable Area of the Leased Premises, plus applicable taxes, per annum; and **May 1, 2034 to April 30, 2035:** $28.71 per square foot of the Rentable Area of the Leased Premises, plus applicable taxes, per annum.	3 (Rent)
I)	Intentionally	N/A	N/A

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J)	Additional Rent	**Operating Expenses (2025 estimates)** $14.74 per square foot of the Rentable Area of the Leased Premises, plus applicable taxes, including an Administration Fee, per annum. **II) Real Estate Taxes (2025 estimates)** $4.03 per square foot of Rentable Area of the Leased Premises, plus applicable taxes, per annum. **iii) Utilities** The utilities consumed in the Leased Premises are included in the Operating Expenses.	3 (Rent)
K)	Use	General and administrative office use for a management service organization specialized in medical equipment and services, which shall include, without limitation, access by the public as required by the MEDICARE DMEPOS Supplier Standards.	4.1 (Use)
L)	Brokers	Avison Young – Florida, LLC, represented by Greg Martin. Notwithstanding anything to the contrary, the Tenant declares to be represented by Keller Williams Realty Boca Raton, itself represented by Andrew Koines (the **Tenant's Broker**), and that any commission payable to Tenant's Broker will be paid directly by Avison Young – Florida, LLC pursuant to its brokerage agreement with Landlord, to the full exoneration of the Landlord.	26.6 (Brokerage Commission)
M)	Special Conditions	a) **Renewal Option:** 1 option to renew the Term for an additional period of 5 years. The parameters of the Renewal Option are further detailed in Schedule "F" of the present Lease. b) **Free Rent Period:** The Tenant will not have to pay Rent (i.e., Minimum Rent and Additional Rent) for the following 7 non-consecutive months: the first 4 full months following the Commencement Date (i.e., May 2025 to August 2025 inclusively), as well as May 2026, June 2026 and May 2027. The parameters of the Free Rent Period are further detailed in Schedule "F" of the present Lease. c) **Signage:** The Tenant will be provided the right to install and maintain Building standard signage of the Tenant's name/logo adjacent to its principal entry door. The parameters of the Signage are further detailed in Schedule "F" of the present Lease. d) **Parking:** 53 unreserved parking spaces, calculated as per a ratio of 4 unreserved parking spaces per 1,000 square feet of the Rentable Area of the Leased Premises. The parameters of the Parking are further detailed in Schedule "F" of the present Lease.	Schedule "F" (Special Provisions)

The foregoing Lease Summary is intended to be a summary, only, and reference should be made to the relevant provisions of this Lease for a specific review and confirmation of terms, covenants and conditions set forth herein (excluding any definitions contained herein).

LEASE AGREEMENT entered into at the location and date indicated on the signature page (the **Lease**).

BETWEEN: **BORSA PROPERTIES, LLC**, a Florida Limited Liability Company, having its head office at 3301 North University Drive, Suite 415, in the city of Coral Springs, state of Florida, 33065, herein acting and represented by its manager Petra Ltd, a corporation duly constituted, having its head office at 8000 Langelier Boulevard, Suite 808, in the city of Montréal (borough of Saint-Léonard), province of Québec, H1P 3K2 acting and represented by Patrice Bourbonnais, President and Tom Arseneault, Vice President, Finance, both duly authorized for purposes hereof, as they so declare;

(the **Landlord** or **Landlord**)

AND: **VAST MEDICAL HOLDINGS, LLC**, a Florida Limited Liability Company, having its head office at 7401 Wiles Road, Suite 139, in the city of Coral Springs, State of Florida, USA, 33067, herein acting by Adam Nadler, CEO & Co-Founder, duly authorized for the purposes hereof, as they so declare;

(the **Tenant** or **Tenant**)

THE PARTIES AGREE TO THE FOLLOWING:

ARTICLE 1 - DESCRIPTION OF THE LEASED PREMISES

1.1. **Leasing of premises.** The Landlord does hereby lease to the Tenant the Leased Premises described in the Lease Summary. The Leased Premises are located in the building commonly known as the Charter Place Office Building (shown in red on the site plan attached hereto as Schedule "A-1"), containing a total of approximately 76,904 rentable square feet (the **Building**). The Building forms part of an integrated mixed-use property located on the land legally described in Schedule "A-2" (the **Land**) and comprising: (i) 4 buildings, which contain office and retails spaces containing approximately 101 941 rentable square feet; and (ii) parking facilities, landscaped areas and other Common Areas (as defined herein) servicing the Building, the whole as shown in orange on the plan attached hereto as Schedule "A-3", (the **Centre**). The Building and the Centre may be increased or diminished at all times by the Landlord, at its entire discretion, provided that Tenant's rights of access to the Leased Premises shall not be materially interfered with or interrupted and such modification does not prevent the Tenant to use the Leased Premises for the purposes of the Authorized Use set forth in this Lease. In addition to the Leased Premises, Tenant and its invitees, guests and/or visitors shall have the non-exclusive right to use, in common with others the Common Areas.

1.2. **Rentable Area.** The parties agree that for the purpose of this Lease, the "Rentable Area" shall mean the useable square feet of the Leased Premises, together with an additional amount representing a portion of the Common Areas, service areas and other non-tenant space in the Building and/or the Centre. Landlord and Tenant acknowledge and accept the square footage with respect to the Building and the Leased Premises as set forth in the Lease and the same shall not be subject to material change except if by written agreement of the parties or in the event the Tenant request a modification of the Rentable Area of the Leased Premises.

The Landlord will not remeasure the Leased Premises, the Building and/or the Centre during the initial Term, save and except in case of a modification to the Rentable Area of the Leased Premises following a Tenant's request (e.g., an expansion of its premises).In such a case, the Rentable Area of the Leased Premises will be modified and will not be subject to appeal or any dispute, save and except in case of a manifest error.

After the initial Term, the Landlord will be permitted to re-measure the Leased Premises, the Building and/or the Centre if the Rentable Area of the Leased Premises is modified at Tenant's request or if the Landlord exercises its right under Article 20.2 of this Lease, it being understood that if the re-measured Rentable Area of the Leased Premises exceeds the approximate Rentable Area of 13,318 square feet by more than 7%, the re-measured Rentable Area shall be capped at 7% of 13,318 square feet (the **Area Cap**) for the purpose of calculating the Rent (Minimum Rent, Additional Rent) and any other amounts payable by the Tenant or the Landlord based on the Rentable Area of the Leased Premises, except if such exceeding Rentable Area is the result of a Tenant's request to increase the Rentable Area of the Leased Premises.

ARTICLE 2 - TERM

2.1. **Term.** The Term of the Lease shall be for the period defined in the Lease Summary (including any Renewal Option once duly exercised by the Tenant). As used herein, the term "**Lease Year**" shall mean the period of twelve (12) full calendar months commencing on the first day of January and ending on the last day of December, except for: (i) the first year of the Lease which commences on the Commencement Date; and (ii) the last year of the Lease, which ends at the end of the Term.

2.2. **Possession of the Leased Premises.** Subject to the terms and conditions of this Lease, the Tenant shall take possession of the Leased Premises as of the Commencement Date, subject to: (i) the signature of the present Lease by the parties; (ii) the remittance of the Tenant's plans and specifications within the time frame stipulated in this Lease; (iii) the Tenant's remittance of its certificate of insurance for the Leased Premises in accordance with this Lease; and (iv) the Tenant's remittance of the Deposit in accordance with Schedule "F" of this Lease.

The Commencement Date shall not be postponed for a delay reasonably attributable to the Tenant, which delay Landlord shall provide notice of to the Tenant in writing. If the delay is attributable to the Landlord or is due to a cause beyond its control, the Commencement Date and the expiration date will be postponed by the number of days equivalent to the delay, without any other recourse by the Tenant except as otherwise set forth herein. Any other period for which the Commencement Date is used for its establishment will be calculated with the new Commencement Date.

2.3. **Intentionally deleted.**

2.4. **No tacit renewal.** This Lease shall expire without notice or demand being necessary at the end of the Term. Should the Tenant remain in occupancy of the Leased Premises after the expiration of the Lease without having obtained the Landlord's prior written consent (the **Overholding Period**), such Overholding Period and the mere payment or acceptance of rent shall not constitute a renewal or extension of this Lease unless expressly consented thereto by the Landlord in writing in accordance with the Florida Statutes Title VI. Civil Practice and Procedure § 83.04. If the Tenant continues to occupy the Leased Premises after the end of the Term, the Tenant shall then be deemed to be occupying the Leased Premises against the Landlord's will, who may exercise any recourse available by law to evict the Tenant and claim damages from the Tenant. During any Overholding Period, the monthly Minimum Rent shall be equal to 1.5 times the Minimum Rent payable during the last month preceding the expiration or termination of the Lease, excluding any credit, free rent or reduction of any nature whatsoever granted to the Tenant during the Term, as the case may be. Without prejudice to the Landlord's other rights and recourses, during the Overholding Period the Tenant shall comply with all the other terms and conditions of this Lease, provided they apply to the Tenant on a monthly basis including the payment of the Additional Rent and all other sums due by the Tenant under this Lease. The Landlord may also repossess the Leased Premises and evict the Tenant from them in accordance with applicable law without notice or compensation and without affecting any other remedies it may have under the terms hereof or by virtue of the law.

ARTICLE 3 - RENT

3.1. **Net Lease.** The Tenant covenants and agrees that, except as herein set out, (i) the present Lease shall be an absolutely net lease in favour of the Landlord and (ii) that the Landlord shall not be responsible for any costs, charges, expenses, impositions or outlays of any kind or nature arising from or relating to the Leased Premises, Tenant's use and occupancy, Tenant's contents or the business carried on therein except as set forth herein. Any such costs, charges, expenses, impositions and outlays (including any such amount paid by the Landlord on the Tenant's behalf) relating to the Leased Premises shall therefore be the exclusive responsibility of the Tenant to the Landlord's complete exoneration except as set forth herein.

3.2. **Rent.** For the purposes of this Lease, "**Rent**" means the Minimum Rent and the Additional Rent, as hereinafter defined.

3.3. **Minimum Rent.** Subject to the Free Rent Period stipulated in Article 4 (Free Rent Period) of Schedule "F" (Special Provisions) of the present Lease, throughout the Term, the Tenant undertakes to pay to the Landlord the following Minimum Rent for the Leased Premises (the **Minimum Rent**):

Based on a Rentable Area of the Leased Premises of approximately 13,318 square feet			
Periods	**Annual Minimum Rent per Square Foot**	**Annual Minimum Rent**	**Monthly Minimum Rent**

May 1, 2025 to April 30, 2026	$22.00	$292,996.00	$24,416.33
May 1, 2026 to April 30, 2027	$22.66	$301,785.88	$25,148.82
May 1, 2027 to April 30, 2028	$23.34	$310,842.12	$25,903.51
May 1, 2028 to April 30, 2029	$24.04	$320,164.72	$26,680.39
May 1, 2029 to April 30, 2030	$24.76	$329,753.68	$27,479.47
May 1, 2030 to April 30, 2031	$25.50	$339,609.00	$28,300.75
May 1, 2031 to April 30, 2032	$26.27	$349,863.86	$29,155.32
May 1, 2032 to April 30, 2033	$27.06	$360,385.08	$30,032.09
May 1, 2033 to April 30, 2034	$27.87	$371,172.66	$30,931.06
May 1, 2034 to April 30, 2035	$28.71	$382,359.78	$31,863.32

3.4. **Additional Rent.**

3.4.1. For the purpose of this Lease, the following words and expressions shall have the meaning hereinafter set forth:

a) **"Additional Rent"** means all of the financial obligations of the Tenant under this Lease, other than the Minimum Rent, and Landlord shall have the same rights and remedies for said payments.

b) **"Administration Fee"** means an annual administration fee which is of 5%, calculated on the total gross revenue of the Building subject to modification from time to time according to the commercial real estate industry standards in Class A office buildings of similar size located in the Coral Springs, Florida submarket.

c) **"Common Areas"** means all areas and elements of the Building and/or the Centre determined by the Landlord from time to time including, without limitation, roadways, sidewalks, landscaped areas, lobbies, washrooms available for use of tenants or the public, open or enclosed pedestrian walkways, interior courts, areas reserved for trucks, common loading areas and delivery facilities, driveways, customer and loading ramps, stairways, escalators and elevators available for use by the public or by tenants, fire alarms and fire protection and related communication systems, common pipes, electrical, sanitary and other common mechanical and electrical installations, public seating facilities and all other areas and facilities from time to time provided, designated, or made available by Landlord, from time to time, for the use of Tenant and other tenants or members of the public but shall specifically exclude any areas that are leased or held for the exclusive use of any other tenant or other occupant of the Centre, or that are reserved by Landlord for Landlord's sole use and/or benefit. It is understood that the Landlord may, from time to time, use the Common Areas or any part thereof for the purposes of presentation, decoration, entertainment, banquets and receptions and install other works or fixtures, either temporary or permanent for special events or permit the construction and installation of kiosks, permanent or temporary, in the Common Areas provided that the same do not materially interfere with or interrupt Tenant's access to or use of the Leased Premises;

d) **"Operating Expenses"** all reasonably and actually incurred costs attributable to the operation, the sustainability provisions, the administration, the maintenance, the repair, the supervision and the management of the Building and/or the Centre and the Land, including, without limitation:

I) salaries, benefits, pensions and related personnel costs and taxes for employees of Landlord engaged in the management, supervision, maintenance, operation, repair, security or replacement of elements of the Building and/or the Centre and the Land or relating to all service contracts as well as the fair market rental value of space (in the Building and/or the Centre or in another building) that is used by Landlord or its agent or contractor in connection with the maintenance, repair, administration and management of the Building and/or the Centre and the Land and any taxes relating thereto;

II) administrative charges for services such as supervision, accounting, secretarial, and bookkeeping incurred with respect to

the Centre and accounting services and reasonable legal fees not attributable to leasing or rent collection activity or negotiations or disputes with Tenant or other tenants;

iii) telephone and stationery;

iv) cleaning, cleaning supplies for the Building, the Centre and/or the Land, uniforms and the cost of dry cleaning them, cleaning of windows and the exterior curtain wall;

v) landscaping, and lighting in the Common Areas;

vi) garbage and waste, recycling and compost (if applicable) collection and disposal;

vii) electricity, water, steam and other utilities, except as chargeable separately to Tenant under the Lease, and any taxes on utilities which are not recoverable from Tenant under other provisions of the Lease;

viii) policing, security, concierge and other tenant services;

ix) rental and purchase costs of any materials, supplies, tools, equipment, signs and decorations used in the operation, repair, management, replacement (subject to the limitation set forth in xv) hereof) and maintenance and/or in the control of access to the Building and/or the Centre;

x) heating, ventilating and air-conditioning the Building and/or the Centre including, without limitation, the cost of operating, repairing, maintaining, replacement (subject to the limitation set forth in xv) hereof) and inspecting the machinery, materials and other installations, and if applicable, the cost of providing condenser water from cooling towers or chilled water for the HVAC equipment;

xi) insurance as may be carried by Landlord, such costs to include without limitation commercially reasonable premiums, deductibles and other related charges, in respect of or attributable to the Building, the Centre and the Land or related thereto including without limitation all risk insurance against fire, hurricane, earthquake, terrorism including also acts of terrorism and other perils and liabilities regarding material or bodily damages, elevator insurance, damages to the boiler and machinery insurance, loss of rental income insurance and other insurance customarily carried from time to time by landlords of comparable office buildings in the Coral Springs, Florida, submarket or required to be carried by Landlord's mortgagee;

xii) conservation of energy programs instituted by the Landlord from time to time;

xiii) amortization (on a straight-line basis over the useful life or such other period as reasonably determined by Landlord) of the costs of:

1) all capitalized costs of the machinery, materials or supplies owned by the Landlord;
2) the replacement costs of all facilities serving or comprising the Building, the Centre and the Land which, by their nature, require periodic replacement and which costs are not charged fully in the Lease Year in which they are incurred;
3) the cost of repairs and modifications which are not charged fully during the Lease Year in which they are incurred;

xiv) interest calculated at the prime rate, plus 2% on the unamortized portion of the cost of all items subject to amortization;

xv) repairs, replacements, modernization or additional equipment required by law arising after the Commencement Date or by Landlord's insurers or which, in Landlord's reasonable opinion, may reduce Operating Expenses or are for the benefit or safety of the Building, the Centre and the Land, including, without limitation, the cost of communications equipment installed for the potential benefit of tenants in general and not for the exclusive use by a particular tenant, the cost of which shall, if applicable, be amortized over the

useful life of such repairs, replacements, modernizations or additional equipment in accordance with generally accepted accounting principles;

xvi) professional fees except as they relate to the leasing and/or maintenance of the Building and the Centre;

xvii) any taxes (other than the Real Estate Taxes) not otherwise charged directly to Tenant (including, for clarity purposes, any water taxes, if applicable) (excluding any penalties or interest thereon);

xviii) repairs, maintenance and replacement of the goods and equipment of every nature of the Building, the Centre and the Land;

xix) the Administration Fee; and

xx) any other expense or charge of any nature whatsoever which in accordance with general industry practice would be construed as an operating expense typically passed through to tenants of other Class A office buildings of similar size located in the Coral Springs, Florida submarket.

Notwithstanding the foregoing, none of the following will be included in Operating Expenses:

xxi) payments of principal and interest under any mortgage, ground lease or other indebtedness of the Landlord;

xxii) any major cost or expense which is generally treated in accordance with accounting principles generally applied in the real estate management industry as being of capital nature and in respect to the Structure of the Building and/or the Centre, where "Structure" means any structural element of the Building and/or the Centre including, without limitation to the generality of the foregoing, the foundations, the structural metal, the structural columns and beams, the supporting elements, the bearing walls, the exterior walls and assemblies, the roof (excluding the roof membrane and insulation), the subfloors and the infrastructure of parking lots;

xxiii) costs incurred for leasing or promotion to attract tenants (including leasing commissions, advertising costs, tenant allowances and the cost of redecorating and renovating space for new tenants), it being understood that the publicity and promotion costs related to activities intended for tenants and occupants of the Building and/or the Centre are included in the Operating Expenses;

xxiv) penalties or fines for late payment of any Operating Expenses;

xxv) costs pertaining specifically to the maintenance of a building other than the Building and/or the Centre;

xxvi) federal income, franchise, capital levy, transfer, capital stock, gift, sales, profit, margin, mortgage, rent or similar tax assessed upon the income of the Building, Centre or Landlord, estate or inheritance taxes, or any fine, penalty or cost attributable to delinquent payment thereof;

xxvii) depreciation and amortization on initial costs of construction of the Building and/or the Centre;

xxviii) any amounts directly chargeable to other tenants of the Building and/or the Centre for services or costs directly chargeable to said tenants individually;

xxix) the cost of all repairs and replacements as a result of inherent structural defects to any part of the Building and/or the Centre;

xxx) the cost of repairs, restoration or other work occasioned by fire, windstorm or other casualty covered by Landlord's insurance policies and for which it has received compensation;

xxxd) legal, consulting or professional fees or expenses paid or incurred in connection with negotiations of leases, financings, refinancings, restructurings or in the enforcement of other leases;

xxxil) fees or costs in excess of the comparable market value thereof for services rendered by vendors affiliated with Landlord;

xxxiil) Landlord's reimbursable expenditures, which for purposes of this Lease shall be any expense for which Landlord is reimbursed by a tenant of the Building or Centre or any other third party;

xxxiv) the cost of repairing or replacing any item covered by a warranty or guarantee;

xxxv) salaries or other compensation of property management for the Centre above the grade of senior property manager who do not perform day-to-day property management for the Building or Centre; or

xxxvi) the costs of investigation, monitoring, removal or remediation arising from the presence of Hazardous Materials in, on or about the Land, Building or Centre.

e) **"Proportionate Share"** means: the ratio between the Rentable Area of the Leased Premises and the rentable area of the Building, which corresponds to 17.32% as of the signature of this Lease, based on a Rentable Area of the Leased Premises of approximately 13,316 square feet, subject to vary or change from time to time according to the provisions of this Lease;

f) **"Real Estate Taxes"** means (a) all real estate taxes and assessments on the Centre, general and special, ordinary and extraordinary (net of any inducements or abatements), including also all increases in tax rate and/or assessed valuation, and taxes and assessments levied in substitution or supplementation in whole or in part of such taxes, (b) all personal property taxes for the Building's and/or Centre's personal property, (c) all other taxes, fees and assessments now or hereafter levied by any governmental authority on the Building and/or the Centre or its contents or on the operation and use thereof, (d) all amounts paid to any business improvement district by Landlord, and all unincorporated business or gross receipts taxes to the extent imposed on Landlord's gross receipts or gross income (as opposed to Landlord's net income), arena taxes and other taxes and assessments now or hereafter imposed on the Building and/or the Centre or any part thereof with respect to any public or quasi-public facilities, structures, improvements, services, roads or transportation, (e) public space projection rental charges and (f) all reasonable, out-of-pocket costs and fees incurred in connection with seeking reductions in or refunds in Real Estate Taxes including, without limitation, any costs incurred by Landlord to challenge the tax valuation of the property on which the Building and/or the Centre is located or to sustain a proposed assessment by reason of a challenge thereto from a citizens group or other entity. Real Estate Taxes shall exclude income taxes, franchise estate taxes, inheritance taxes or any other tax based upon the net income (as opposed to gross receipts or gross income) of Landlord, and all transfer, recordation, capital levy, capital stock, gift, sales, profit, margin, mortgage, rent or similar tax assessed upon the income of the Building, Centre or Landlord. Notwithstanding anything in this Lease to the contrary, Real Estate Taxes shall also exclude any interest, penalties or fines arising by reason of the late payment of same, unless such interest, penalty or fine incurred by the Landlord results from Tenant's failure to timely pay its Proportionate Share of Real Estate Taxes. Any new and/or special assessments included in Real Estate Taxes shall be deemed to be payable over the maximum number on installments allowed by applicable laws.

3.4.2. **Real Estate Taxes and Other Taxes.**

a) **Payment of the Real Estate Taxes.** Throughout the Term and any renewal thereof, the Tenant shall pay Tenant's Proportionate Share of the Real Estate Taxes via monthly installments at the estimated rate defined in the Lease Summary for the year ending 2025, in accordance with Article 3.7 (Obligation to Pay Rent) of the present Lease.

b) **Estimate of the Real Estate Taxes.** On the Commencement Date and

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thereafter before the beginning of each Lease Year, the Landlord will remit to the Tenant an estimate of the Tenant's Proportionate Share of the Real Estate Taxes for the current Lease Year, as per the following: (1) with respect to any special assessment that is payable in installments, Real Estate Taxes for such year shall include the amount of the installment (and any interest) due and payable during such Lease Year; and (2) with respect to all other real estate taxes, Real Estate Taxes for such year shall include the amount due and payable for such Lease Year. The Landlord's omission to remit such estimated amount on the Commencement Date or before the beginning of any Lease Year will not affect its right to do so later during the Lease Year with a retroactive effect to the beginning of such Lease Year. The Landlord makes such estimates without guarantee or representation.

The Landlord, in its commercially reasonable discretion and in accordance with sound commercial real estate practices in similar Class A office buildings in the Coral Springs, Florida, submarket, shall have the right to make reasonable allocations between, as the case may be, the various component parts of the Centre.

c) **Actual Amount of the Real Estate Taxes.** Within one hundred twenty (120) days of the end of each Lease Year, the Landlord shall remit to the Tenant a statement indicating the actual amount of the Real Estate Taxes for the said Lease Year. The aforementioned statement shall be final and binding on the parties (absent patent error). If it is established that payments made by the Tenant during such Lease Year are less than or greater than the payments that the Tenant should have made on the basis of the actual amount of Real Estate Taxes versus Tenant's estimated payments, the Landlord shall make the appropriate adjustments and the Landlord shall grant to Tenant a credit against the next due and payable installment(s) of Tenant's Proportionate Share of Real Estate Taxes, or refund the excess to Tenant within thirty (30) days if the Term has expired.

d) **Tax Contestation.** If the Landlord receives a reimbursement of a portion of Real Estate Taxes, the Landlord shall pay to the Tenant its Proportionate Share of Real Estate Taxes of said reimbursement. However, if any tax contest filed by Landlord results in additional Real Estate Taxes, or if the actual amount of Real Estate Taxes for a given Lease Year (above those shown in Landlord's estimates furnished to Tenant) increases, then in any such event such additional Real Estate Taxes shall be included in Real Estate Taxes for calculating Rent to be paid by Tenant. It is agreed between the parties that all costs relating to the objection, appeal or contestation concerning the Real Estate Taxes or any related estimate shall be included in the Operating Expenses.

The Landlord shall have no obligation to contest any contribution, tax or decision of a taxing authority or to appeal such decision, as well as to defer, settle or otherwise dispose of such contestation or such appeal in a way the Landlord deems appropriate. The Tenant hereby renounces to its right to contest, oppose or litigate the Real Estate Taxes levied and/or any assessment imposed in relation with such Real Estate Taxes.

To the best of Landlord's knowledge, as of the date hereof, the Land is not presently under any tax appeal, special assessment or similar tax proceeding that would materially increase Real Estate Taxes.

e) **Additional Tax Liability.** Tenant shall also pay and be liable for, as Additional Rent, all rental taxes, sales and use taxes or other similar taxes, if any, levied or imposed by any city, state, county or other governmental body having authority over the Building and/or the Centre on account of the Rent payable under this Lease (exclusive of income taxes, estate taxes, inheritance taxes or any other tax based on the net income, as opposed to gross receipts or gross income, of Landlord, and in order to avoid duplication, also exclusive of any taxes included in the definition of Real Estate Taxes, above). Tenant's obligation to make such payments shall be in addition to all of the other payments from Tenant required under the terms and conditions of this Lease. All such payments shall be paid concurrently with the payments of the Rent on which the tax is based. In the event that any business, rent or other taxes, or any governmental charges that are now or hereafter levied upon Tenant's use and occupancy of the Leased Premises or Tenant's business at the Leased Premises are enacted, changed or altered so that any of such taxes are levied against Landlord, or the mode of collection of such taxes is changed so that Landlord is responsible for collection of payment of

such taxes, the Tenant undertakes to reimburse the Landlord for all amounts thus paid as Additional Rent, prior to such taxes due dates or within thirty (30) days of Landlord's written request to that effect.

3.4.3. **Operating Expenses.**

a) **Payment of the Operating Expenses.** Throughout the Term, the Tenant shall pay its Proportionate Share of the Operating Expenses. It is agreed and understood that for the year 2025, the Operating Expenses shall be estimated at, but not limited to, the annual rate defined in the Lease Summary, payable in accordance with the provisions of Article 3.7 (Obligation to pay Rent) of the present Lease.

b) **Estimate of the Operating Expenses.** On the Commencement Date and thereafter before the beginning of each Lease Year, the Landlord will remit to the Tenant an estimate of the Tenant's Proportionate Share of the Operating Expenses for the current Lease Year. The Landlord's omission to remit such estimated amount on the Commencement Date or before the beginning of any Lease Year will not affect its right to do so later during the Lease Year with a retroactive effect to the beginning of such Lease Year. The Landlord makes such estimates without guarantee or representation.

The Landlord, in its commercially reasonable discretion and in accordance with sound commercial real estate practices in similar Class A office buildings in the Coral Springs, Florida, submarket, shall have the right to make reasonable allocations between, as the case may be, the various component parts of the Centre.

c) **Actual Amount of the Operating Expenses.** Within one hundred twenty (120) days of the end of each Lease Year, the Landlord shall remit to the Tenant a statement indicating the actual amount of the Operating Expenses for the said Lease Year. Such statement shall be final and binding on the parties (absent patent error). Subject to Tenant's right to question, as set forth herein, if such statement established that payments made by the Tenant during such Lease Year are less than or greater than the payments that the Tenant should have made on the basis of the actual amount of Operating Expenses versus Tenant's estimated payments, the Landlord shall make the appropriate adjustments and the Landlord shall grant to Tenant a credit against the next due and payable installment(s) of Tenant's Proportionate Share of Operating Expenses, or refund the excess to Tenant within thirty (30) days if the Term has expired.

d) **Right to Question.** The Tenant will have the right to question and arbitrate the Operating Expenses within sixty (60) days following its receipt of the statement indicating the real amount of Operating Expenses, failing which the Tenant shall be deemed to have renounced to its right to question and arbitrate for the Lease Year in question. Should the Tenant consider that certain items of the Operating Expenses are not calculated in accordance with the provisions of this Lease, the Tenant will have the right to question the Landlord, who shall use commercially reasonable efforts to respond to Tenant's questions arising from such questioning and, in the event the Tenant is still not satisfied with the Landlord's answers, within thirty (30) days of Tenant's initial request, the resolution of the matter shall be referred to third-party arbitration (to an independent reputable accounting firm having 10 years of experience in Class A office buildings of similar size located in Broward County, Florida submarket) for resolution in accordance with the American Arbitration Association. The third-party arbitrator shall select either the Tenant's or Landlord's calculation of the Operating Expenses item(s) in question, and if Landlord shall have been determined to overcharged Tenant by more than seven percent (7%), Landlord shall bear the costs of such third-party arbitration and Tenant's reasonable, out-of-pocket costs of such questioning and arbitration, failing which, Tenant shall be responsible for the cost of the same.

Notwithstanding the present right to question and arbitrate, it is understood that the Tenant remains responsible to pay the Operating Expenses in accordance with the provisions of this Lease pending any dispute and the resolution of the same, at which time, Landlord shall credit any overcharged amount(s) following such dispute resolution and/or agreement by Landlord and Tenant as set forth herein to the next due installment(s) of Operating Expenses. For clarity purposes, the present right to question and arbitrate is personal to the Tenant and may

not be transferred or assigned.

3.4.4. **Utilities.** The electricity consumed in the Leased Premises is included in the Operating Expenses.

3.4.5. **Modification to the Tenant's Proportionate Share.** Notwithstanding the foregoing, until 100% of the total leasable area of the Building is occupied, the Landlord shall be entitled to allocate those costs, charges, impositions, expenses and outlays which vary with the extent of the use and occupancy of the Building (such as, but not limited to, heating, air-conditioning and ventilating expenses, electricity, cleaning and cleaning supplies) to the rented space in the Building only and the Tenant shall pay a proportion of each of any of such costs, charges, impositions, expenses and outlays, same to be the ratio that the total leasable area of the Building bears to the total leasable area of all rented space in the Building. In no event will the Tenant be obliged to pay an amount in virtue of the foregoing which is greater than the amount the Tenant would have paid as the Tenant's Proportionate Share had 100% of the total leasable area of the Building been occupied and such costs, charges, impositions, expenses and outlays been included in Operating Expenses.

3.5. **Broken Rent.** Should the Commencement Date commence on a day other than the first day of the month, the installment of the Rent for the month in question shall be calculated on a *per diem* basis. If the Term expires a day other than the last day of a calendar month, the last day of the Term shall automatically be postponed to be the last day of the calendar month in question.

3.6. **Interest on Overdue Payments.** Unless otherwise provided herein, if the Tenant fails to pay an amount due in accordance within ten (10) days of when due, Tenant agrees to pay a late charge of 12% per annum of the amount of the payment overdue. Tenant further agrees that the late charge imposed is fair and reasonable, complies with all laws, regulations and statutes, and constitutes an agreement between Landlord and Tenant as to the estimated compensation for costs and further agrees that the late charge assessed pursuant to this Lease is not interest, and the late charge assessed does not constitute a lender or borrower/creditor relationship between Landlord and Tenant, and may be treated by Landlord as Additional Rent owed by Tenant, the whole subject to the other rights of the Landlord hereunder.

3.7. **Obligation to pay Rent.** The Tenant undertakes to pay the Rent to the Landlord or to any other entity designated by same, in advance, on the first day of each month, in consecutive, equal and monthly instalments, without any notice, reduction, deduction, compensation. To that effect, the Tenant shall, at its option: (i) remit to the Landlord, before the Commencement Date and before the expiry of each year, a series of cheques respectively dated the first (1st) day of each month of the following year, which said amounts will correspond to one twelfth (1/12) of the Rent applicable that Lease Year; or (ii) participate in an electronic funds transfer (EFT) system or a similar system whereby the Tenant will authorize its bank, trust company, credit union or other financial institution to transfer in the Landlord's bank account each month, or at any other time, all necessary sums to cover the Minimum Rent and the Additional Rent due by the Tenant on a monthly basis pursuant to the provisions of this Lease, provided the Tenant assumes the cost related to said electronic funds transfer, as the case may be.

The Rent shall be paid by the Tenant to the Landlord at the Landlord's address indicated in Article 26.7 (B) (Notice to the Landlord) herein or at any other location indicated by written notice from the Landlord to the Tenant.

ARTICLE 4 - USE OF THE LEASED PREMISES

4.1. **Use.** The Tenant, and its subsidiary Quest Health Solutions, LLC (**Quest Health**), undertakes to use the Leased Premises for the use indicated in the Lease Summary (the **Authorized Use**), being the use exercised by the Tenant at the time of the acceptance of the present Lease, no other use being permitted. Tenant shall advise the Landlord, in writing, of Quest Health's occupancy of the Leased Premises, in whole or in part. The Tenant shall indemnify and hold harmless the Landlord against any damages or claims incurred by Landlord as a result of Quest Health's occupancy of the Leased Premises, in whole or in part. Furthermore, the Tenant undertakes to ensure that Quest Health subscribes to the same insurance policies as the Tenant for the Leased Premises, uses the Leased Premises for the Authorized Use and respects the terms and conditions of this Lease at all times.

Notwithstanding the foregoing, neither the preceding paragraph nor anything to the contrary contained herein shall be interpreted as a restriction of Tenant's right to sublease the Leased Premises or assign the Lease to an assignee or a subtenant for any use other than the Authorized Use provided that such contemplated use by any such assignee or subtenant in connection with any assignment or sublease (i) is made in accordance with the terms and conditions stipulated in this Lease, (ii) complies with

applicable laws and (iii) does not violate any other tenant(s) existing exclusive uses affecting the Building, the Centre and/or the Land and/or any restrictive covenants or encumbrances on or affecting the Building, the Centre and/or the Land at the time of the assignment/subletting request.

Any change in the Tenant's Authorized Use shall be subject to Landlord's prior written approval, which approval may not be unreasonably withheld. The Tenant recognizes that the Authorized Use shall not be considered as if an exclusivity is granted in favour of the Tenant. Additionally, the Tenant undertakes to promptly notify the Landlord in writing prior to the effective date of the change in the Tenant's trade name.

Notwithstanding the foregoing, the use of the Leased Premises by the Tenant must at all times respect any present or future exclusivities and restrictive covenants affecting the Building and/or the Centre. As of the date hereof, Landlord represents to Tenant that the Authorized Use of the Leased Premises does not contravene to any exclusivity or leasing restrictions affecting the Building and/or the Centre.

4.2. **Operation of the Leased Premises.** The Tenant will begin to conduct its business operations in the Leased Premises on the Commencement Date and will thereafter conduct same throughout the Term of this Lease in the Leased Premises in a reputable and first-class manner. Except as otherwise set forth in this Lease or in connection with casualty, condemnation or Force Majeure, Tenant shall in no event leave the Leased Premises vacant or unoccupied during the Term for a period of more than ninety (90) days on a continuous basis, except in the event that:

a) the Tenant complies with the other provisions of this Lease, most notably, the payment of Rent and maintaining its insurance coverage;
b) the Tenant notifies the Landlord in writing of its intention to vacate the Leased Premises; and
c) the Tenant designates an employee or other person of its choice approved by the Landlord to inspect the Leased Premises on occasion in order to ensure the security and the condition of the Leased Premises and the equipment and installations contained therein as required pursuant to this Lease.

The Tenant agrees that the Landlord shall have the right to access the Leased Premises at all times (upon reasonable advance notice, save and except in case of a real of apprehended emergency where no advance notice is required) notwithstanding anything to the contrary in the Lease and such access will in no event constitute a breach of Tenant's quiet enjoyment of the Leased Premises or be grounds for termination of the Lease, the whole, without penalty, charge or recourse by the Tenant against the Landlord.

4.3. **Prohibited uses.** Without limiting the generality of the foregoing, the Tenant may not use or tolerate or permit that the Leased Premises, or any part thereof, be used for the following activities or business:

(a) any fraudulent or immoral practice;

(b) any business or any activity for which the Landlord has granted an exclusivity or has undertaken in vertu of a non-competition clause in other leases or offers to lease signed by the Landlord; and/or

(c) any business or activity that in the reasonable opinion of the Landlord would: (i) depreciate the character, quality or reputation of the Building and/or the Centre; (ii) or be dangerous or detrimental; (iii) affect the peaceful enjoyment of the other tenants or occupants of the Building and/or the Centre; (iv) cause noise or noxious odours that would disturb the other tenants or occupants; or (v)cause any loss or damage, alteration or deterioration to the Leased Premises and/or the Building and/or the Centre.

4.4. **Warranty of Use.** Landlord represents and warrants, to the best of its knowledge as of the date of this Lease, (i) that use of the Leased Premises for office purposes is permitted by all applicable laws, (ii) that there are no encumbrances on or effecting the Land or agreements which materially and adversely affect the use of the Premises for office use. Except as set forth herein, Landlord does not make any representation or warranty whatsoever to Tenant in respect of the use of the Leased Premises which is permitted under applicable laws during the Term and any renewal thereof. The present Lease shall not be interpreted so as to imply that the Lease is conditional upon the Tenant obtaining any permit, certificate or authorization for the carrying on of its activities in the Leased Premises from any municipal or other authority.

4.5. **Compliance with Governmental Laws and Landlord's Regulations.** Tenant shall obtain any and all licenses, authorizations, certificates and permits necessary for the conduct of its business in the Leased Premises, or any permitted use, comply with all governmental laws, ordinances and regulations applicable to the Leased Premises, and

shall promptly comply with all governmental orders and directives for the correction, prevention and abatement of any violations or nuisances in or upon, or connected with, the Leased Premises, all at Tenant's sole expense. Except as otherwise set forth in Article 13.1 hereof, if, as a result of any change in the governmental laws, ordinances or regulations, the Leased Premises must be altered to lawfully accommodate Tenant's use and occupancy thereof, such alterations shall be made only with the consent of Landlord, which consent shall not be unreasonably withheld, conditioned or delayed, but the entire cost thereof shall be borne by Tenant provided, that, the necessity of Landlord's consent shall in no way create any liability against Landlord for failure of Tenant to comply with such laws, ordinances or regulations.

ARTICLE 5 - SATISFACTION OF THE LEASED PREMISES

The Leased Premises and Leasehold Improvements (as defined in Article 9.2 (Leasehold Improvements) below) will be conclusively deemed to be in good order and satisfactory condition in their actual state, except to the extent (a) the Tenant otherwise notifies the Landlord in writing within 30 days following the Commencement Date or (b) the Punch List Items (as defined in Article 9.2 (Leasehold Improvements) below) remain open and unresolved. The Punch List Items shall be sent to the Landlord within 30 days following the Substantial Completion of the Leasehold Improvements.

ARTICLE 6 - SERVICES

6.1. **Business Hours of the Building and the Centre.** The Landlord will keep the Building and the Centre open weekdays from 8:00 a.m. to 6:00 p.m., and Saturdays, from 8:00 a.m. to 1:00 p.m., the whole exclusive of legal Holidays or such other hours as may be designated from time to time by the Landlord. For purposes of this provision, "Holidays" shall include New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas.

6.2. **Cleaning of the Common Areas of the Building and the Centre.** The Landlord shall keep the Common Areas of the Building and the Centre in a clean and proper order, at its cost. For clarity purposes, said costs shall be included in the Operating Expenses.

6.3. **Cleaning of the Leased Premises.** Outside the Business Hours, the Landlord shall ensure that the Leased Premises are adequately cleaned and are of a comparable standard with the cleaning performed in similar office buildings in the Coral Springs, Florida, submarket provided same are kept in order by the Tenant. For clarity purposes, said cleaning costs shall be included in the Operating Expenses.

6.4. **Heating, Ventilating and Air-Conditioning.** During the Business Hours, the Landlord shall provide heating and air-conditioning and ensure that the temperature within the Leased Premises shall be maintained at proper levels throughout the year as determined by the Landlord, from time to time in its commercially reasonable discretion and consistent with in similar office buildings in the Coral Springs, Florida submarket. The Landlord shall be under no obligation to operate the air-conditioning system in excess of what may be, in its commercially reasonable opinion, reasonable and normal in the circumstances. For clarity purposes, the heating and air-conditioning costs shall be included in the Operating Expenses. In the event Tenant requires or needs to have one or more separate systems of either heating, ventilating, air conditioning or other similar systems over and above that provided by Landlord, the cost of installation, care, operation, maintenance and repair thereof shall be borne by and paid for by Tenant.

Upon written request, the Tenant may benefit from heating, ventilation and air conditioning services after Business Hours as Additional Services. The Tenant will be solely responsible for the costs of said Additional Services, as per the rate applicable from time to time for those services in the Building, which is currently at $35.00/hour, plus 5% of the cost of such expense. The aforementioned rate may be re-evaluated from time to time by the Landlord.

For clarity purposes, water is an insta hot under their breakroom sink, not building related or serviced.

6.5. **Elevators.** The Landlord shall provide and maintain in working order automatic passenger elevators for operation during the Business Hours providing access to the floor upon which the Leased Premises are situated. Outside the Business Hours, the Tenant and any other tenants of the Building shall have access card, at no charge for the Tenant, to the elevators by using its key access cards. If applicable, the Tenant must use the designated elevator for all delivery and for all moving, the whole, outside Business Hours and according to the directives set by the Landlord (including, without limitation, upon a reasonable prior written notice) and Tenant shall not be charged for any costs associated with the same as Additional Services. The Tenant will use the elevators in common with others. The Tenant undertakes to ensure its representatives only take deliveries at the Building's loading ramp, if any.

6.6. **Identification.** Unless otherwise indicated, the Landlord shall add, at its sole expense prior to the Commencement Date, the Tenant's name on the Building's directory board according to the Building's norms and shall provide any other Building standard signage now or hereafter in effect for Tenant during the Term, provided that same Building standard signage is offered to all the tenants of the Building. All subsequent changes to any signage installed by Landlord which are requested by Tenant shall be at Tenant's sole costs, plus 5% of the cost of such expense.

6.7. **Additional Services.** If the Tenant requires additional services to be supplied by the Landlord in excess of the services being supplied in common to other tenants in the Building, and if the Landlord accepts to supply such services, the Tenant undertakes to assume their costs (plus 5% of the cost of such expense) (the **Additional Services**), and to pay such costs to the Landlord, promptly upon demand. The Tenant must give the Landlord a prior written notice of its requests for Additional Services and the Landlord shall benefit from a reasonable delay to respond to any such requests.

6.8. **Information Technology.** Tenant shall have access to the Building standard information technology (internet, phone and other cabling) hookups and cabling at the point of connection in the Leased Premises for its use. Tenant shall arrange for any internet, phone or other cabling services it requires for use of the Leased Premises at its sole cost and expense, at Landlord's exoneration.

ARTICLE 7 - **TRANSFERS, ASSIGNMENT AND SUBLETTING**

7.1. **Assignment or subletting.** Except as set forth in Article 7.5 hereof, the Tenant may not assign or transfer this Lease or any of the Tenant's rights, titles or interests therein or in the Leased Premises, or sublet the whole or any part of the Leased Premises or permit the Leased Premises or any part thereof to be used or occupied by any other person or grant security over any of its rights in this Lease, except if all the following conditions are duly fulfilled to Landlord's reasonable satisfaction:

7.1.1. the Tenant shall have entered into and provided to the Landlord a true written copy of the executed assignment or sublease agreement, which agreement must be conditional upon the Tenant obtaining Landlord's consent, and shall have provided to Landlord any other information as the Landlord may reasonably request;

7.1.2. the Tenant shall have provided adequate information to enable the Landlord to assess the creditworthiness, reputation and business of the proposed assignee or subtenant;

7.1.3. except as set forth in paragraph 4.1, there shall be no change in the Authorized Use;

7.1.4. the Tenant shall have obtained the written approval of the Landlord for such assignment or sublease, which approval may not be unreasonably withheld without serious reasons including, without limitation, each case enumerated in paragraph 7.1.10 of the present Article 7.1 (Assignment or subletting);

7.1.5. the Tenant shall assign this Lease or sublet the Leased Premises (or a portion thereof) only upon the terms of the agreement provided to the Landlord;

7.1.6. the Tenant shall enter into a consent of sublease or assignment agreement with the proposed subtenant or assignee and the Landlord, which consent agreement shall have been prepared by the Landlord on the Landlord's standard form, at the Tenant's expense;

7.1.7. the proposed subtenant or assignee shall have agreed in writing with the Landlord to observe and perform all the obligations of the Tenant under this Lease in respect to the Leased Premises or the part thereof which the Tenant wishes to sublet or assign; and

7.1.8. in the case of an assignment of the Lease, in whole or in part, the Tenant shall for the Term and any renewal thereof, be bound jointly or severally with the assignee for the performance of all terms, obligations and conditions of this Lease, without the benefits of division, discussion or subrogation and shall not be released from performing any of same, it being understood that in the case of a sublease of the Leased Premises, in whole or in part, the Tenant shall remain responsible at all times for the terms, obligations and conditions of this Lease.

7.1.9. the Landlord shall have 30 days from its receipt of the Tenant's request to:

(i) consent to such assignment or sublet and request additional guarantees, in its sole, but commercially reasonable discretion;

(ii) refuse its consent to such assignment or sublet; or
(iii) solely with respect to an assignment of this Lease in its entirety or in the case of a sublease for the entirety of the remaining Term, terminate this Lease without having to justify its election to terminate upon reasonable or other grounds it being expressly agreed and understood that this right to terminate has been freely given to the Landlord by the Tenant for valid commercial reasons.

7.1.10. the approval of the Landlord may be withheld at its sole, but commercially reasonable discretion for, without limitation, the following reasons:

(i) the fact that the Tenant is in default of any obligation under the Lease or any amendment thereto beyond any applicable notice and cure periods afforded therein;
(ii) intentionally deleted;
(iii) the Landlord is not satisfied with the creditworthiness, reputation or business of the proposed assignee or sub-tenant;
(iv) in the case the Landlord specifically agrees to release the Tenant following the assignment and the Tenant and/or the proposed assignee refuses to provide the Landlord with additional guarantees following the Landlord's review of the creditworthiness of the proposed assignee;
(v) intentionally deleted;
(vi) the Landlord will be in default under the provisions of any other lease, offer to lease or other agreement with a third party if it grants its consent; or
(vii) the Authorized Use of the Leased Premises is modified.

The Tenant shall pay to the Landlord, by certified cheque or wire transfer (the costs of such transfer shall be entirely borne by the Tenant), at Tenant's choice, an amount of $2,500.00, plus applicable taxes, for the preparation of the implementing documentation.

Should the rent payable by the subtenant or assignee be higher than the Rent payable by the Tenant under this Lease, the Tenant agrees to share equally such excess of such rent with the Landlord, in addition to the Rent payable by the Tenant provided herein, provided, however, that for paying such portion of excess rent, Tenant shall first be entitled to recover or deduct from such excess the Tenant's costs and expenses relating to said sublease, including, without limitation, the amount of any leasing commissions paid by Tenant to third parties, allowances or incentives, free rent, professional fees incurred in connection with the sublease or agreements relating thereto, listing fees, etc.

It is understood that the Landlord's failure to respond to the Tenant's request within the prescribed time limit shall not be deemed an acceptance of the proposed sublease or assignment by the Landlord.

For clarity purposes, the consent of the Landlord to any such transfer, assignment, sublet or use shall not constitute a waiver of this Article and shall not be deemed to permit any further transfer, assignment, encumbrance, sublet or use by another, nor shall it imply any release of the Tenant.

7.2. **Tenant's liability, default and renunciation.** If the Tenant fails to perform the obligations that it is obligated to perform for the subtenant beyond any applicable notice and cure periods, the subtenant will not have the right to exercise the Tenant's rights and recourses against the Landlord to have them performed. Consequently, the Tenant shall obtain an express renunciation to such right from any subtenant in any sublease. The subtenant's occupancy of all or part of the Leased Premises, the Landlord's tolerance for such occupancy, or the Landlord's acceptance of any payment from the subtenant shall in no event create any obligation of the Landlord towards the subtenant. If the subtenant does not perform any obligation to which it is bound or causes prejudice to the Landlord or to other tenants or occupants of the Building and/or the Centre, the Landlord may demand that the Tenant immediately terminate the sublease, the Tenant hereby undertaking to take all possible measures, including instituting legal proceedings, to effect such termination as expeditiously as possible.

7.3. **Advertising of the Leased Premises.** The Tenant shall not advertise or allow the Leased Premises to be advertised as being available for leasing without the written approval of the Landlord, which approval shall not be unreasonably withheld, conditioned or delayed, with respect to the form and content of such advertisement, which shall not mention any financial terms.

7.4. **Corporate Reorganisations and Change in Control.** Subject to the provisions of Article 7.5 (Affiliate Transfers) below, should the Tenant wish to undergo an amalgamation, or be subject to a change of control or any other form of corporate reorganisation, the Landlord's consent shall not be required (however it shall remain

subject to the provisions of the present Article) but the Tenant undertakes to provide the Landlord with a written notice of the change (the **Tenant's Change Notice**) at the time of the change or as soon as reasonably possible thereafter, and to provide to the Landlord, along with the Tenant's Change Notice, all necessary information (such as by way of example, financial statements) allowing the Landlord to assess the creditworthiness, reputation or business of the Tenant. Following its receipt of the Tenant's Change Notice and the relevant documentation, the Landlord will evaluate the impact of the change on the Tenant's creditworthiness, reputation or business within 15 days following its receipt of the Tenant's Change Notice (the **Analysis Period**). Should the review of the relevant documentation show a negative impact on the Tenant's creditworthiness, reputation or business, the Landlord, acting reasonably, shall have the right to request additional guarantees from the Tenant, which additional guarantees shall be provided to the Landlord within 10 days following the Landlord's request or, if the Tenant is unable to provide the Landlord with the additional guarantees within the aforementioned 10-day period, the Tenant begins the process to provide the additional guarantees and is pursuing such process in good faith and with diligence and continuity during such 10-day period, then Tenant shall have such additional time as is reasonably necessary to give the additional guarantees. In the event the Tenant fails to provide the additional guarantees requested by the Landlord within the delay set forth herein, paragraph 17.1 (a) shall apply and the Landlord shall be entitled to send to the Tenant a notice of default, it being understood that upon the expiry of such notice of default, the Tenant shall automatically be deemed in default of its obligations under the Lease and the Landlord may avail itself of all recourses and remedies set forth in the Lease and the law, including, without limitation, the Landlord's right to terminate the Lease. For clarity purposes, after the Analysis Period, the Landlord will inform the Tenant in writing if it requests additional guarantees as per the foregoing or if it is satisfied of the Tenant's creditworthiness, reputation or business following the change, the Landlord acting reasonably.

7.5. **Affiliate Transfers.** Notwithstanding anything contained in this Article 7 or this Lease to the contrary, without the consent of Landlord, provided the Tenant is VAST MEDICAL HOLDINGS, LLC, the Tenant may assign this Lease or sublet the Leased Premises (including, without limitation, the entirety of the Leased Premises) to an Affiliate (defined herein) of Tenant, provided, that: (i) the Authorized Use remains unchanged or, should the Authorized Use require to be modified as a result of the assignment or sublease, the new authorized use shall not contravene to any restrictions or exclusivities in force in the Building and/or the Centre at the time of such assignment or sublease; (ii) Landlord shall have received a notice of such assignment or sublease from Tenant a minimum of ten (10) business days prior to the effective date of the transfer (unless such prior notice is prohibited by law or contract, in which event such notice shall be provided within ten (10) business days following such time as such notice is no longer prohibited by law or contract), including any documentation necessary to evidence compliance with this paragraph, as reasonably requested by Landlord; (iii) the assignment is for a valid business purpose and not to avoid any obligations or liability under this Lease; (iv) the Tenant remains jointly and severally liable with the assignee for the full performance of all the obligations under the Lease, the whole without benefit of division and discussion; and (v) the Tenant and the assignee sign the standard assignment form of the Landlord.

"**Affiliate**" means, (a) as to any designated person or entity, any other person or entity which has Control (directly or indirectly), is controlled by, or is under common Control with, such designated person or entity, (b) an entity that purchases all or substantially all (i.e., more than 50%) of Tenant's assets, equity or ownership interest(s) or (c) Quest Health defined in Article4.1 (Use) above. **Control** (and with correlative meaning, "controlled by" and "under common control with") means (i) ownership or (ii) voting control, directly or indirectly, of (x) 50% or more of the voting stock, partnership interests or other beneficial ownership interests of the entity in question, (y) the power to direct the operation or management of such entity, by contract or otherwise or (z) 50% or more of the Tenant's partners before the assignment or subletting are partners in the entity in question.

ARTICLE 8 - CARE OF LEASED PREMISES, CENTRE AND BUILDING

8.1. **Maintenance of the Leased Premises.** Throughout the Term of this Lease, the Tenant shall perform all required maintenance and repairs to the Leased Premises that are not Landlord's express responsibility hereunder and keep the Leased Premises (including all replacements, alterations, additions and improvements thereto) in good order and condition, reasonable wear and tear excepted; provided, however, that Tenant will not be responsible for or required to make, and Landlord will make, at Landlord's cost and expense, any repairs which may have been occasioned or necessitated by the gross negligence of Landlord, its agents, employees or invitees in the Leased Premises.

8.2. **Termination of the Lease.** In addition to the provisions of Article 9.9 (Landlord's Property), upon expiry of this Lease or in the event of premature termination, the Tenant shall return the Leased Premises in good order and in good condition, excluding normal wear and tear and damage by casualty. Also, the Tenant will have to repair all the

damage caused to the Leased Premises following its removal work and its move-out of the Leased Premises. If the Tenant fails to comply with its obligations under Articles 8.1 and 8.2, the Landlord may carry out or have carried out the required work and claim from the Tenant the reimbursement of all reasonable costs and expenses thus incurred for this purpose, plus 5% of the cost of such expense, said amount being immediately due and payable on demand upon receipt of the Landlord's invoice to this effect. The Tenant shall, upon expiration of the Lease or in the event of the early termination of the Lease, remove from the Leased Premises all of its moveable partitions, business and trade fixtures, machinery and equipment which are installed in the Leased Premises and can be removed without structural damage to the Leased Premises and all contents, inventory, furniture, furnishings and other articles of moveable property owned by Tenant (collectively, **Tenant's Property**), failing which the said Tenant's Property shall become the property of the Landlord who may remove, sell or dispose of it in the manner it deems appropriate and the Landlord may invoice the Tenant for the reasonable costs and expenses thus incurred for the removal, plus 5% of the cost of such expense and shall be immediately due and payable on demand upon receipt of the Landlord's invoice to that effect.

8.3. **Tenant's default.** In the event the Tenant fails to comply with the obligation to maintain and repair imposed hereunder, the Landlord shall, after ten (10) days' written notice to Tenant of such failure or any longer period reasonably required by the Tenant in the circumstances, provided that Tenant commences to remedy its failure within said 10-day period and continues to remedy same diligently and in a timely manner thereafter (except in the case of an emergency in which event such notice as practicable under the circumstances shall not be required), have the right to carry out such maintenance and repairs and to claim all reasonable costs so incurred by the Landlord plus 5% of the cost of such expense. Said costs shall be payable by the Tenant to Landlord as Additional Rent and within thirty (30) days following Landlord's demand therefor.

8.4. **Notice of defect or damage.** The Tenant shall give the Landlord prompt written notice of defects in or damage to the Leased Premises or any part thereof, howsoever same may occur.

8.5. **Landlord's obligations.** Landlord shall maintain and make all necessary repairs and replacements to: (a) the Common Areas; (b) the Building and the Centre; and (c) the electrical, mechanical, plumbing, heating, ventilation and air conditioning, telecommunications, life safety and fire protection systems (including, without limitation, sprinkler systems and equipment) serving the Building and Centre in general (as opposed to any such systems exclusively serving a tenant's space) (the **Building Systems**); provided, however, that Landlord will not be responsible for or required to make, and Tenant will make, at Tenant's cost and expense, any repairs which may have been occasioned or necessitated by the act or negligence of Tenant, its agents, employees, invitees or any other person for whom it is responsible at law.

ARTICLE 9 - REPAIRS, ALTERATIONS, ADDITIONS AND IMPROVEMENTS

9.1. **Condition of the Leased Premises.** Except as otherwise set forth in this Lease, the Tenant acknowledges that the Landlord has made no promises, declarations nor any undertakings regarding the condition of the Leased Premises, any modifications, upgrades, decorations, installation of any kind of equipment in the Leased Premises and that as of the Commencement Date, the Tenant will take the Leased Premises on an "as is" basis.

9.2. **Leasehold Improvements.**

9.2.1. **Tenant's Leasehold Improvements and Substantial Completion.** At Tenant's request, Landlord shall, in a good and workmanlike manner and in accordance with applicable law and the Final Plans (as defined hereinafter), substantially complete the improvements required and requested by Tenant in connection with Tenant's initial occupancy and use of the Leased Premises, including those items set forth on Schedule "C" attached hereto (and as approximately depicted in the plan attached hereto as Schedule "A") (the **Initial Scope**), with such additions or modification as Tenant may include in the Plans, including, without limitation, a means of separate ingress and egress to a portion of the Leased Premises for access and use by Quest Health (together with the Initial Scope, collectively, the **Leasehold Improvements**) For clarity purposes, should any such addition and/or modifications from the Tenant affect the substantial completion of the Leasehold Improvements, the provisions of the 2nd paragraph of Section 2.2 (Possession of the Leased Premises) shall apply.

As used in the Lease, "**Substantial Completion**" or "**Substantially Complete**" shall mean (x) the Leasehold Improvements have been completed to the point where the Leased Premises are ready for non-exclusive occupancy and usage by Tenant for the Authorized Used (and is subject to further minor work such as cleanup, or completion of other minor or insubstantial details of construction,

mechanical adjustment or decoration, the noncompletion of which does not materially interfere with Tenant's use, access or occupancy of the Leased Premises, (collectively, the **Punch List Items**)), (y) in a good and workman-like manner and (z) in accordance with the terms of this Lease and applicable laws (including the closure of any permits and/or approvals related thereto). Landlord shall complete all of the Punch List Items following Substantial Completion and use commercially reasonable efforts to do so within sixty (60) days after Substantial Completion, subject to Force Majeure.

9.2.2. **Leasehold Improvements Allowance.** Landlord will contribute to the Leasehold Improvements up to a maximum amount of $40.00 per square foot of the Rentable Area of the Leased Premises, plus applicable taxes (i.e., a maximum amount of $532,720.00, plus applicable taxes) (the **Leasehold Improvements Allowance**), which Leasehold Improvements Allowance may be used to cover both hard and soft costs related to the Leasehold Improvements. If the Leasehold Improvements Allowance shall not be sufficient to complete the Leasehold Improvements as set forth in the Approved Budget (as defined below), Tenant shall, within thirty (30) days of Landlord's written demand therefor pay Landlord the costs of the Leasehold Improvements which exceed the costs covered by the Leasehold Improvement Allowance, it being understood that the provisions of Article 9.3 (Coordination Fee) shall apply to such excess (as the case may be).

The Landlord will directly apply the Leasehold Improvements Allowance against the cost of the Leasehold Improvements and any unused portion(s) of the Leasehold Improvements Allowance in connection with the Leasehold Improvements (the **Unused Allowance**) may be used by Tenant for other alterations, additions or improvements to the Leased Premises (the **Other Improvements**). Should those Other Improvements be performed by the Landlord on behalf of the Tenant, the Landlord shall apply the Leasehold Improvements Allowance against the cost of such Other Improvements until extinction. Otherwise, if the Tenant performs or has its Other Improvements performed by a third-party contractor, the Unused Allowance shall be paid to the Tenant by the Landlord within 30 days following the Landlord's receipt of an invoice from the Tenant detailing the amount of the Unused Allowance requested, which invoice shall contain Tenant's applicable taxes number. The Tenant recognizes and agrees that the undertaking of the Landlord to pay the Unused Allowance is valid only for a period of 24 months following the Commencement Date.

Should the Lease be terminated prematurely for any reason related to or arising from a Tenant default beyond any applicable notice and cure periods afforded herein, the Tenant shall pay to the Landlord an amount equivalent to the unamortized portion of the Leasehold Improvements Allowance at the time of such termination within 5 days following said termination, without prejudice to any other remedies available to the Landlord. For the purposes hereof, the Leasehold Improvements Allowance shall be deemed to be amortized on a straight-line basis over the Initial Term.

9.2.3. **Plans.** Tenant shall be solely responsible for the timely preparation and submission to Landlord of the architectural, mechanical, electrical, plumbing, and construction drawings, plans and specifications of its Leasehold Improvements (individually called "**Plan**" and collectively called "**Plans**") necessary for Landlord and its contractor to construct the Leasehold Improvements, which shall include the Initial Scope and any other additions or modification as Tenant may reasonably elect as per the provisions of this Lease. The Plans shall be subject to reasonable review and comments by Landlord, which shall not be unreasonably withheld or delayed. The parties agree that Tenant has provided its Plan to Landlord, which is attached hereto as Schedule "A". Landlord shall have a period of ten (10) days from receipt of the Plans to communicate its comments on the Plans to Tenant.

If Landlord reasonably comments on the Plans in such ten (10) day period, Tenant shall, within five (5) business days after receipt of Landlord's comments, work with its architect and design team to revise the Plans for resubmission to Landlord (the **Revised Plans**). Landlord shall then have a period of five (5) business days after receipt of the Revised Plans to communicate its comments on the Revised Plans to Tenant

The Plans or the Revised Plans, once finalized, shall be deemed the Final Plans for the purposes of this Lease. Thereafter, any revisions to the Final Plans shall only be changed by mutual written agreement of Tenant and Landlord.

In all cases, the Tenant undertakes to act diligently and in a timely manner to

provide the Landlord its Plans and revised Plans to permit the Landlord to commence the Leasehold Improvements in a timely manner and not unreasonably delay the work schedule.

9.2.4. **Budget.** The Leasehold Improvements shall be conducted in accordance with the Approved Budget (as defined hereinafter).

Within ten (10) business days following finalization of the Final Plans, Landlord shall prepare a detailed, line-item construction budget identifying both the hard and soft costs associated with each component of the Leasehold Improvements (the **Budget**) and shall submit the same to Tenant for Tenant's approval not to be unreasonably withheld, conditioned or delayed. Tenant shall have five (5) business days following receipt of the Budget to approve or request clarifications to the same and/or to perform value engineering and make changes to the Final Plans. If Tenant makes value engineering changes to the Final Plans, Landlord shall submit an updated version of the Budget to Tenant, and Tenant shall approve or request clarifications to the revised version of the Budget within five (5) business days following receipt, with such process to be repeated until the Budget is approved by Landlord and Tenant (the **Approved Budget**). The parties agree that the Approved Budget shall, subject to the terms, provisions and conditions of this paragraph, be the budget for the Leasehold Improvements, and neither Landlord, nor Landlord's contractor, shall incur any costs in connection with the Leasehold Improvements not contemplated by or which are inconsistent with the Approved Budget without Tenant's prior written approval, which shall not to be unreasonably withheld, conditioned or delayed.

9.2.5. **Delivery Condition.** Landlord shall cause the Leased Premises to be delivered to Tenant upon the Commencement Date (i.e., on or prior to May 1, 2025) with (i) the Substantial Completion of the Leasehold Improvements (subject only to Punch List Items), the whole as per the provisions of Article 9.2.1 (Tenant's Leasehold Improvements and Substantial Completion), (ii) with the Leased Premises in compliance with all applicable laws, including environmental laws, and (iii) the systems and equipment serving the Leased Premises (including the portions of the Building Systems serving the same) in good working order and condition (collectively, the **Delivery Condition**).

9.2.6. **Access to the Leased Premises during Work.** During Landlord's construction of the Leasehold Improvements, should Tenant require to enter the Leased Premises, it shall submit a written request (including by electronic mail) to the Landlord to that effect who will coordinate Tenant's access to the Leased Premises with a Landlord's representative for the purposes of installation of Tenant's cabling, information technology systems and Tenant's Property. Such entry shall not interfere with or obstruct the progress of the work being done by Landlord on the Leasehold Improvements.

9.2.7. It is understood that the construction process for the Leasehold Improvements (including, without limiting the generality of the foregoing the bidding and tenders) shall not commence prior to the unconditional acceptance of the Lease by both parties acting reasonably and diligently, the Landlord's receipt of the Final Plans, the agreement by the parties on the Approved Budget as well as Landlord's receipt of any and all necessary consents, permits, licences and inspections from all governmental and regulatory authorities necessary to perform the Leasehold Improvements, which Landlord (or its general contractor) shall also close out with the applicable government and regulatory authorities upon completion of the Leasehold Improvements.

9.3. **Coordination Fee.** In order to reimburse the Landlord for the administrative costs incurred in the supervision of the work and the review and comments of plans, the Tenant undertakes to pay to the Landlord, upon demand and at the latest prior to the end of the work

9.3.1. **Work performed by Landlord, on behalf of the Tenant:** The Tenant shall not have to pay any Coordination Fee if the Leasehold Improvements and any work is performed by the Landlord on behalf of the Tenant.

However, should the Tenant use its own professionals for the preparation of its plans and specifications, it shall pay the out-of-pocket costs incurred by the Landlord (plus 5% on such out-of-pocket cost) for the review and comments of Tenant's plans modifying the mechanical, electrical and structural elements of the Leased Premises by the Landlord's external professionals.

For clarity purposes, there are no fees for the supervision of the Leasehold Improvements and any work performed by the Landlord on behalf of the Tenant.

(vi) "As-built" plans and specifications shall be remitted to the Landlord as soon as possible following completion of the work, as well as any other document or information required by the Landlord.

9.6. **Structure and System.** No repairs, alterations, decorations or improvements shall be permitted which may, in the Landlord's commercially reasonable discretion, weaken or endanger the structure of the Building and/or the Centre and/or that may affect the Building Systems or adversely affect the condition or operation of the Leased Premises or the Building and/or the Centre or diminish the value

9.7. **Default.** Any improvements made by the Tenant without the prior written consent of the Landlord or which is not in accordance with: (a) the drawings and specifications approved by the Landlord; and/or (b) the environmental legislation and/or the laws; shall, if required by the Landlord, promptly be removed by the Tenant and the Leased Premises restored to its former condition.

9.8. **Mechanics and Other Liens.** In accordance with FL ST § 713.10, Tenant shall have no authority, express or implied to create or place any lien or encumbrance of any kind or nature whatsoever upon, or in any manner to bind, the interest of Landlord in the Leased Premises or to charge the rentals payable hereunder for any claim in favor of any person dealing with

for any construction or repairs, and each such claim shall affect and each such lien shall attach to, if at all, only the leasehold interest granted to Tenant by this Instrument. Tenant covenants and agrees that it will pay or cause to be paid all sums legally due and payable by it on account of any labor performed or materials furnished in connection

and legally asserted against its leasehold interest in the Leased Premises or the improvements thereon and that it will save and hold Landlord harmless from any and all loss, cost or expense based on or arising out of asserted claims or liens against the leasehold estate or against the right, title and interest of Landlord in the Leased

liens or any other liens which may be imposed by law affecting Landlord's or its mortgagees' interest in the Building and/or the Centre to be placed upon the Building and/or the Centre and in case of the filing of any such lien Tenant will promptly

notice thereof, Landlord shall have the right and privilege, at Landlord's option, of paying and discharging the same or any portion thereof without inquiry as to the validity thereof, and any amounts so paid, including expenses and interest, shall be additional indebtedness hereunder due from Tenant to Landlord and shall be repaid to Landlord

Tenant shall have the right to contest any such lien in good faith and with all due diligence so long as any such contest, or action taken in connection therewith, protects the interest of Landlord and Landlord's mortgagee in the Leased Premises and Landlord and such mortgagee shall not be subject to any criminal or civil liability as a result of such

Lien and the contest thereof as are satisfactory to Landlord and any such mortgagee. Tenant shall notify all potential lienors with which it deals of the provisions of this section.

9.9. **Landlord's property.** Upon the expiration or earlier termination of the Lease, the

Premises or any leasehold improvements installed by the Tenant, or by the Landlord on the Tenant's behalf, save and except that it will remove the following leasehold improvements as requested by Landlord: improvements of a structural nature; Building systems and/or the Centre's

Landlord reviews Tenant's drawings and specifications in accordance with the terms of this Lease; and (iv) all non-standard items and non-standard leasehold improvements such as safes, computer rooms and raised floors, non-standard ceiling grid, or other unusual or abnormal items furnished by the Tenant without Landlord's prior

its cabling (including any and all fibre optic cables), wiring and security system, from the Leased Premises at the end of the Term. It shall be permitted to do so provided it: (i)

It is specifically understood that should Tenant remove the leasehold improvement and/or items in the Leased Premises, the Tenant shall, at its sole costs and expenses, repair any damage caused to the Leased Premises and/or the Building and/or the Centre resulting from such removal as from the expiration and/or

Tenant's default, at Tenant's costs, plus 5% of the cost of such expense.

ARTICLE 10 **MAJOR REPAIRS**

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Premises, the Building and/or the Centre (which are not the Tenant's responsibility under this Lease), the Tenant shall permit same to be performed without being entitled to any indemnity or reduction in rental or any damages or compensation therefor. All such work shall be completed by the Landlord with reasonable dispatch and the cost thereof shall be included in Operating Expenses.

ARTICLE 11 - ACCESS TO THE LEASED PREMISES

The Landlord, its agents and representatives may enter the Leased Premises at all reasonable times, upon reasonable advance notice (save and except in case of a real or apprehended emergency where no prior written notice is required), to examine their condition, to regulate the heating and air-conditioning apparatus and for all maintenance and repair purposes. The Tenant shall allow Landlord and Landlord parties access to the Leased Premises at all reasonable times and upon reasonable advance notice (save and except in case of a real or apprehended emergency where no prior written notice is required) during normal Business Hours to show (i) any person having an interest in either leasing the Leased Premises during the last 12 months of the Term or (i) acquiring the Land and Building or advancing money upon the security of the Land and the Building and/or the Centre. Tenant shall have 24-hour, 7-day per week access to the Leased Premises, subject to the terms and conditions in this Lease, casualty, condemnation and Force Majeure. During any periods of access by Landlord to the Leased Premises any Landlord parties shall use commercially reasonable efforts to minimize interference with Tenant's use of the Leased Premises for its business purpose.

ARTICLE 12 - PROTECTION OF EQUIPMENT

The Tenant shall, to the extent required by Article [illegible] of the Leased Premises) hereof, protect from damage all the heating and air-conditioning apparatus, water, gas and drain pipes, water closets, sinks and accessories thereof in and about the Leased Premises and keep same free from all obstructions that might prevent their free working and shall give to the Landlord prompt written notice of any accident to or defect therein or thereof. Tenant shall pay for any damage resulting from misuse or failure to protect same shall be the sole responsibility of the Tenant.

ARTICLE 13 - COMPLIANCE WITH LAWS AND INDEMNIFICATION

13.1. **Compliance with Laws.** Tenant, at Tenant's sole expense, shall comply with all laws, rules, orders, ordinances, directions, regulations and requirements (including environmental laws) of federal, state, county, and municipal authorities now in force or which may hereafter be in force, which shall impose any duty upon the Landlord or Tenant with respect to the use, occupancy or alteration of the Leased Premises. Tenant shall comply with all laws, ordinances, rules or regulations of any governmental authority required of either the Landlord or the Tenant relating to the repair and maintenance of the Leased Premises. Notwithstanding the foregoing or anything in this Lease to the contrary including this Article 13.1 (Compliance with Laws), in accordance with Article [illegible] Landlord is required to make any structural changes to the Leased Premises, the Building or the Centre (including the Building and/or Centre's systems) unless the same are necessitated by reason of Tenant's performance of any alterations, improvements or additions, or Tenant's specific manner of use of the Leased Premises. Notwithstanding anything to the contrary Landlord shall be responsible [illegible] comply with applicable laws from and after the Commencement Date.

The Tenant is responsible for any damage of any kind caused by Tenant or its agents, employees, contractors or any other person for whom it is responsible at law whether [illegible] non-compliance with applicable laws.

Notwithstanding any provisions to the contrary, the Tenant undertakes to indemnify and hold the Landlord, its representatives, agents, successors, heirs and assigns harmless against any and all loss, cost, damage, claim, action, [illegible] incurred by Landlord to the extent arising out of Tenant's failure to respect any obligations to comply with applicable laws and the environmental laws as required by this Lease relating to the Leased Premises, the Building or the Centre.

13.2. [illegible] radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your county health department.

13.3. **Hazardous materials or substances.** Except as may be used in accordance with applicable laws, Tenant shall not cause or permit any Hazardous Material (as [illegible] to be brought upon, kept or used in or about the Leased Premises [illegible]

sublessees, contractors, consultants or invitees without the prior written consent of Landlord, which consent may be withheld for any reason whatsoever or for no reason at all.

As used herein, the term **"Hazardous Material"** or **"Hazardous Materials"** means any hazardous or toxic substance, material or waste, including, but not limited to, those substances, materials, and wastes listed in the United States Department of Transportation Hazardous Materials Table (49 CFR 172.101) or by the Environmental Protection Agency as hazardous substances (40 CFR Part 302) and amendments thereto, or such substances, materials and wastes that are or become regulated under any applicable local, state or federal law. "Hazardous Material" includes any and all material or substances which are defined as "hazardous waste", "extremely hazardous waste" or a "hazardous substance" pursuant to local, state or federal governmental law. "Hazardous substance" includes, but is not restricted to, asbestos, polychlorobiphenyls ("PCB's"), petroleum, any and all material or substances which are classified as "biohazardous" or "biological waste" (as such terms are defined by Florida Administrative Code ("F.A.C.") Chapter 17-712, as amended from time to time), and extremely "hazardous waste" or "hazardous substance" pursuant to federal, state or local governmental law.

Tenant shall be solely responsible for all costs, expenses and amounts required to remediate, clean up and correct any matter as a result of the Tenant's failure to respect this undertaking, and Tenant shall further fully and completely indemnify, defend and hold harmless Landlord (or any party claiming by, through or under Landlord) from any and all claims, judgments, damages, penalties, fines, costs, liabilities or losses to the extent arising therefrom. For clarity purposes, this indemnification of Landlord by Tenant includes, without limitation, the costs incurred in connection with any investigation or site conditions or any clean-up, remedial, removal or restoration work required by any federal, state or local governmental agency or political subdivision because of Hazardous Material present in the soil or ground water on or under the Leased Premises or the Building and/or the Centre arising as a result of action from Tenant or its agents, principals, employees, assigns, sublessees, contractors, consultants, or invitees action or any person for whom it is legally responsible.

13.4. **Compliance with Fire Prevention Code.** Landlord has provided sprinklers within the Leased Premises as required by the building code of the local government where the Leased Premises are located which shall be delivered to Tenant in good working order and condition on the Commencement Date and maintained by Landlord pursuant to Article 8.5 (Landlord's obligations) hereof. Tenant shall endeavour to comply with any fire prevention laws, ordinances, rules or regulations applicable to the Leased Premises in its use and occupancy thereof.

13.5. **Damages caused by Tenant.** The Tenant shall be responsible for any claim from a third-party or any event and/or damage incurred in, on or to the Leased Premises, or caused, in whole or in part, by an act or gross negligence from the Tenant (or any person for whom it is legally responsible) or any other person whose presence in the Leased Premises or in the Building and/or Centre was permitted by the Tenant (or by any person for whom it is legally responsible), except if such claim, cost, event or damage results from the Landlord's wilful misconduct or gross negligence or that of the personnel for which the Landlord is legally responsible or any other person whose presence in the Leased Premises, the Building and/or Centre was permitted by the Landlord.

13.6. **Indemnification.** Subject to Article 18.4 (Waivers of Subrogation/Release of Claims) hereof and except to the extent caused by or arising from Landlord's or its agent's, principal's, contractor's, invitee's, employee's act or negligence, Tenant shall hold the Landlord harmless and shall indemnify Landlord from and against any liability, event, claim, damage or expense arising from (i) any act or negligence of the Tenant, its officers, representatives, employees, agents, guests, occupants, authorized subtenants and/or any person for whom it is legally responsible in the Leased Premises and/or the Building and/or the Centre or (ii) due to a non-compliance with one or other of the provisions of this Lease beyond any applicable notice and cure periods afforded herein by the Tenant or its officers, representatives, employees, agents, guests, occupants, authorized subtenants and/or any person for whom it is legally responsible including liability for injury or damage to the person or persons property of Tenant's officers, representatives, employees, agents, guests, occupants, authorized subtenants and/or any person for whom it is legally responsible. Notwithstanding any provision to the contrary contained in this Lease, any indemnification due to a non-compliance with one or other of the provisions of this Lease beyond any applicable notice and cure periods afforded herein, damage to property, injury or death, which would occur during the Term of this Lease, will survive the expiration of this Lease.

ARTICLE 14 - DAMAGE AND DESTRUCTION

14.1. **Landlord's notice.** Should the Leased Premises or the Building and/or the Centre be damaged, the Landlord shall, within 60 days following the date of occurrence of the damage (the **Landlord's Notice**), give a notice to the Tenant stating (i) the condition of the Leased Premises and/or the Building and (ii) the estimated time period for the necessary repairs to restore any access to or use of the same, as stipulated below.

14.2. **Irreparable destruction.** Should the Landlord deem that the Leased Premises or the Building and/or the Centre be wholly inhabitable, inaccessible or should their use be dangerous in its commercially reasonable discretion and cannot, despite Landlord's diligent efforts, be reasonably repaired within 180 days following the loss in Landlord's Notice, either party may terminate the Lease as of the date of the loss, by giving the other party written notice to that effect within 30 days following the Landlord's Notice, failing which the Lease shall remain in full force effect.

14.3. **Reparable destruction.** Should the Landlord deem that the Leased Premises or the Building and/or the Centre be inhabitable, inaccessible, or should their use be dangerous in its commercially reasonable discretion but may be repaired within 180 days following the loss in Landlord's Notice, the payment of Rent shall abate from the date of the loss until such time that Landlord delivers the Leased Premises to Tenant in its base building condition (including the Initial Scope) permitting the Tenant to perform its Leasehold Improvements therein. If Landlord, after having elected to repair the Leased Premises, fails to substantially complete the repair of the Leased Premises or the Building and/or the Centre, as the case may be, within said 180-day timeline after the date of the casualty or loss, Tenant may, by written notice to Landlord, elect to terminate this Lease by written notice within 10 business days following the expiry of such 180-day delay, failing which, the Tenant shall be deemed to have renounced to its right to terminate.

14.4. **Partial destruction.** Should the Landlord deem that the Leased Premises or the Building and/or the Centre be damaged but may be repaired within 180 days following the loss and are partly usable or accessible in the interim in Landlord's Notice, as the case may be, payment of Rent shall abate, with respect to the unusable area, from the date of the loss until such time Landlord delivers the unusable portion of the Leased Premises to Tenant in its base building condition (including the Initial Scope) permitting the Tenant to perform its Leasehold Improvements therein. If Landlord, after having elected to repair the Leased Premises, fails to substantially complete the repair of the Leased Premises or the Building and/or the Centre, as the case may be, within said 180-day timeline after the date of the casualty or loss, Tenant may, by written notice to Landlord, elect to terminate this Lease by written notice within 10 days following the expiry of such 180-day delay failing which, the Tenant shall be deemed to have renounced to its right to terminate.

14.5. **Lease in force.** Except as may otherwise be provided in this Article, this Lease shall continue to be and remain in full force and effect upon the occurrence of any damage or destruction to the Building and/or the Centre and/or the Leased Premises or any part(s) thereof as contemplated in this Article.

14.6. **Rebuilding.** It is expressly understood that all repair and rebuilding by the Landlord under any provision of this Article may be carried out by the Landlord, as the Landlord in its discretion determines and, without limiting the generality of the foregoing, in no event shall the Landlord be bound to repair or rebuild the Leased Premises and the Building and/or the Centre to their original form, specification or dimension but the same shall allow Tenant's (and Quest Health's) use of the Leased Premises for the Authorized Use.

14.7. **Termination.** In the event that either party elects to terminate this Lease as set forth herein, the parties' obligations under this Lease shall lapse on the effective date of such termination date, including, without limitation, Tenant's obligations pursuant to Article 8.2 (Termination of the Lease) hereof.

14.8. **Insurance Proceeds.** In the event of the termination of the Lease as provided in this Article, all insurance proceeds with respect to the Leasehold Improvements shall be and remain the absolute property of the Landlord. In the event the Leased Premises are rebuilt, the Tenant shall use all insurance proceeds with respect to the Leasehold Improvements for the rebuilding of such Leasehold Improvements.

ARTICLE 15 - NON-RESPONSIBILITY OF LANDLORD

15.1. Except to the extent caused by the gross negligence or wilful misconduct of the Landlord or any of Landlord's agents, contractors, employees, invitees or licensees, the Landlord shall not be liable for any loss, injury or destruction, arising in or about the Leased Premises, the Building and/or the Centre, to any property or person, or for any personal injuries sustained by the Tenant, its officers, servants, employees, agents invitees, occupants or authorized subtenants, which may result at any time from any reason or cause whatsoever, the Tenant hereby covenanting to release the Landlord for any and all damages, losses, costs, claims or demands in respect of such damage.

loss, injury or destruction. Except to the extent caused by the gross negligence or wilful misconduct of the Landlord or any of Landlord's agents, contractors, employees, invitees or licensees, without restricting the generality of the foregoing, the Landlord shall not, under any circumstances, be liable for any damage resulting from water, steam, rain which may leak into, issue or flow from the pipes or plumbing or sprinklers or from any other part of the Building and/or the Centre or from any other place or quarter. An event or circumstance contemplated in this Article 15.1 shall be deemed not to be an eviction or disturbance of the Tenant's enjoyment of the Leased Premises and the occurrence thereof shall not render the Landlord liable in damages to the Tenant or entitle the Tenant to claim any reduction or abatement of the Rent.

15.2. Except to the extent caused by the gross negligence or willful misconduct of the Landlord or any of Landlord's agents, contractors, employees, invitees or licensees, the Tenant hereby releases the Landlord, its directors, officers, shareholders, employees and agents from all liability for any direct and/or indirect damages, losses or claims arising or resulting from an event or circumstance contemplated in Article 15.1 hereinabove, and waives the benefit of any disposition of the law in virtue of which the Tenant would have been entitled to claim a deferral, reduction or abatement of the Rent or the termination of the Lease.

15.3. Without limiting the generality of Articles 15.1 and 15.2, the Tenant recognizes and agrees that the Landlord shall not be held responsible should it be required to, for health or security reasons, such as, by way of example, pandemics, epidemics or any similar sanitary emergencies:

(i) forbid or limit certain entrances and/or access to the Building and/or the Centre; and/or
(ii) limit the number of functioning elevators or the number of person permitted in an elevator at once; and/or
(iii) limit the access to the Building and/or the Centre only to the Tenant and its employees.

15.4. It is expressly understood and agreed that nothing in this Lease shall be construed as creating any liability against Landlord, or its successors and assigns, personally, and in particular without limiting the generality of the foregoing, there shall be no personal liability to pay any indebtedness accruing hereunder or to perform any covenant, either express or implied, herein contained, and that all personal liability of Landlord, or its successors and assigns, of every sort, if any, is hereby expressly waived by Tenant, and that so far as Landlord, or its successors and assigns, is concerned Tenant shall look solely to the Building for the payment thereof. This provision is not intended to be a measure or agreed amount of Landlord's liability with respect to any particular breach, and shall not be utilized by any court or otherwise for the purpose of determining any liability of Landlord hereunder, except only as a maximum amount not to be exceeded in any event.

15.5. Landlord acknowledges and agrees that under no circumstances shall any partner, member, shareholder, director, officer, or manager of Tenant (individual or otherwise) have personal liability for or with respect to any of the obligations of Tenant under this Lease or any renewals, modifications or extensions hereof.

ARTICLE 16 - ROBBERY AND THEFT

Except to the extent caused by the gross negligence or willful misconduct of the Landlord or any of Landlord's agents, contractors, employees, invitees or licensees, without restricting the generality of the preceding Article 15 (Non-responsibility of Landlord), the Landlord will not be liable for any damage of any kind or nature to the Leased Premises or to any goods, merchandise, stock-in-trade, assets, fixtures, furniture, accessories or equipment belonging to the Tenant or to the Tenant's officers, servants, employees, agents, invites, occupants or authorized subtenants resulting from robbery, burglary, theft or acts of violence of any kind, and the Tenant will hold the Landlord free, clear and harmless from any liability or loss resulting therefrom.

ARTICLE 17 - DEFAULT AND REMEDIES OF LANDLORD

17.1. **Default.** The occurrence of any of the following events shall constitute a default by the Tenant subject to the notice and cure periods afforded herein:

(a) If any item of Rent is not paid on its due date and such failure continues for a period of five (5) business days after written notice by Landlord to Tenant of such failure;

(b) If Tenant assigns, transfers or encumbers the Lease or sublets or permits the use of the Leased Premises by others except in a manner permitted in this Lease;

(c) If Tenant fails to operate it in accordance with the laws and with the provisions of

this Lease and such failure continues for a period of 5 business days after written notice by Landlord to Tenant of such failure;

(d) if the whole or a substantial portion of the property of Tenant on the Leased Premises is seized before or after judgment or taken in execution or attachment by a creditor of Tenant or any third party;

(e) if the Tenant shall become insolvent, admit in writing its inability to pay its debts generally as they become due, file a petition in bankruptcy or a petition to take advantage of any insolvency statute, make an assignment for the benefit of creditors, make a transfer in fraud of creditors, apply for or consent to the appointment of a receiver of itself or of the whole or any substantial part of its property, or file a petition or answer seeking reorganization or arrangement under the federal bankruptcy laws, as now in effect or hereafter amended, or any other applicable law or statute of the United States or any state thereof; provided, however, in the event of any action brought by anyone other than Tenant (including, without limitation, an involuntary third party action) by or against Tenant, only if the same is not discharged within ninety (90) days of the filing of the same;

(f) if Tenant is in default pursuant to another lease with Landlord or any of its affiliates;

(g) intentionally deleted;

(h) if the Tenant is a company, the dissolution, liquidation or cancellation of the company;

(i) if Tenant fails to perform any of its other obligations under this Lease and fails to cure the default within 20 days following written notice of Landlord of such failure (or any shorter delay reasonably determined by the Landlord according to the nature of the default and/or the urgency of the situation); provided, however, in the event such failure or breach cannot be cured within 20 days, such 20-day period of time shall be extended for such period of time as may be reasonably required to cure such failure or breach in the event Tenant commences such cure within such initial 20 day period and thereafter diligently prosecutes such cure to completion;

17.2. **Landlord's Recourses.** If Tenant defaults hereunder, Landlord is entitled to any one or more of the following recourses, Tenant hereby accepting that all recourses pursuant to this Lease and the Law are cumulative and may be exercised separately or concurrently:

(a) enter the Leased Premises, if necessary, and proceed to cure the default, including without limitation the making of any payments due or alleged to be due by Tenant to third parties creditors (such as, without limitation, the costs of insurance or business taxes) and the non-payment of which may adversely affect any part of the Building and/or the Centre or affecting any repairs to the Leased Premises, and Tenant shall pay on demand Landlord's costs (plus 5% of such costs) on account thereof;

(b) terminate this Lease upon giving notice of such termination to Tenant. Tenant hereby accepts and consents that this Lease shall then, by such notice, terminate *ipso facto* without the necessity of any other "mise en demeure" or legal process whatsoever and no payment or acceptance of Rent subsequent to such default shall give Tenant the right to continue occupancy of the Leased Premises or in any way affect the rights of Landlord herein. Tenant shall leave and surrender the Leased Premises to Landlord on the date indicated in the termination notice and may remove Tenant's Property but thereafter, the Landlord shall have the right to enter the Leased Premises and remove any persons or property thereupon without the necessity of any legal proceedings whatsoever;

(c) intentionally deleted;

(d) if the Tenant or any person carrying on business in or from the Leased Premises becomes bankrupt or insolvent, then the full amount of the Rent owed and the Rent collected in advance for any period that may be permitted by law becomes immediately and automatically due and payable, without limiting any other rights conferred to the Landlord by this Lease or by law. In the event Landlord collects the accelerated rent from Tenant, Tenant shall be credited for rents received if the Leased Premises are relet. It is expressly understood that Landlord shall have no obligation to relet the Leased Premises;

(e) in addition to any other recourses which Landlord may have hereunder or by Law, Landlord shall be entitled to recover from Tenant all other damages and all costs and expenses it may incur or suffer by reason of Tenant's default or termination of this Lease, including without limitation:

(i) damages for loss of Rent or sales taxes;

(ii) the cost incurred by Landlord to take possession of the Leased

Premises and the cost of terminating this Lease;

(iii) the unamortized portion of the Leasehold Improvements Allowance, of any brokerage commission, free rent, and/or any allowance granted to the Tenant (amortized on a straight line-basis over the initial Term); and

(iv) all costs and charges (including judicial and extra-judicial fees) reasonably incurred after default of Tenant or upon expiration of the Term, or in enforcing any provision contained in this Lease;

(f) Intentionally deleted;

(g) Intentionally deleted;

(h) upon 48 hours prior written notice, interrupt any service(s) which Landlord is obligated or elects to furnish to the Leased Premises or to Tenant pursuant to this Lease; and

(i) any other recourses available in accordance with applicable law.

17.3. **Costs.** If either party institutes a suit against the other for violation of or to enforce any covenant, term or condition of this Lease, each party shall pay all of its respective costs and expenses, including, without limitation, reasonable attorneys' fees.

17.4. **No Waiver.** No act, tolerance or forgetting of the Landlord with regard to the Tenant's default may be considered as a waiver of its rights hereunder with regard to this default or any other subsequent default, unless this waiver is expressed in writing.

17.5. **Survival of Obligations.** If Tenant has failed to perform any of its obligations under this Lease, such obligations and the rights of Landlord in respect thereto shall survive the expiration of the Term or earlier termination of this Lease.

ARTICLE 18 - **INSURANCE**

18.1. **Tenant's Insurance.** Tenant shall procure and maintain throughout the Term a policy or policies of insurance in form and substance satisfactory to Landlord, at Tenant's sole cost and expense, insuring Landlord, Landlord's mortgagee, if any, and Tenant against all claims, demands or actions arising out of or in connection with (i) the Leased Premises, (ii) the condition of the Leased Premises, (iii) Tenant's operations in and maintenance and use of the Leased Premises and (iv) Tenant's liability assumed under this Lease; the limits of such policy or policies to be in the amount of not less than $2,000,000 per occurrence, $3,000,000 in the aggregate in respect of injury to persons (including death), and in the amount of not less than $500,000.00 per occurrence in respect of property damage or destruction, including loss of use thereof. The Landlord may modify the insurance coverage(s) from time to time.

All insurance contemplated in the present Article shall include:

i) the Landlord (it being agreed that for the purposes of this paragraph, the term "Landlord" includes the owners of the Building and/or the Centre from time to time and their representatives and mandatories from time to time), and any mortgagee designated by notice from Landlord as additional insured; and

ii) a provision prohibiting the insurer from materially altering or cancelling any coverage without first giving Landlord at least 30 days prior notice thereof.

Each party agrees to first look to its respective insurance policies in connection with any claim, loss or damage covered under such insurance policies during the Term before proceeding with a claim against the other, subject to the provisions of Article 18.4 (Waivers of Subrogation/Release of Claims).

All such policies shall be procured by Tenant from responsible insurance companies satisfactory to the Landlord. Certificates of insurance shall be delivered to Landlord prior to the Commencement Date. Not less than 15 days prior to the expiration date of any such policies, certified copies of the renewals (bearing notations evidencing the payment of renewal premiums) shall be delivered to Landlord.

In the event the Tenant fails to subscribe any of the insurance required hereunder, the Landlord may subscribe for same on the Tenant's behalf, the whole at the Tenant's cost (plus 5% of the cost of such expense) which Tenant agrees to reimburse to the Landlord within thirty (30) days of Landlord's demand therefor.

18.2. **Increased Risk and Remedies.** Tenant shall not do or commit any act upon the Leased Premises or bring into or keep upon the Leased Premises any article (such as, but not limited to, fireworks, explosives, etc.), which will affect the fire risk or increase the rate of fire insurance or other insurance on the Building and/or the Centre. Without limiting the generality of the foregoing, in no event shall any inflammable materials, except for kinds and quantities required for ordinary retail or office occupancy and permitted by the

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Insurance policies covering the Building and/or the Centre, or any explosives whatsoever, be taken into the Leased Premises or retained therein.

Tenant shall comply with the rules and requirements of Landlord's insurers' inspection service and with the requirements of all insurance companies having policies of any kind whatsoever in effect covering the Building and/or the Centre, including policies insuring against contractual and extra-contractual liability.

Should the rate of any type of insurance on the Building and/or the Centre be increased by reason of any violation of the Lease by Tenant or by reason of the occupancy of the Leased Premises by Tenant, Landlord, in addition to all other remedies, may pay the amount of such increase, and the amount so paid shall become due and payable immediately by Tenant and collectible as Additional Rent.

Should any insurance policy on the Building and/or the Centre be cancelled or threatened to be cancelled by the insurer by reason of the use and occupation of the Leased Premises or any part thereof by Tenant or by any permitted assignee, subtenant, concessionaire or licensee of Tenant, or by anyone permitted by Tenant to be upon the Leased Premises, Landlord may at its option terminate the Lease by leaving at the Leased Premises a Notice of its intention to do so and thereupon Rent and other payments for which Tenant is liable hereunder shall be apportioned and paid in full to the effective date of termination under such notice and Tenant shall forthwith deliver vacant possession of the Leased Premises to Landlord, the whole without prejudice to all other rights and recourses of Landlord against Tenant. Landlord may also, at its option and at the expense of Tenant, enter upon the Leased Premises and rectify the situation causing such cancellation or threatened cancellation.

The Landlord, by its representatives, may at any time enter the Leased Premises to remove any article or remedy any condition, which, in the Landlord's opinion, would be likely to lead to cancellation of any insurance policy or an increase of the premium. Such entry by the Landlord will not be deemed a re-entry or a trespass, nor a breach of Tenant's peaceful enjoyment of the Leased Premises.

18.3. **Landlord's Insurance.** During the Term and any renewal thereof, Landlord shall maintain insurance coverage for the Building and/or the Centre in force as a prudent and diligent owner would do so for a similar building.

18.4. **Waivers of Subrogation/Release of Claims.** Each of Landlord and Tenant hereby waives all claims for recovery from the other party and the other's respective agents, members, partners, shareholders, officers, directors and employees (collectively, the **Released Parties**) and releases the other party from and against any loss, damage or destruction to any of its property (including the Leased Premises, the Building, the Centre, and their contents), the elements of which are insured against or which would have been insured against had such party suffering such loss, damage or destruction maintained the property or physical damage insurance policies required by this Lease, provided that it has been indemnified therefor from its insurer. In no event shall this clause be deemed, construed, or asserted to (a) affect or limit any claims or rights against any Released Parties other than the right to recover damages for loss, damage or destruction to property, or (b) benefit any third party other than the Released Parties. Every policy of property insurance obtained by Landlord or Tenant with respect to the Building and Centre shall contain a waiver of subrogation by the insurer with respect to claims against the other party.

ARTICLE 19 - ELECTRIC CURRENT AND METERED UTILITIES

The Tenant undertakes never to consume an amount of electrical power exceeding the capacity of the facilities supplying the Leased Premises through existing electrical outlets in the Leased Premises. The Landlord shall be entitled at any time to check the electrical power requirements of the Leased Premises, and should such requirements exceed the capacity of the facilities supplying the Leased Premises, the Landlord may, at its discretion, make the necessary arrangements and effect the changes deemed necessary to increase such capacity, and any costs thus incurred shall be chargeable solely to the Tenant, or the Landlord may require the Tenant to reduce its electrical power requirements to within the existing capacity.

If Tenant shall require water, electric current or any other resource in excess of that usually furnished to other office tenants in the Building, Landlord may install, as of the Commencement Date or at any time during the Term, a separate and/or multiple water, electricity and natural gas (if applicable) meter(s) or other measuring devices in the Leased Premises or elsewhere in the Building and/or Centre to measure the Tenant's consumption of each such utility. The cost of any such meter and the installation, operation, maintenance, and repair thereof shall be paid by the Tenant, and Tenant agrees to pay Landlord promptly upon demand for all such water, electric current or other resource consumed, as shown by said meter, at the rates charged by the local public utility furnishing the same, plus any additional expense incurred in keeping account of the water, electric current or other resource so consumed.

In all cases, access to the Building's main electrical room may be given to Tenant upon a reasonable prior written request to the Landlord.

ARTICLE 20 - **RELOCATION AND MODIFICATION BY THE LANDLORD**

20.1. Intentionally deleted.

20.2. Notwithstanding any provision of this Lease, the Landlord reserves the right at any time and from time to time to change, alter, modify and expand the Building and/or the Centre, modify the destination of the Common Areas as the Landlord in its sole and entire discretion deems expedient, same to include, without limitation, the right of the Landlord to add additional floors to the Building and/or the Centre, to expand the length or width of the Building and/or the Centre, and to change, alter and amend the location, dimensions or specifications of the pipes, wires, ducts, conduits, utilities, mechanical systems, Common Areas and other Building and/or the Centre services (including such as may be contained in the Leased Premises). The Tenant waives and renounces to any and all claims as a consequence of the foregoing providing the physical dimensions of the Leased Premises remain substantially as contemplated herein. In the event any such change results in additional land being utilized to service the Building and/or the Centre, such additional land shall be deemed included in the definition of "Land" for all purposes of this Lease. In the event any such change results in a change in the rentable area of the Building and/or the Centre, the Tenant's Proportionate Share shall be modified accordingly, provided that this modification does not materially impact the Tenant's obligations under this Lease.

ARTICLE 21 - **EMINENT DOMAIN**

If the whole or any substantial part of the Leased Premises and/or the Building and/or the Centre should be taken for any public or quasi-public use under governmental law, ordinance or regulation, or by right of eminent domain or by private purchase in lieu thereof and the taking would prevent or materially interfere with the use of or access to the Leased Premises and/or the Building or the Centre for the purpose for which they are then being used, this Lease shall terminate effective when the legal taking shall occur as if the date of such taking were the date originally fixed in the Lease for the expiration of the Term.

If part of the Building and/or Leased Premises and/or Centre shall be taken for any public or quasi-public use under governmental law, ordinance or regulation, or by right of eminent domain, or by private purchase in lieu thereof, and this Lease is not terminated as provided above, provided Tenant's use of or access to the Leased Premises is not materially interfered with or interrupted, this Lease shall not terminate but the Rent payable hereunder during the unexpired portion of this Lease shall be reduced to such extent, if any, as may be fair and reasonable and Landlord shall use reasonable commercial efforts to restore the Leased Premises, or so much so as is affected by such taking, to a condition suitable for Tenant's use (including access), as near to the condition thereof immediately prior to such taking (including the Initial Scope) as is reasonably feasible within 180 days (subject to Force Majeure) of such right of eminent domain, or by private purchase in lieu thereof, failing which, Tenant may terminate this Lease and the parties' obligations hereunder shall lapse.

In the event of any such taking or private purchase in lieu of taking, Landlord and Tenant shall each be entitled to receive and retain such separate awards and/or portion of lump sum awards as may be allocated to their respective interests in any condemnation proceedings; provided that Tenant shall not be entitled to receive any award for the loss of any improvements paid for by Landlord or for Tenant's loss of its leasehold interest, the right to such award as to such item being hereby assigned by Tenant to Landlord. Landlord is not obligated to contest any such taking or private purchase in lieu of taking.

ARTICLE 22 - **RULES AND REGULATIONS**

Tenant shall faithfully observe and comply with the rules and regulations attached to this Lease as Schedule "D" and all reasonable modifications thereof and additions thereto from time to time put into effect by Landlord which are reasonably and uniformly enforced in a non-discriminatory manner against all tenants of the Building and/or the Centre. Landlord shall not be responsible for the non-performance by any other tenant or occupant of the Building and/or the Centre of any said rules and regulations.

ARTICLE 23 - **SUBORDINATION, TENANT ESTOPPEL AND QUIET ENJOYMENT**

23.1. **Subordination.** Tenant accepts this Lease subject and subordinate to any mortgage and/or deed of trust now or at any time hereafter constituting a lien or charge upon the Building, the Centre or the Leased Premises without the necessity of any act or execution of any additional instrument of subordination; provided, however, that if the mortgagee, trustee, or holder of any such mortgage or deed of trust elects to have Tenant's interest in this Lease superior to any such instrument, then by notice to Tenant from such mortgagee, trustee or holder, this Lease shall be deemed superior to such lien, whether this Lease was executed before or after said mortgage or deed of trust.

Tenant shall at any time hereafter on demand execute any instruments, releases or other documents which may be required by any mortgagee for the purpose of evidencing the subjection and subordination of this Lease to the lien of any such mortgage or for the purpose of evidencing the superiority of this Lease to the lien of any such mortgage, as may be the case. Provided that the Tenant is not in default of its obligations under the Lease, Landlord shall, upon Tenant's request therefor, use commercially reasonable efforts to cause any mortgagee, trustee, or holder of any such mortgage or deed of trust having rights over the Building and/or the Centre (now, or at any point during the Term) to execute and deliver a subordination and attornment agreement on a customary form acceptable to such mortgagee, trustee, or holder of any such mortgage or deed of trust. The Tenant will assume all costs incurred by the Landlord to obtain such subordination and attornment agreement, which costs are payable upon Landlord's request.

23.2. **Estoppel.** Tenant shall at any time and from time to time within 7 business days after written request from Landlord, execute and deliver to Landlord or any prospective landlord, mortgagee or prospective mortgagee a sworn and acknowledged estoppel certificate, in the form reasonably satisfactory to any prospective landlord, mortgagee or prospective mortgagee certifying and stating as follows: (a) this Lease has not been modified or amended (or if modified or amended, setting forth such modifications or amendments); (b) this Lease as so modified or amended is in full force and effect (or if not in full force and effect, the reasons therefore); (c) to Tenant's actual knowledge, that Tenant has no offsets or defenses to its performance of the terms and provisions of this Lease, including the payment of rent, or if there are any such defenses or offsets, specifying the same; (d) Tenant is in possession of the Leased Premises, if such be the case; (e) if an assignment of rents or leases has been served upon Tenant by a mortgagee or prospective mortgagee, Tenant has received such assignment and agrees to be bound by the provisions thereof; and (f) any other accurate statements reasonably required by Landlord, any prospective landlord, mortgagee or prospective mortgagee. It is intended that any such statement delivered pursuant to this subsection may be relied upon by any prospective purchaser or mortgagee and their respective successors and assigns.

23.3. **Quiet Enjoyment.** Landlord represents and warrants that Tenant (and any permitted assignees), so long as Tenant or any such permitted assignees is not in default beyond any applicable notice and cure periods afforded herein, shall peaceably and quietly have, hold and enjoy the Leased Premises for the Term without hindrance or molestation from Landlord, subject to the terms and provisions of this Lease. Landlord agrees to make commercially reasonable efforts to protect Tenant from interference or disturbance by other tenants or third persons; however, Landlord shall not be liable for any such interference or disturbance, nor shall Tenant be released from any of the obligations of this Lease because of such interference or disturbance.

ARTICLE 24 - **FORCE MAJEURE**

24.1. Except for an obligation of either party to pay any amount of money hereunder due and owing to the other, each time an obligation is to be performed under the provisions of this Lease, such obligation shall be performed subject to a Force Majeure. Should a party hereto be, in good faith, delayed or prevented from upholding its obligations under the Lease due to a Force Majeure, said party shall not be deemed in default during the delay/impediment period, and any such delayed or prevented obligation shall resume and be executed in a reasonable time after the delay/impediment period. The Tenant and the Landlord shall respectively notify one another, without delay, of the cause, the duration (to the extent known or estimated) and the consequence of any Force Majeure.

For the purposes of the present Lease the expression "**Force Majeure**" means an event which: (i) is external to the party invoking it; (ii) is beyond said party's reasonable control; (iii) could not have been reasonably foreseen by said party; (iv) is irresistible by said party; and (iv) makes the performance of one or more of the party's obligations under this Lease impossible. The Tenant's financial situation or its lack or decrease of business or customers shall under no circumstances constitute a Force Majeure.

24.2. Despite any law to the contrary and without limiting the generality of the foregoing, the Landlord shall not be liable, in any manner, to the Tenant or to any other person claiming through the Tenant for the Landlord's failure or delay to perform any of its obligations hereunder or be responsible for any damage resulting from delays in the construction, finishing or delivery of the Leased Premises or the Building and/or the Centre or from the interruption or modification of any service or facility provided in the Leased Premises, the Building and/or the Centre, caused or required by a Force Majeure, including but not limited to a strike, lock-out, labor trouble, labor controversy, riot, accident, epidemic, pandemic, inability to procure materials or labor, bankruptcy or insolvency of contractor, supplier or subcontractor, government rule, regulation, order or state of emergency declared by any competent authority limiting or prohibiting access to the Building and/or the Centre, act of god, fire or other casualty, act or omission of any other tenant or occupant of the Building and/or the Centre, fortuitous event, or any other

cause or condition, whether of the foregoing nature or not, which is beyond the reasonable control of Landlord.

24.3. For clarity purposes, no event or circumstance contemplated in Articles 24.1 and 24.2 hereinabove shall be deemed to be an eviction or disturbance of the Tenant's quiet enjoyment of the Leased Premises, and the occurrence of any such event or circumstance shall not entitle the Tenant to : (i) any deferral, abatement, reduction or cancellation of the Rent, subject to any postponement of the Commencement Date in accordance with the Lease; nor (ii) the termination of the Lease; nor (iii) any indemnity or compensation against any amount payable under the Lease. The Landlord shall, notwithstanding the foregoing and without delay, take all available reasonable steps to terminate the event or circumstance in question, if applicable.

ARTICLE 25 - **WAIVER OF JURY TRIAL**

It is mutually agreed by and between Landlord and Tenant that, to the fullest extent allowed by law, the respective parties hereto do hereby waive trial by jury in any action, proceeding or counterclaim brought by either party hereto against the other pertaining to any matter whatsoever arising out of or in any way connected with this Lease, Tenant's use of occupancy of the Leased Premises or any claim of injury or damage. It is further mutually agreed that in the event Landlord commences any summary proceeding for possession of the Leased Premises, Tenant will not interpose any counterclaim of whatever nature or description in any such proceeding (excluding any mandatory counterclaims which Tenant must raise or forfeit to avoid being in default under other contractual obligations) but, rather, will assert any such claim which Tenant might have in a separate independent action.

ARTICLE 26 - **ADDITIONAL PROVISIONS**

26.1. **Landlord.** Landlord shall have the right to assign any of its rights and obligations under this Lease and Landlord's grantee or Landlord's successor, as the case may be, shall upon such assignment, become Landlord hereunder, thereby freeing and relieving the grantor or assignor, as the case may be, of all covenants and obligations of Landlord hereunder.

26.2. **Amendment of Lease.** This Lease may be amended only by an agreement in writing signed by the Landlord, the Tenant and the guarantor, if any. The Landlord shall prepare any amendment of the Lease and the Tenant shall pay to the Landlord the Landlord's costs (plus 5% of the cost of such expense) for such preparation, unless such amendment is requested by the Landlord.

26.3. **No Waiver.** No covenant, term or condition of the present Lease stipulated in favour of either party shall be waived, except by express written consent of the other party, whose forbearance or indulgence in any regard whatsoever shall not constitute a waiver of the covenant, term or condition to be performed by the other party; and until complete performance by the other party of the said covenant, term of condition, each party shall be entitled to invoke any remedies available under this Lease or by law despite such forbearance or indulgence.

26.4. **Punctual Payment.** The acceptance by the Landlord of any post-dated cheque or money owing for rent after its due date is to be considered as a mode of collection only, without novation of, nor derogation from, any of Landlord's rights, recourses and actions in virtue of this Lease which demands punctual payment of all obligations. All sums owing by the Tenant under this Lease not paid when due shall thereafter bear interest at a rate equivalent to 12% per annum of the amount of the payment due. The Landlord may impute any of Tenant's payments in payment of any sum which has become due, regardless of any designation or imputation by Tenant.

26.5. **Successor.** The terms, provisions and covenants and conditions contained in this Lease shall apply to, inure to the benefit of, and be binding upon, the parties hereto and upon their respective heirs, legal representatives, successors and permitted assigns, except as otherwise herein expressly provided.

26.6. **Brokerage Commission.** Landlord and Tenant each represents and warrants to the other that it has not dealt with any broker, finder or agent in connection with this Lease or the leasing of the Leased Premises other than the Brokers. Landlord and Tenant each agrees to indemnify and hold the other harmless from and against all claims, costs, expenses and liabilities, including, without limitation, reasonable attorneys' fees and expenses, arising from its breach of such representation. Landlord shall pay the commission due to Avison Young – Florida, LLC pursuant to a separate agreement. Notwithstanding anything to the contrary, any commission payable to Keller Williams Realty Boca Raton, itself represented by Andrew Kolnes, will be paid by Avison Young – Florida, LLC to the full exoneration of the Landlord. The provisions of this Article shall survive the expiration or earlier termination of this Lease.

26.7. **Notices and Demands.**

A) Notice to the Tenant: Any notice or other communication given hereinafter shall be sufficiently given if personally delivered, e-mailed or mailed by registered mail at the following addresses:

(i) Before the Commencement Date:

VAST MEDICAL HOLDINGS, LLC
7401 Wiles Road, Suite 139
Coral Springs, Florida, 33067

To the attention of: Adam Nadler

(ii) As of the Commencement Date: at the Leased Premises to the attention of Adam Nadler

In all cases, by e-mail at: adam@questhealthsolutions.com

B) Notice to the Landlord: Any notice or other communication given hereinafter shall be sufficiently given if personally delivered or mailed by registered mail, to the following address:

BORSA PROPERTIES, LLC
Attention: Property Manager
3301 North University Drive – Suite 415
Coral Springs, Florida 33065

With a copy to:

BORSA PROPERTIES, LLC
C/O: PETRA LTD
Attention: Vice president, Legal Affairs
8000 Langelier Boulevard – Suite 808
Saint-Léonard, Québec, H1P 3K2

26.8. **Authority.** Landlord and Tenant each represents and warrants to the other that (a) this Lease (i) has been duly authorized, executed and delivered by it, and (ii) constitutes the legal, valid and binding obligation of it and (b) the execution and delivery of this Lease is not prohibited by, nor does it conflict with, or constitute a default under, any agreement or instrument to which it may be bound or any applicable law. The Tenant further represents and warrants that it has and is qualified to do business in Florida and that each and all of the persons signing on behalf of the corporation are authorized to do so.

26.9. **Rent payment.** All amounts payable to Landlord by Tenant in virtue of this Lease, shall be payable as set forth herein. Payment by the Tenant of an amount less than the Rent shall not be deemed a recognition of a total payment of Rent, and the Landlord shall be deemed to have accepted such payment as a partial payment without prejudice to the Landlord's rights to recover the balance owed, or to avail itself of any other remedy

26.10. **Performance by a third party.** The Tenant, including any person claiming to be a subtenant or assignee of the Tenant, agrees that the payment of Rent, or the performance of any obligation by any person other than the Tenant, shall not constitute an acknowledgement of rights other than those expressly granted hereunder or a waiver of any of the Landlord's rights and recourse. The Landlord may, at any time, accept a payment of Rent from the Tenant or from any physical or moral person occupying or not the Leased Premises, without in any way waiving any of its rights and recourse in virtue of this Lease.

26.11. **Prior Agreements.** The present Lease cancels and supersedes any and all prior leases and agreements, written or otherwise, entered into by the Landlord and the Tenant regarding the Leased Premises hereunder. This Lease and such rules and regulations as may be adopted and promulgated by the Landlord from time to time constitute the entire agreement between the parties.

26.12. **Invalidity.** If any clause, provision or portion of this Lease or the application thereof to any person or circumstance shall be invalid or unenforceable under applicable law, such event shall not affect, impair or render invalid or unenforceable the remainder of this Lease.

26.13. **Personal Rights.** The parties recognize and agree that all rights and options granted to the Tenant by the Landlord under this Lease, as well as all future rights and options that may be granted to the Tenant by the Landlord under the Lease, are personal to the Tenant its permitted assigns (provided the assignment of Tenant's rights with respect to the Renewal Option shall have been agreed to in writing by the Landlord, acting reasonably) or Affiliate, and may not be assigned or transferred or otherwise alienated to

a third party except as set forth herein without the prior consent of the Landlord, which consent shall not be unreasonably withheld, conditioned or delayed.

26.14. **Captions.** The captions appearing in this Lease have been inserted as a matter of convenience and for reference only and in no way define, limit or enlarge the scope or meaning of this Lease or any provision thereof.

26.15. **Time is of the essence.** All delays provided for in the Lease in connection with an undertaking or an obligation of the Tenant or of the Landlord are of the essence.

26.16. **Confidentiality.** The Tenant agrees that all terms and conditions of this Lease shall remain confidential and that it shall not disclose to any person at any time whatsoever (excluding its attorneys, advisors, partners, members, officers and consultants who have a need to know for the purpose of this Lease), without having first obtained the written consent of the Landlord.

26.17. **Counterparts.** This Lease may be executed and exchanged in any number of counterparts and transmitted by email, portable document format (.PDF) or DocuSign, all of which together shall constitute one and the same instrument and each counterpart (including by electronic delivery and execution) shall be deemed to be an original hereof.

26.18. **Joint Responsibility.** If several persons and/or guarantors sign the Lease, their responsibility will be joint and several, (i.e. each person will be responsible for the obligations of the Tenant under the terms of the Lease, the whole without benefit of division and discussion).

26.19. **Survival.** The obligations of either party not fully performed as of the expiration or earlier termination of the term of this Lease shall survive the expiration or earlier termination of the Term, including without limitation, in the case of Tenant, all payment obligations with respect to the Additional Rent and all obligations concerning the condition of the Leased Premises.

26.20. **Hereof/Herein/Hereunder.** The words "hereof", "herein", "hereunder", "hereinafter" and the like refer to this entire Lease, not just to the specific article, section or paragraph in which such words appear.

26.21. **Americans With Disabilities Act.** Tenant, at Tenant's sole expense, shall comply with all laws, rules, orders, ordinances, directions, regulations and requirements of federal, state, county and municipal authorities as applicable now in force or which may hereafter be in force, which shall impose any duty upon the Landlord or Tenant with respect to the use, occupation or alteration of the Leased Premises. Notwithstanding the foregoing or anything in this Lease to the contrary, nothing contained in this Article 26.21 or this Lease to the contrary, shall require Tenant to make any structural changes to the Leased Premises, the Building or the Centre. If any such structural changes are necessitated by reason of Tenant's performance of any alterations, improvements or additions or Tenant's manner of use of the Leased Premises, such changes shall be subject to the provisions of Article 9 (Repairs, Alterations, Additions and Improvements).

ARTICLE 27 - LANDLORD'S LIEN

Subject to the Landlord holding at all times the entire amount of the Deposit or of the Balance of the Deposit, as the case may be, indicated in Schedule "F" (Special Conditions), Landlord confirms and acknowledges that Landlord has no lien, right of distraint, or security interest in Tenant's Property located in, on or at the Leased Premises, and that such Tenant's Property, including, without limitation, goods, wares, equipment, fixtures, furniture, inventory, accounts, contract rights, chattel paper and other personal property of Tenant situated on the Leased Premises, shall not constitute security for payment of any Rent.

ARTICLE 28 - SCHEDULES

The schedules attached hereto form an integral part of this Lease.

ARTICLE 29 - ACCEPTANCE

The Tenant must signify its acceptance of the Lease by signing 1 copy and returning same to the Landlord before 5 p.m. (Montréal time) on February 7, 2025 failing which, the Lease will become, at the Landlord's discretion, null, void and of no further effect, without any penalty, charge or recourse of the Tenant towards the Landlord. The Lease is deemed accepted by the parties when the Landlord returns a duly signed copy to the Tenant.

The **Landlord** hereto has executed these presents, in the city of Montréal (borough of Saint-Léonard), province of Québec, Canada, this 13 day of February, 2025.

BORSA PROPERTIES, LLC, represented by its

manager Petra Ltd.

Per: _____
Patrice Bourbonnais
President

Per: _____
Tom Arseneault
Vice President, Finance

The Tenant hereto has executed these presents, in the city of _____, in the state of _____, United States of America, this _____ day of _____, 2025.

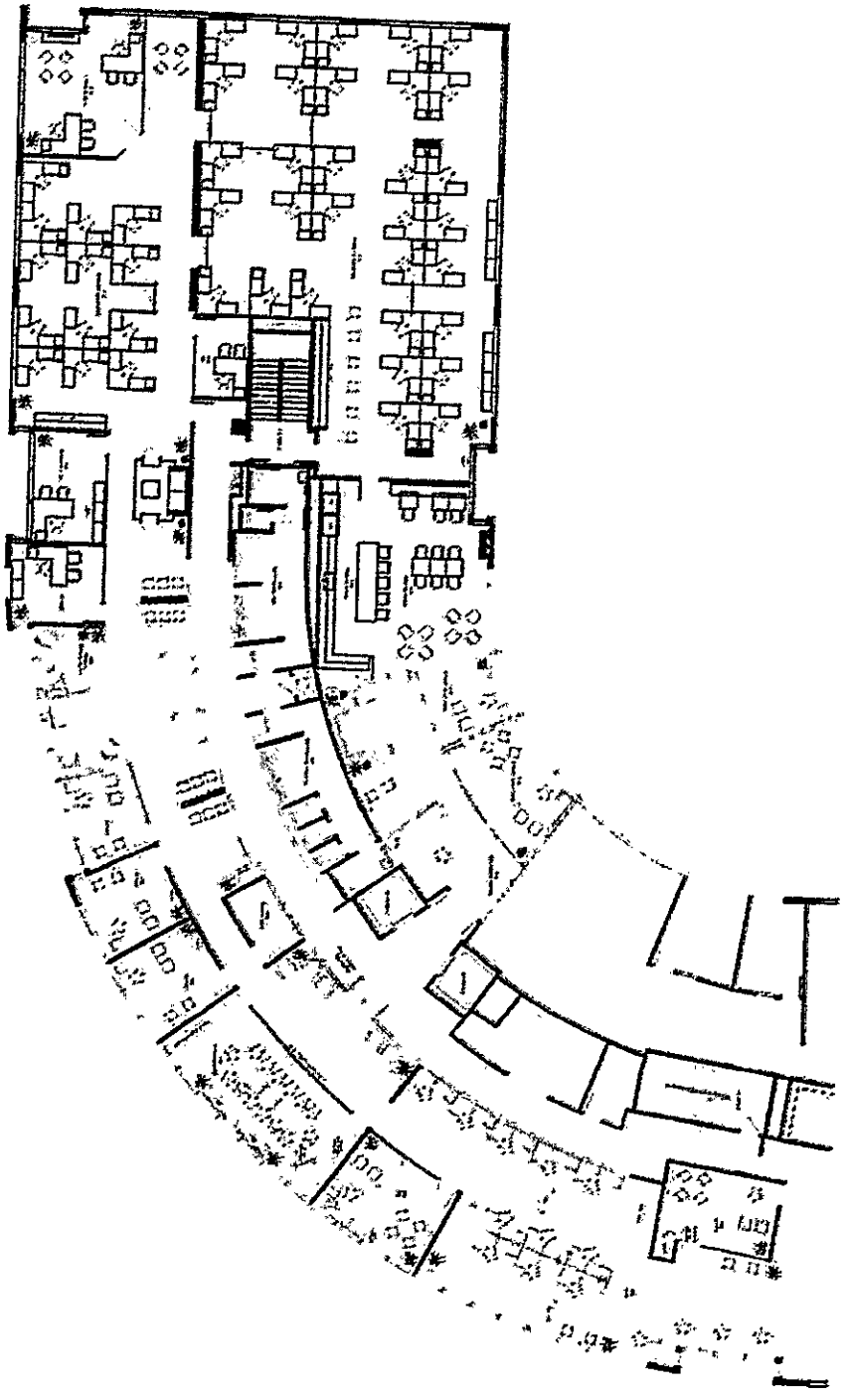
VAST MEDICAL HOLDINGS, LLC

Per: _____
Name: Adam Nadler
Title: CEO

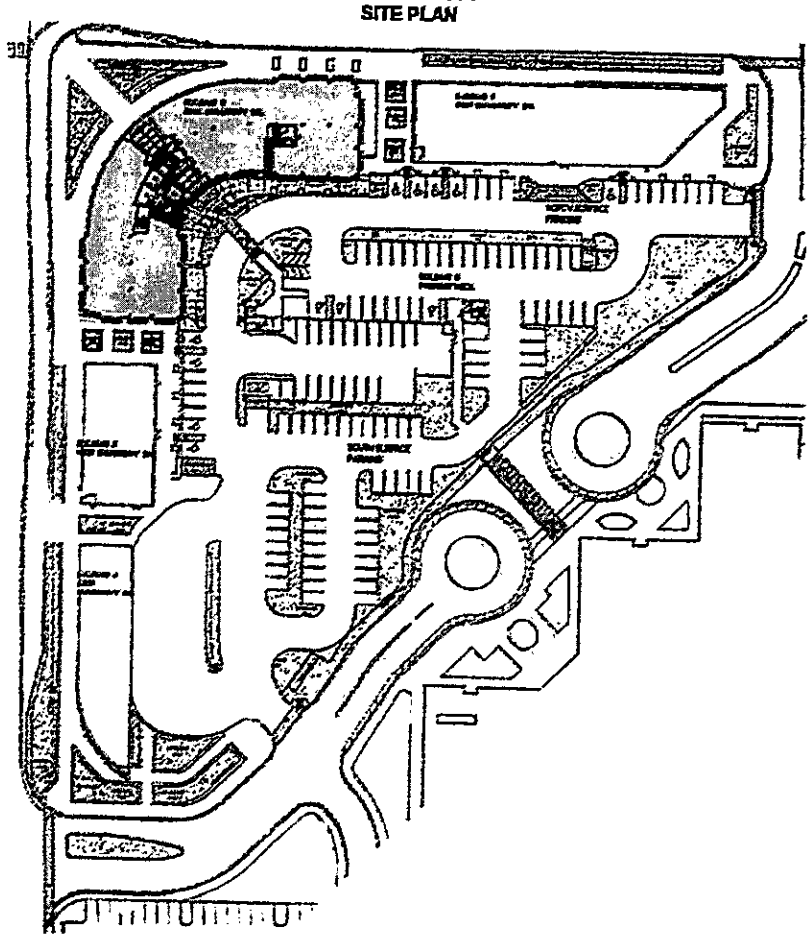
Per: _____
Name:
Title:

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SCHEDULE "A"
PLAN OF THE LEASED PREMISES



SCHEDULE "A-1"
SITE PLAN



Building sizes, site dimensions, access, common and parking areas, and existing tenants and locations are subject change at Landlord's discretion.

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SCHEDULE "A-2"
LEGAL DESCRIPTION OF THE CENTRE

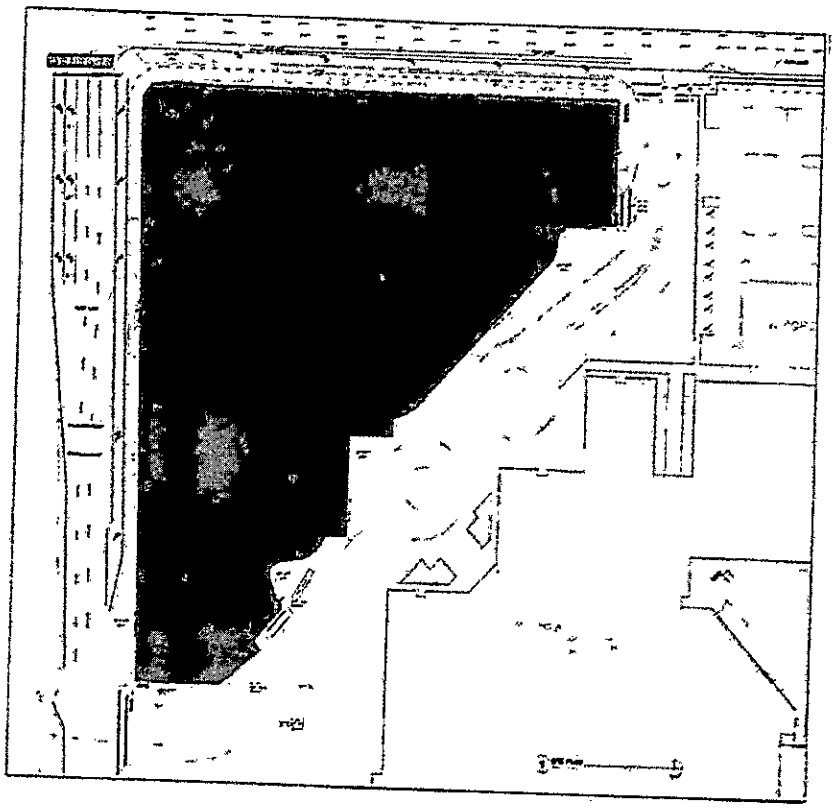
A portion of Parcel "A", CORAL SPRINGS CHARTER SCHOOL PLAT, according to the plat thereof, as recorded in Plat Book 173, Page 118, Broward County, Florida, more particularly described as follows:

COMMENCE at the northeast corner of Parcel "G", CORAL SPRINGS VILLAGE GREEN, RESUB., according to the plat thereof as recorded in Plat Book 67, Page 16, of the Public Records of Broward County, Florida; thence S00°27'09"W, along the west line of said Parcel "G", 16.00 feet to the northeast corner of said Parcel "A" of CORAL SPRINGS CHARTER SCHOOL plat; thence N89°32'51"W 339.54 feet; thence S00°27'09"W, 15.00 feet to the POINT OF BEGINNING; thence S00°05'38"W, 114.41 feet; thence N89°54'22"W, 45.54 feet to a point of curvature of a curve concave to the southeast; thence southerly along the arc of said curve, having a radius of 15.00 feet and a central angle of 93°46'45", a distance of 24.55 feet to a point of reverse curvature of a curve concave to the northwest; thence southwesterly along the arc of said curve, having a radius of 30.00 feet and a central angle of 49°18'58", a distance of 25.82 feet; thence S45°37'50"W, 194.02 feet to a point of curvature of a curve concave to the northwest; thence westerly along the arc of said curve, having a radius of 27.00 feet and a central angle of 44°27'48", a distance of 20.95 feet; thence S00°05'38"W, 16.00 feet; thence N89°54'22"W, 47.72 feet; thence S00°05'38"W, 87.00 feet; thence N89°54'22"W, 16.00 feet; thence S00°05'38"W, 16.00 feet to a point of curvature of a curve concave to the northwest; thence westerly along the arc of said curve, having a radius of 11.00 feet and a central angle of 90°00'00, a distance of 17.28 feet; thence N89°54'22"W, 36.85 feet to a point of curvature of a curve concave to the southeast; then southeasterly along the arc of said curve, having a radius of 15.00 feet and a central angle of 111°48'07, a distance of 29.27 feet to a point of compound curvature of a curve concave to the northeast; thence southeasterly along the arc of said curve, having a radius of 87.00 feet and a central angle of 19°07'04", a distance of 29.03 feet; thence S46°47'07"W, 43.58 feet; thence S43°12'53"E, 9.00 feet; thence S46°47'07"W, 36.64 feet to a point of curvature of a curve concave to the northwest; thence westerly along the arc of said curve, having a radius of 34.00 feet and a central angle of 43°18'31", a distance of 25.70 feet; thence N89°54'22"W, 75.76 feet; thence N01°00'47"W, 419.51 feet to a point of curvature of a curve concave to the southeast; thence easterly along the arc of said curve, having a radius of 124.00 feet and a central angle of 91°27'56", a distance of 197.95 feet; thence S89°32'51"E, 374.02 feet to the POINT OF BEGINNING.

Said lands situated in the City of Coral Springs, Broward County, Florida and containing 166,376 square feet, 3.82 acres, more or less.

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SCHEDULE "A-3"
CENTRE PLAN



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SCHEDULE "C"
INITIAL SCOPE

Refer to Schedule "A"

- New building standard paint throughout the premises
- New building standard carpet to replace existing carpet
- Replace damaged ceiling tiles as needed
- Complete IT closet for office use
- Enclose additional office
- Remove office in break room area as well as bathrooms to complete larger kitchen
- Add wall after bathrooms (with a door to pass through)
- Remove existing office and complete 2 glass executive offices
- Enclose additional office

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SCHEDULE "D"
RULES AND REGULATIONS

1. The sidewalks, halls, passages, exits, entrances, elevators, escalators and stairways shall not be obstructed by Tenant or used for any purpose other than for ingress and egress from its Leased Premises. The halls, passages, exits, entrances, elevators and stairways are not for the use of the general public and Landlord shall in all cases retain the right to control and prevent access thereto by all persons whose presence, in the judgment of Landlord, shall be prejudicial to the safety, character, reputation and interests of the Building and/or the Centre and its tenants, provided that nothing herein contained shall be construed to prevent such access to persons with whom Tenant normally deals in the ordinary course of Tenant's business unless such persons are engaged in illegal activities. Tenant shall not go upon the roof of the Building and/or upon the roof of other buildings of the Centre.

2. The bulletin board or directory of the Building will be provided exclusively for the display of the name and location tenants and Landlord reserves the right to exclude any other names therefrom.

3. No curtains, draperies, blinds, shutters, shades, screens or other coverings, awnings, hangings or decorations shall be attached to, hung or placed in, or used in connection with, any window or door on the Leased Premises without the prior written consent of Landlord. In any event, all such items shall be installed inboard of Landlord's standard window covering and shall in no way be visible from the exterior of the Building. No articles shall be placed on the window sills so as to be visible from the exterior of the Building. No articles shall be placed against glass partitions or doors which might appear unsightly from outside Tenant's Leased Premises.

4. Landlord reserves the right to exclude from the Building and/or the Centre between the hours of 8:00 p.m. and 8:00 a.m. weekdays, and at all hours on Saturdays, Sundays, and holidays all persons who are not tenants or their accompanied guests. Tenant shall be responsible for all persons it allows to enter the Building and/or the Centre and shall be liable to Landlord for all acts of such persons.

5. Landlord shall in no case be liable for damages for error with regard to the admission or exclusion of any person from the Building and/or the Centre.

6. During the continuance of any invasion, mob, riot, public excitement or other circumstances rendering such action advisable in Landlord's opinion, Landlord reserves the right to prevent access to the Building and/or the Centre by closing the doors, or otherwise, for the safety of tenants and protection of the Building and/or the Centre and property in the Building and/or the Centre.

7. Except with the written consent of Landlord no persons other than those approved by Landlord shall be permitted to enter the Building and/or the Centre for the purpose of cleaning it. Tenant shall not cause any unnecessary labor by reason of its carelessness or indifference in the preservation of good order and cleanliness. Landlord shall in no way be responsible to Tenant for any loss of property on its Leased Premises however occurring, or any damage done to the effects of Tenant by the janitor or any other employee or any other person.

8. Tenant shall not use upon its Leased Premises vending machines or accept barbering or bootblacking services in its Leased Premises except from persons authorized by Landlord.

9. Tenant shall see that all doors to its Leased Premises are securely locked and that all utilities, water faucets or water apparatus are shut off before Tenant leaves the Leased Premises, so as to prevent waste or damage, and shall be responsible for all injuries sustained by other tenants or occupants of the Building and/or the Centre or Landlord as a result of its failure to do so. Tenants shall keep the door or doors to the Building corridors closed at all times except for ingress and egress.

10. Tenant shall not waste electricity, water or air conditioning and agrees to cooperate fully with Landlord to assure the most effective operation of the Building's heating and air conditioning, and shall refrain from attempting to adjust any controls.

11. Tenant shall not alter any lock or access device or install a new or additional lock or access device or any bolt on any door in its Leased Premises without prior written consent of Landlord. If Landlord shall give its consent, Tenant shall in each case furnish Landlord with a key for any such lock.

12. Tenant shall not make or have made additional copies of any keys or access devices provided by Landlord. Tenant, upon the termination of the tenancy, shall deliver to Landlord all the keys or access devices to the Building, offices, rooms and toilet rooms

which shall have been furnished to Tenant or which Tenant shall have had made. In the event of the loss of any keys or access devices so furnished by Landlord, Tenant shall pay Landlord therefore.

13. The toilet rooms, toilets, urinals, wash bowls and other apparatus shall not be used for any purpose other than that for which they were constructed and no foreign substance of any kind whatsoever, including, but not limited to, coffee grounds shall be thrown therein, and the expense of any breakage, stoppage, or damage resulting from the violation of this rule shall be borne by the tenant, who, or whose employees or invitees shall have caused it.

14. Tenant shall not keep in the Building any kerosene, gasoline or inflammable or combustible fluid or material other than limited quantities necessary for the operation or maintenance of office equipment.

15. Tenant shall not permit to be kept in its Leased Premises any tout or noxious gas or substance or permit its Leased Premises to be used in a manner offensive or objectionable to Landlord or other occupants of the Building by reason of noise, odors and/or vibrations or interfere in any way with other tenants or those having business therein, nor shall any animals or birds be brought or kept in or about the Building.

14. No cooking shall be done in the Leased Premises (except that use by the Tenant of Underwriter's Laboratory approved equipment for the preparation of coffee, tea, hot chocolate and similar beverages for Tenant and its employees shall be permitted, provided that such equipment and use is in accordance with applicable federal, state and city laws, codes, ordinances, rules and regulations) nor shall the Leased Premises be used for lodging.

15. Tenant shall not sell or permit the sale, at retail, of newspapers, magazines, periodicals, theater tickets or any other goods on the Leased Premises, nor shall Tenant carry on, or permit the business of stenography, typewriting or any similar business in or from the Leased Premises for the service or accommodation of occupants of any other portion of the Building, nor shall the Leased Premises be used for the storage of merchandise, manufacturing of any kind, the business of a public barber shop, or beauty parlor, or for any improper, immoral or objectionable purpose, or any business activity other than that specifically provided for in Tenant's lease.

16. Landlord will direct electricians as to where and how telephone, telegraph and electrical wires are to be introduced or installed. No boring or cutting for wires will be allowed without the prior written consent of Landlord. The location of burglar alarms, telephones, call boxes or other office equipment affixed to the Leased Premises shall be subject to the written approval of Landlord.

17. Tenant shall not install any radio or television antenna, loudspeaker or any other device on the exterior walls or the roof of the Building. Tenant shall not interfere with radio or television broadcasting or reception from or in the Building and/or the Centre.

18. Tenant shall not lay linoleum, tile, carpet or any other floor covering so that the same shall be affixed to the floor of its Leased Premises in any manner except as approved in writing by Landlord. The expense of repairing any damage resulting from a violation of this rule or the removal of any floor covering shall be borne by Tenant.

19. No furniture, freight, equipment, materials, supplies, packages, merchandise or other property will be received in the Building and/or in the Centre or carried up or down elevators except between such hours and in such elevators as shall be designed by Landlord. Landlord shall have the right to prescribe the weight, size and position of all safes, furniture, files, bookcases or other heavy equipment brought into the Building and/or into the Centre. Safes or other heavy objects shall, if considered necessary by Landlord, stand on wood strips of such thickness as determined by Landlord to be necessary to properly distribute the weight thereof. Landlord will not be responsible for loss of or damage to any such safe, equipment or property from any cause, and all damage done to the Building and/or to the Centre by moving or maintaining any such safe, equipment or other property shall be repaired at the expense of Tenant.

20. Business machines and mechanical equipment belonging to Tenant which cause noise or vibration that may be transmitted to the structure of the Building or to any space therein to such a degree as to be objectionable to Landlord or to any tenants in the Building shall be placed and maintained by Tenant, at Tenant's expense, on vibration eliminators or other devices sufficient to eliminate noise or vibration. The persons employed to move such equipment in or out of the Building must be acceptable by Landlord.

21. Tenant shall not place a load upon any floor which exceeds the load per square foot which such floor was designed to carry and which is allowed by law. Tenant shall not mark, or drive nails, screws or drill into, the partitions, woodwork or plaster or in any way deface the Leased Premises.

22. There shall not be used in any space or in the public areas of the Building and/or the Centre, either by Tenant or others, any hand trucks "except those equipped with rubber tires and side guards or such other material-handling equipment as Landlord may approve. No other vehicles of any kind shall be brought by Tenant into or kept in or about the Leased Premises.

23. Tenant shall store all its trash and garbage within the interior of its Leased Premises. No materials shall be placed in the trash boxes or receptacles if such material is of such nature that it may not be disposed of in the ordinary and customary manner of removing and disposing of trash and garbage in this area without violation of any law or ordinance governing such disposal. All trash, garbage and refuse disposal shall be made only through entryways and elevators provided for such purposes and at such times as Landlord may designate.

24. Canvassing, soliciting or distributing of handbills or any other written material and peddling in the Building and/or in the Centre are prohibited and Tenant shall cooperate to prevent the same. Tenant shall not make room-to-room solicitation of business from other tenants in the Building and/or in the Centre.

25. Landlord reserves the right to exclude or expel from the Building and/or from the Centre any person who, in Landlord's judgment, is intoxicated or under the influence of liquor or drugs or who is in violation of any of the rules and regulations of the Building and/or the Centre.

26. Without the prior written consent of Landlord, Tenant shall not use the name of the Building and/or of the Centre in connection with the business of Tenant except as Tenant's address.

27. Tenant shall comply with all energy conservation, safety, fire protection and evacuation procedures and regulations established by Landlord or any governmental agency.

28. Tenant assumes any and all responsibility for protecting its Leased Premises from theft, robbery and pilferage.

29. The requirements of Tenant will be attended to only upon application at the office of the Building and/or the Centre by an authorized individual. Employees of Landlord shall not perform any work or do anything outside of their regular duties unless given special instructions from Landlord, and no such employees will admit any person (Tenant or otherwise) to any office without specific instructions from Landlord.

30. Landlord may waive anyone or more of these Rules and Regulations for the benefit of any particular Tenant, but no such waiver by Landlord shall be construed as a waiver of such Rules and Regulations in favor of any other Tenant, nor prevent Landlord from thereafter enforcing any such Rules and Regulations against any or all tenants of the Building and/or the Centre.

31. Landlord reserves the right to make such other reasonable rules and regulations as in its judgment may from time to time be needed for safety and security, for care and cleanliness of the Building and/or the Centre and for the preservation of good order therein. Tenant agrees to abide by all such Rules and Regulations herein above stated and any additional rules and regulations which are adopted.

32. All wallpaper or vinyl fabric materials which Tenant may install on painted walls shall be applied with a strippable adhesive. The use of non-strippable adhesives will cause damage to the walls when materials are removed, and repairs made necessary thereby shall be made by Landlord at Tenant's expense.

33. Tenant shall provide and maintain hard surface protective mats under all desk chairs which are equipped with coasters to avoid excessive wear and tear to carpeting. If Tenant fails to provide such mats, the cost of carpet repair or replacement made necessary by such excessive wear and tear shall be charged to and paid by Tenant.

34. Tenant will refer all contractors, contractors' representatives and installation technicians rendering any service to Tenant to Landlord for Landlord's supervision, approval, and control before performance of any contractual service. This provision shall apply to all work performed in the Building, including installations of telephones, telegraph equipment, electrical devices and attachments and installations of any nature affecting floors, walls, woodwork, trim, windows, ceilings, equipment or any other physical portion of the Building.

35. Tenant shall give prompt notice to Landlord of any accidents to or defects in plumbing, electrical fixtures, or heating apparatus so that such accidents or defects may be attended to properly.

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36. Tenant shall be responsible for the observance of all of the foregoing Rules and Regulations by Tenant's employees, agents, clients, invitees and guests.

37. Tenant shall not allow its employees or invitees to park in other than designated areas, nor shall any washing of cars or car repairs be permitted in any parking areas, nor shall overnight parking be permitted, nor shall commercial trucks be allowed in the parking areas other than in designated delivery areas.

38. Other than for single-trip useges, Tenant shall make reservations for use of any elevators, which shall be accepted by Landlord on a first-come, first-serve basis.

39. These Rules and Regulations are in addition to, and shall not be construed to in any way modify, alter or amend, in whole or in part, the terms, covenants, agreements and conditions of any lease of Leased Premises in the Building.

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SCHEDULE "F"
SPECIAL PROVISIONS

In the event of an inconsistency between any of the terms, covenant or conditions of the Lease and this Schedule "F", this Schedule "F" shall control over the conflicting provision of the Lease.

1. **RENEWAL OPTION**

Provided that: (i) the Lease is signed by the parties; (ii) the Tenant is not in default under the terms and conditions of the Lease beyond any applicable notice and cure periods afforded herein; and (iii) excluding transactions with an Affiliate, the Tenant has not transferred or subleased the Leased Premises, in whole or in part; the Landlord hereby grants to the Tenant an option to renew the Term for the entire the Leased Premises for an additional period of 5 years, commencing on May 1, 2035 and terminating on April 30, 2040 (the **Renewal Option**), upon the same terms and conditions set out in the Lease, with the exception that:

a) there shall be no further option to renew the Term;

b) the Leased Premises shall be accepted by the Tenant in the same state as that in which they are at the end of the then current Term;

c) there shall be no work executed in the Leased Premises by the Landlord;

d) there shall be no free rent periods, no allowance nor any monetary inducements allocated to the Tenant;

e) the Landlord may, at its sole discretion, modify the insurance coverages mentioned in the Lease to reflect the Landlord's then applicable standards; and

f) the Minimum Rent shall be negotiated in order to reflect the then prevailing market rental rates payable at the time of the exercise of the Renewal Option, for comparable premises (excluding sub-leases, and assignments) and located in in comparable buildings in the Coral Springs submarket of Broward County, Florida, taking into consideration all current marketplace concessions (including, without limitation, all free rent periods, Leasehold Improvement Allowances, and other economic incentives) available to tenants in the marketplace taking into account the (x) Renewal Option term, (y) creditworthiness of the Tenant and (z) all other elements affecting the transaction.

The Tenant shall notify the Landlord in writing of its intention to exercise said Renewal Option, which notice must be received by the Landlord not less than 12 months prior to the expiry of the then current Term (the **Renewal Notice**), failing which, the Lease shall terminate at the expiry of the Term pursuant to the terms of the Lease and the Renewal Option shall automatically become null and void end of no further effect.

Should the parties fail to reach an agreement with respect to the amount of the Minimum Rent payable during the Renewal Option within 30 days following the Landlord's receipt of the Tenant's Renewal Notice (the **Negotiation Period**), the parties shall refer the litigation to an Expert (as hereinafter defined).

Within 15 days following the end of the Negotiation Period, the parties shall name, by mutual agreement, a real estate expert having at least 10 years of experience in the real estate industry of Coral Springs submarket of Broward County, Florida, and working for a reputable real estate firm (the **Expert**), which shall be mandated by the Landlord and the Tenant to determine the Minimum Rent payable by the Tenant during the Renewal Option. Following the nomination of the Expert, the Landlord and the Tenant shall each have 10 days to remit to the Expert their respective proposal of the minimum rent reflecting the fair market value (collectively the **Proposals** and individually, the **Proposal**). The Expert shall then have 10 days following its receipt of the Proposals to determine which Proposal best represents the fair market value. The decision of the Expert shall be final and binding upon the Landlord and the Tenant. The Landlord and the Tenant shall equally share (i.e., 50/50) the Expert's fees.

For clarity purposes, if the parties refer the litigation to an Expert in accordance with the foregoing, the Tenant will be deemed to have exercised its Renewal Option and will be bound by the decision of the Expert.

The present Renewal Option is a personal right granted to the Tenant and cannot, except in the case of an assignment to an Affiliate, be transferred or assigned.

2. **DEPOSIT**

The Tenant undertakes to remit to the Landlord the sum of $134,181.84 (as defined in Section D) (Deposit) of the Lease Summary) within 10 days from the execution of the Lease, via certified cheque or wire transfer (the cost of such transfer, as the case may be,

shall be entirely borne by the Tenant), at Tenant's discretion) (the **Deposit**), failing which the present Lease will become null and void. Provided the Tenant is not in default of its obligation under the present Lease beyond any applicable notice and cure periods at the time thereof, the Landlord will apply an amount of $44,730.61 against the Rent (i.e. Minimum Rent and Additional Rent) payable by the Tenant on the month of August 2025 (or if the same occurs during the Free Rent Period, this date shall be tolled until the next month Minimum Rent and Additional Rent are due hereunder), leaving a balance to the Deposit in the amount of $89,461.23 (the **Balance of the Deposit**). Said Deposit and/or the Balance of the Deposit, as the case may be, is given by the Tenant as security for the due performance by the Tenant of all the terms, obligations and conditions herein to be respectively paid, observed and performed by the Tenant. If the Tenant shall breach any of such terms, covenants and conditions beyond any applicable notice and cure periods afforded herein, the Landlord may, at its option and without notice, appropriate and apply said Deposit and/or the Balance of the Deposit, as the case may be, so much thereof as may be necessary, as full or partial compensation to the Landlord for loss or damage suffered or sustained by the Landlord arising out of or in connection with such breach by the Tenant. The Tenant, within 10 business days of demand, shall forthwith pay to Landlord an amount sufficient to restore the Deposit and/or the Balance of the Deposit, as the case may be to the original sum required to be deposited. In the event of bankruptcy or other credit or debtor proceedings against the Tenant, such Deposit and/or the Balance of the Deposit, as the case may be, shall automatically be deemed to be Landlord's property as prepaid rent, without any recourses by the Tenant or any other third party. Provided the Tenant is not in default under the Lease beyond any applicable notice and cure periods, the Landlord shall remit the Deposit and/or the Balance of the Deposit, as the case may be, to the Tenant within a delay of 30 days after the termination of this Lease or any renewal thereof.

Should the Landlord transfer or otherwise assign its interest in the Lease, the parties hereto recognize and agree that the Landlord shall have the right to transfer its rights and interests in the Deposit and/or the Balance of the Deposit, as the case may be, to the transferee or assignee, upon notice to the Tenant. The Tenant shall in no event be released from its obligations hereinabove regarding the Deposit and/or the Balance of the Deposit, as the case may be, whether it assigns the Lease or whether the Tenant subleases the Leased Premises, with or without the Landlord's consent.

3. **FREE GROSS RENT PERIOD**

Notwithstanding anything in this Lease to the contrary, provided that: (I) the Lease is signed by the parties; (ii) the Tenant is not in default under the terms and conditions of the Lease beyond any applicable notice and cure periods; and (iii) except in the case of an assignment to an Affiliate, the Tenant has not transferred or subleased the Leased Premises, in whole or in part; the Tenant will not have to pay Rent (i.e., Minimum Rent and Additional Rent) for the following 7 non-consecutive months: the first 4 full months following the Commencement Date (i.e., May 2025 to August 2025 inclusively), as well as May 2026, June 2026 and May 2027 (collectively the **Free Rent Period**). All the other terms and conditions of the Lease shall apply during the Free Rent Period. In the event that one of the conditions indicated in the present article have not been met, the present Free Rent Period shall automatically become null and void and the Rent shall be payable by the Tenant as per Article 3 (Rent) of the Lease.

The present Free Rent Period is a personal right granted to the Tenant and any permitted assigns thereof and cannot, except in the case of an assignment to an Affiliate, be transferred or assigned to a third party.

4. **SIGNAGE**

Provided that the Lease is unconditionally accepted by the parties,Tenant will be provided the right, after obtaining the Landlord's prior written approval, which approval shall not be unreasonably withheld, conditioned or delayed with respect to the conception, design, language, wording and location of the sign to install and maintain, at Tenant's cost and expense, Building standard signage of the Tenant's name/logo adjacent to its principal entry door.

At the end of the Term or any renewal or extension thereof, the Tenant shall remove any such signs (as the case may be) and reinstate the wall to its original state, the whole at its sole cost and responsibility or, the Landlord may choose to proceed with the foregoing, at its sole discretion, and in such a case, the Tenant shall reimburse the Landlord for all reasonable costs incurred for same, plus 5% of the cost of such expense. Tenant's obligation to observe this covenant shall survive the expiration or earlier termination of this Lease.

The present signage right is a personal right granted to the Tenant and any permitted assigns thereof and cannot, except in the case of an assignment to an Affiliate, be transferred or assigned to a third party.

5. **PARKING**

Provided that the Lease is signed by the parties, as of the Commencement Date, the Tenant and its employees shall be entitled to lease 53 unreserved parking spaces in the parking garage located adjacent to the Building, calculated as per a ratio of 4 unreserved parking spaces per 1,000 square feet of the Rentable Area of the Leased Premises (which ratio may vary from time to time), in common with the other tenants of the Building and/or the Centre, free of charge for the Tenant.

It is understood that the Landlord shall provide parking access cards for the initial 53 unreserved parking spaces in the parking garage located adjacent to the Building at Landlord's cost and expense and Tenant shall be responsible to pay for the costs of any additional access cards which exceed the aforementioned 53 unreserved parking spaces, or for any replacement of lost or defective access cards at the rate in force in the Building and/or the Centre from time to time, which is currently established at $8.00 per access card, plus applicable taxes.

Except to the extent arising from Landlord or its agent's, contractor's, employee's, licensee's or invitee's wilful misconduct or gross negligence, the Landlord shall not be liable for any loss or damage caused to any vehicles of the Tenant, its employees and visitors, or to any of the property located therein, the Tenant, its employees and visitors hereby undertaking to obtain and maintain the proper insurance coverages against theft, loss and civil liability on their vehicles and their belongings. Moreover, the Tenant undertakes to add the aforementioned parking spaces on its certificate of insurance for the Leased Premises and to maintain such insurance in force throughout the Term and any renewal thereof.

The present parking right is a personal right granted to the Tenant and any permitted assigns thereof, and cannot be transferred or assigned to a third party.

6. **IT ROOM**

Provided that the Tenant remits its plans and specification to the Landlord for its review and comments, the Tenant may install, at its sole cost, an internal IT room within its Leased Premises with supplemental HVAC unit (the **HVAC Unit**), for which the Tenant shall be at all times responsible, and which will service Tenant's low voltage and internal personal and telecommunication needs. The Tenant, at its sole cost, shall be uniquely responsible for all insurance coverage, maintenance, repairs and replacement of the HVAC Unit and shall indemnify and hold harmless the Landlord from any liability, damages, losses, expenses, claims or actions arising in connection to the installation of the HVAC Unit to the complete exoneration of the Landlord.

Moreover, the Tenant shall, at its cost, throughout the Term and any renewal thereof, enter into a contract with a duly qualified third party for the preventive maintenance of the HVAC Unit. The Tenant shall provide the Landlord with a copy of such preventive maintenance contract within 30 days following the installation of the HVAC Unit and within 30 days following any renewals of such contract as well as copies of all invoices and work orders issued pursuant to such preventive maintenance contract for the preceding year, which invoices and work orders must include a description of the work and/or maintenance performed.

At the end of the Term or at the early expiry of the Lease, the Tenant shall be responsible, at its sole cost, to remove the HVAC Unit from the Leased Premises and to repair any damage caused to the Leased Premises resulting from such removal, to the entire satisfaction of the Landlord, failing which the Landlord shall be entitled to remedy the Tenant's default, at the Tenant's cost, plus 5% of the cost of such expense.

4K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG ■ Ownership Change* ☐ Name Change* ☐ Location Change*	* If making a change, provide current license number: M P03130	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) x Partnership (complete sections 1, 2, 3, 4, 7, 9) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Quest Health Solutions LLC

MDEG Physical Address: 1955 Cleveland Ave, STE 100

City: Santa Rosa State: CA Zip: 95401

Mailing Address (if different from physical address): 7401 Wiles Road, Suite 139

City: Coral Springs State: FL Zip: 33067

Telephone: 707-843-7803 Website: www.questhealthsolutions.com

Email: qhscredentialing@questhealthsolutions.com

Name of MDEG Administrator (NAC 639.694): Tammy Bowman

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	■ Assistive Equipment
☐ Wholesalers[a]	■ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	■ Others: External Infusion pumps/supply
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____ Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9AM - 5PM	■ Tue: 9AM - 5PM	■ Wed: 9AM - 5PM	■ Thurs: 9AM - 5PM	■ Fri: 9AM - 5PM
☐ Sat: Closed	☐ Sun: Closed	☐ Holidays: Closed		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
See Attached.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

   a) A practicing health professional; or

   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: Quest Health Solutions LLC

Mailing Address: 7401 Wiles Road Suite 139

City: Coral Springs State: FL Zip: 33067

Telephone: 954-540-5425 Email: qhscredentialing@questhealthsolutions.com

Contact Person Name: Ashley Beall

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Vasta

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

14/21/2025

Date

Board Use Only	Date Received: 5/14/25	Amount: $500 CC

QUEST HEALTH SOLUTIONS

Quest Health Solutions LLC
NV State Board of Pharmacy Medical Devices, Equipment and Gas License: MP03130
TIN: 81-4541240
T2NPI: 1255086211

Subject: Notification of **Change in Ownership** for Quest Health Solutions, LLC

Quest Health Solutions LLC is hereby providing formal notification of an upcoming change in ownership (percentages only), effective April 30, 2025. Percentage changes and the historical ownership structure of Quest Health Solutions LLC is outlined below:

Prior to April 29, 2024:

- Vasta Consulting, Inc. (Philip Vasta) – 60.44%
- Gemini Consulting, LLC (Adam Nadler) – 30.22%
- ZBS Management, LLC (Adam Handfinger) – 9.33%

Following the April 29, 2024, transaction (current structure):

- Vasta Consulting, Inc. (Philip Vasta) – 40.44%
- Gemini Consulting, LLC (Adam Nadler) – 27.72%
- ZBS Management, LLC (Adam Handfinger) – 6.83%
- SCOA Wellness Holdings, LLC – 25% (Tax ID: 99-2147002)

Following the anticipated April 30, 2025, transaction:

- SCOA Wellness Holdings, LLC – 50% (Tax ID: 99-2147002)
- Vasta Consulting, Inc. (Philip Vasta) – 23.7767%
- Gemini Consulting, LLC (Adam Nadler) – 21.2233%
- ZBS Management, LLC (Adam Handfinger) – 5%

Quest Health Solutions LLC is a subsidiary of its parent company, Vast Medical Holdings, LLC (Tax ID: 83-2332773).

Should you require further information or documentation, please do not hesitate to contact me at (561) 289-2622 or ashley@questhealthsolutions.com. Thank you for your time and attention to this matter. We look forward to your confirmation of receipt and any further instructions necessary to complete this process.

Sincerely,

Ashley Beall

Ashley Beall
Executive Committee Coordinator
Quest Health Solutions, LLC

Type	State	Provider ID number
Medicaid	Alaska	rovider ID: 1737164AVRS Provider ID Number (PIN): 10758
Medicaid	Arizona	AHCCCS ID: 153438
Medicaid	California Medi-Cal	Provider Number: 100306647PIN: 0666543
Medicaid	Delaware	Provider ID: 250796410
Medicaid	Idaho	1255086211
Medicaid	Iowa	provider ID: 0911294
Medicaid	Kansas	Base ID: 3000472933NPI: 1255086211
Medicaid	Nebraska	10027799100
Medicaid	New York	Provider ID: 07829803
Medicaid	Oregon	500814802
Medicaid	Pennsylvania	104231985-0001
Medicaid	Utah	Provider PRISM ID: 4146061
Medicaid	Washington	Provider ID: 2243539
Medicaid	Wyoming	Provider ID: 219049400
Medicare		Medicare ID: 7681150002

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/24/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Benchmark Insurance Company	41394
INSURED Quest Health Solutions, LLC 1955 Cleveland Ave., Ste. 100 Santa Rosa, CA 95401	INSURER B: Hartford Underwriters Insurance Company	30104
	INSURER C: At-Bay Specialty Insurance Company	19607
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** W38715912 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Medical Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			D1024 G6521-5	05/01/2025	05/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Incidental Med Prof	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $ Included
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $ $
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			UM1024 6882-3	05/01/2025	05/01/2026	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Yes If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		10 WEC BF9U1R	05/01/2025	05/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C	Cyber Liability			AB-6630962-01	05/01/2025	05/01/2026	Network Security Liab Breach Response Media Liability	3,000,000 15k sir 3,000,000 15k sir 3,000,000 15k sir

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Excess Liability is follow form.

CERTIFICATE HOLDER

BOC USA (Board of Certification / Accreditation)
10461 Mill Run Circle, Ste 1250
Owings Mills, MD 21117

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Patricia A Fong

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SR ID: 27658467 BATCH: 3935491

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	QUEST HEALTH SOLUTIONS, LLC
Entity No.:	202131910011
Registration Date:	11/09/2021
Entity Type:	Limited Liability Company - Out of State
Formed In:	FLORIDA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 28, 2025.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 321909228

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

Parent Company: Vast Medical Holdings LLC
Tax ID: 83-2332773
Address: 7351 Wiles RD. Suite 104, Coral Springs, FL 33067

List of Partners and Owners of Quest Health Solutions, LLC

Philip Vasta

[redacted]

Title: Owner
Relationship: 40% ownership
Effective Date 11/09/2021
Authorized Official
Not a W-2 Employee

Adam Nadler

[redacted]

Title: Owner
Relationship: 27.5% Ownership
Effective Date 11/09/2021
Authorized Official
Not a W-2 Employee

Adam Handfinger

[redacted]

Title: Owner
Relationship: 7.5% Ownership
Effective Date 11/09/2021
Not a W-2 Employee

SCOA Wellness Holdings LLC
Tax ID: 992147002
Address: 215 East 80*th* Street Apt 8K New York, New York 10075-0531
Relationship: 25% Ownership
Effective Date: 04/29/2024

- Indirect Contact: Jeremy K. Yap
- [redacted]
- Not a W-2 Employee

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Quest Health Solutions LLC
1955 Cleveland Ave Suite #100
Santa Rosa, CA 95401

LICENSE NUMBER: 116176
EXPIRATION DATE: 4/28/2026

The person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee shall be responsible for assuring compliance with all requirements of this article pertaining to Home Medical Device Retail Facilities.

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

Home Medical Device Retail Exemptee License

Bowman, Tammy Marie
Quest Health Solutions LLC
1955 Cleveland Ave Suite #100
Santa Rosa, CA 95401

LICENSE NUMBER: 116204
FIRM LICENSE NUMBER: 116176

EXPIRATION DATE: 4/1/2026

The person named herein is licensed as a Home Medical Device Retail Facility Exemptee from the issue date to and including the expiration date. This license is issued in accordance with the California Health and Safety Code, and is not transferable to any other person.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

OSP 07 102308

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Quest Health Solutions LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): MP03130

Physical Address: 1955 Cleveland Ave, STE 100

City: Santa Rosa State: CA Zip: 95401

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 707-843-7803 Website: www.questhealthsolutions.com

Licensing Company Email: qhscredentialing@questhealthsolutions

Section 2: Personal Information

First: Adam Middle: Last: Nadler

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: adam@questhealthsolutions.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Emory University		08/95-05/99	
Address	City	State	Zip
201 Dowman Drive	Atlanta	GA	30322
Diploma/Degree obtained, if any			
BA Sociology			

School Name		From - To (MM/YY – MM/YY)	
Taravella High School		08/91- 06/95	
Address	City	State	Zip
10600 Riverside Dr	Coral Springs	FL	33071
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/15- present	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY) 07/04-09/15				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Quest Health Solutions LLC			07/16-present
Business Address	**City**	**State**	**Zip**
7401 Wiles Road Suite 139	Coral Springs	FL	33067
Phone	**Title**		
877-888-7050	Owner/CEO		
Description of Duties			
CEO			

Business Name			From - To (MM/YY – MM/YY)
Vast Medical Holdings LLC			07/16 - Present
Business Address	**City**	**State**	**Zip**
7351 Wiles Road Suite 104	Coral Springs	FL	33067
Phone	**Title**		
877-888-7050	Owner		
Description of Duties			
Owner			

Business Name			From - To (MM/YY – MM/YY)
Show Me Medical Equipment LLC			07/16 - Present
Business Address	**City**	**State**	**Zip**
1208 Porter Wagoner Blvd Ste 3	West Plains	MO	65775
Phone	**Title**		
(417) 256-2526	Owner		
Description of Duties			
Owner			

Business Name			From - To (MM/YY – MM/YY)
Gemini Consulting LLC			06/08 - Present
Business Address	**City**	**State**	**Zip**
9035 Vista Way	Parkland	FL	33076
Phone	**Title**		
954-540-5425	Owner		
Description of Duties			
Consulting/ Professional Services			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

4/21/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam Nadler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/21/25

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Adam Nadler, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/21/25

Date

Subscribed and Sworn to before me this 21st day of April.

Notary Public Signature

Notary Public State of Florida
Ashley Beall
My Commission HH 609277
Expires 11/3/2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Quest Health Solutions LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): MP03130

Physical Address: 1955 Cleveland Ave, STE 100

City: Santa Rosa State: CA Zip: 95401

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 707-843-7803 Website: www.questhealthsolutions.com

Licensing Company Email: phil@questhealthsolutions.com

Section 2: Personal Information

First: Philip Middle: Ross Last: Vasta

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: phil@questhealthsolutions.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Palm Beach State College		9/93- 6/94	
Address	**City**	**State**	**Zip**
3160 PGA Blvd	Palm Beach Gardens	FL	33410
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Jupiter High School		9/89 - 6/93	
Address	**City**	**State**	**Zip**
500 Military Trail	Jupiter	FL	33458
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/2012 - current	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Quest Health Solutions LLC			6/18- current
Business Address	**City**	**State**	**Zip**
1955 Cleveland Ave, STE 100	Santa Rosa	CA	95401
Phone	**Title**		
707-843-7803	Owner		
Description of Duties			
Owner			

Business Name			From - To (MM/YY – MM/YY)
Quest Health Solutions LLC			6/18-current
Business Address	**City**	**State**	**Zip**
3301 N University Dr, Suite 310	Coral Springs	FL	33065
Phone	**Title**		
877-888-7050	Owner		
Description of Duties			
Owner			

Business Name			From - To (MM/YY – MM/YY)
Show Me Medical Equipment LLC			6/18-current
Business Address	**City**	**State**	**Zip**
1208 Porter Wagoner Blvd Ste 3	West Plains	MO	65775
Phone	**Title**		
(417) 256-2526	Owner		
Description of Duties			
Owner			

Business Name			From - To (MM/YY – MM/YY)
Vast Medical Holdings LLC			6/18-current
Business Address	**City**	**State**	**Zip**
7351 Wiles Road Suite 104	Coral Springs	FL	33067
Phone	**Title**		
Description of Duties			
Owner			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Vasta

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/21/2025

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/21/2025

Date

Subscribed and Sworn to before me this 21st day of April 2025

Ashley Beall

Notary Public Signature

Notary Public State of Florida
Ashley Beall
My Commission HH 609277
Expires 11/3/2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

NAC 639.694

1. **Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:**
   a. Be a natural person;
   b. Have a high school diploma or its equivalent;
   c. Have:
      i. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
      ii. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
   d. Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
   e. Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.
4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

NAC 639.6946

1. Except as otherwise provided in NAC 639.6945, a medical products provider shall:
   a. Provide services for all medical products sold, leased or otherwise provided by the medical products provider, including, without limitation, set up, repair and maintenance.
   b. Employ an administrator and other employees sufficient to provide the services described in paragraph (a).

NAC 639.6957

1. A medical products wholesaler shall:
   a. Employ a facility administrator and other employees sufficient to operate, set up, repair, maintain and service all medical products sold, leased or otherwise provided by the medical products wholesaler.

Please mail this completed application and all other required documents with your MDEG and/or Wholesaler Application to the address indicated above.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Quest Health Solutions, LLC MDEG License # (if applicable) _____

Physical Address 1955 Cleveland Ave #100

City Santa Rosa State CA Zip 95401

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 707-843-7803 Website _____

Licensing Company Email tbowman@questhealthsolutions.com

Section 2: Personal Information

First Tammy Middle Marie Last Bowman

Alias(es, nicknames, name changes, etc.) Pierucci and Rybacki

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
El Molino High School		09/80 to 06/84	
Address	**City**	**State**	**Zip**
7050 Covey Rd	Forestville	CA	
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Empire Business College		09/86 to 09/87	
Address	**City**	**State**	**Zip**
3033 Cleveland Ave	Santa Rosa	CA	95401
Diploma/Degree obtained, if any			
Clerical Degree			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06-15-2017 now	[redacted]	[redacted]	[redacted]	[redacted]
09-04 to 06/17				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Quest Health Solutions, LLC			01/03/22 to 01/11/23	
Business Address		**City**	**State**	**Zip**
1955 Cleveland Ave #100		Santa Rosa	CA	95407
Phone	**Title**		**Number of Employed Hours**	
707-843-7803	Office Manager		1872	
Description of Duties				
Office manager, Doctor Verifications, patient verifications, data processing of confidential information				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	X	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
09-18-1996	7-21-97	CA	Santa Rosa	Sonoma County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
MCR-776813-3	Superior Court of Sonoma County

Reason/Charge	
Driving on Suspended License	
Plaintiff/Defendant/Claimant/Respondent	**Lawsuit/Arbitration/Bankruptcy**
Tammy Rybacki	
Name of Business/Industry/Entity	

Provide explanation below:

Dear Sir or Madam, during the years of 1996 thru 1998 I had recently divorced and started down the wrong path of drugs and alcohol and was arrested several times for drug paraphanelia, posession of a narcotic, Shop lifting or driving with a suspended license which I am not proud of.

After my last arrest in 1998 I turned my life around and am now alcohol and drug free since March 22, 2022 I work a program of recovery and do many things to give back to my community including working with the Juvenile Hall so that the kids see that they don't have to make the same mistakes that I did and also have been in service by going into the jails to share my experience strength and hope with the inmates who are incarcerated.

When asked how I still stay clean I share that I still go to meetings, I still work with my sponsor, I still work the 12 steps of recovery, I'm still in service and most of all I don't put anything into my body.

I'm hoping that with sharing my story you will see that my life has changed and my actions from 24 years ag show that I am not the same person I use to be and can be approved by the state of NV for licensing.

Per the applications request I am attaching all of my past violations and am available for any questions you might have.

Sincerely,

Tammy Bowman

Original Signature (electronic, copies or stamps not accepted)

04/28/2025

Date

I, Tammy Bowman, **certify that as the MDEG Administrator for**

Quest Health Solutions, LLC,

that I (initial that you have read and meet the following requirements):

1. yes Have a high school diploma or its equivalent;
2. yes Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. yes Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. yes Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tammy Bowman
Print Name (First, Last)

Tammy Bowman
Original Signature (electronic, copies or stamps not accepted)

04/28/2025
Date

Board Use Only	Date Received:

Kristy Zigenis

From: Tammy Bowman <tbowman@questhealthsolutions.com>
Sent: Thursday, May 22, 2025 8:41 AM
To: Kristy Zigenis
Cc: Ashley Beall
Subject: Nevada State Board of Pharmacy
Attachments: Nevada State Board of Pharmacy-Mark Sedar.png; NV- HME- Tammy Meeting Request.pdf

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Kristy, I have been employed full-time by Quest since 1/3/2022, and I am present on-site during all regular business hours. In my capacity, I support the daily operations of our facility, including the coordination of documentation, regulatory processes, and patient communication related to our medical products — specifically continuous glucose monitors (CGMs) and insulin pump supplies.

Quest Health Solutions holds a direct supplier agreement with Abbott Diabetes Care, and our fulfillment is managed through our logistics partner, Gemco Medical. As part of my role, I maintain oversight of shipment workflows, ensure documentation is in compliance with policy, and support product-related processes aligned with our delivery protocols and equipment procedures.

I have successfully completed required annual training on topics including HIPAA, corporate compliance, patient rights, CGM product training, and equipment delivery procedures, all of which are vital to the safe and compliant operation of a durable medical equipment provider.

Additionally, on July 13, 2023, for our original Application submitted, I personally appeared before the Nevada State Board of Pharmacy as an authorized representative of Quest Health Solutions. For reference, I have included a copy of the formal meeting request and the Board's approval confirmation email after the meeting took place.

Please feel free to contact me with any questions that you might have,

Sincerely,

QUEST HEALTH SOLUTIONS

TAMMY BOWMAN

Document Retrieval Specialist
Santa Rosa Branch

(954) 345-7099 EXT. 125

TBOWMAN@QUESTHEALTHSOLUTIONS.COM

7401 WILES RD, STE. 139
CORAL SPRINGS, FL 33067

WWW.QUESTHEALTHSOLUTIONS.COM

CRIMINAL

CASE SUMMARY

CASE NO. TCR-282640-1

PEO VS. RYBACKI

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§
§
§
§

Location: **Criminal**
Judicial Officer: **Superior Court, Judicial Officer**
DMV Court Code: **49100 Superior Court, Criminal**
Filed on: **10/07/1996**

CASE INFORMATION

Offense	Statute	Deg	Date
Jurisdiction: **Santa Rosa**			
001. DRIVING WHILE LICENSE SUSPENDED (ORIGINAL Complaint)	14601.1(a)	M	09/18/1996

Case Type: **Misdemeanor**

Related Cases
MCR-276813-3 (Same Defendant)
MCR-291219-1 (Same Defendant)
MCR-311445-1 (Same Defendant)
MCR-311932-1 (Same Defendant)
MCR-312677-1 (Same Defendant)

Statistical Closures
07/07/1997 Found Guilty: Court

CASE ASSIGNMENT

Current Case Assignment

Case Number	TCR-282640-1
Court	Criminal
Date Assigned	10/04/1996
Judicial Officer	Superior Court, Judicial Officer
DMV Court Code	49100 Superior Court, Criminal

DATE — EVENTS & ORDERS OF THE COURT — INDEX

07/07/1999 Probation Term Expired
Conditional Sentence Term Expired
Party: Defendant PIERUCCI, TAMMY MARIE

07/21/1997 *CANCELED* **Settlement Conference** (10:30 AM) (Judicial Officer: DeJung, Ted J)
SETTLEMENT CONFERENCE
Vacated
Vacated

07/07/1997 Automated DL106 Sent To DMV-Sacramento
AUTOMATED DL106 SENT TO DMV-SACRAMENTO
Party: Defendant PIERUCCI, TAMMY MARIE

07/07/1997 **Settlement Conference** (10:30 AM) (Judicial Officer: DeJung, Ted J)
SETTLEMENT CONFERENCE
Resource: Court Reporter MN
Resource: Courtroom Clerk Rosario, Irene
Resource: Location Courtroom 15
Held:
Held

07/07/1997 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M15* ----------

Defendant present in custody

Printed on 01/12/2023 at 9:40 A

	Counsel Mark Retana appearing *Defendant Changes Plea from not guilty to nolo contendere - count 1 VC 14601.1(a)* *CONVICTED TO COUNT 1 VC 14601.1(a)* *Defendant stipulates to factual basis for plea* *Stipulate to Commissioner* *Court finds factual basis for plea* *Court finds Defendant Knowingly, Intelligently, Freely & Voluntarily waives rights* *Court makes finding of guilt* *Settlement Conference Held* *Imposition of Judgment Suspended* *Conditional Sentence Granted 24 month(s) - order filed* *Sentenced to serve 30 days in Jail.* *Serve concurrent to MCR-291219* Party: Defendant PIERUCCI, TAMMY MARIE
07/07/1997	Conditional Sentence Granted *Conditional Sentence Granted 24 month(s) - order filed* Party: Defendant PIERUCCI, TAMMY MARIE
07/07/1997	Defendant knowingly and intelligently waives rights *Court finds Defendant Knowingly, Intelligently, Freely & Voluntarily waives rights*
07/07/1997	**Sentence** (Judicial Officer: DeJung, Ted J) 001. DRIVING WHILE LICENSE SUSPENDED (ORIGINAL Complaint) Sentenced Adult Confinement Type: *Jail Start Date: 07/07/1997 Concurrent with Case Case Number: MCR291219 Term Type: Jail Term Term: 30 Days Probation Type: Conditional Sentence Start Date: 07/07/1997 Term: 24 Months End Date: 07/07/1999 Status: Granted (Active) Status Date: 07/07/1997
07/07/1997	**Amended Plea** Reason: Change of Plea *Defendant Changes Plea from not guilty to nolo contendere - count 1 VC 14601.1(a)* 001. DRIVING WHILE LICENSE SUSPENDED (ORIGINAL Complaint) *No Contest Charge #: 001 Allegation:
07/07/1997	**Disposition** 001. DRIVING WHILE LICENSE SUSPENDED (ORIGINAL Complaint) Convicted Charge #: 001 Allegation:
06/27/1997	**Violation of Supervise OR** (8:30 AM) (Judicial Officer: DeJung, Ted J) *VIOLATION OF SUPERVISE OR AT PROBATION REQUEST* Resource: Courtroom Clerk ROWLAND, S Resource: Location Courtroom 15 Held; *Held*
06/27/1997	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant present*

	Counsel Walter Rubenstein appearing for Mark Retana, not present *Probation Officer Churchill gives Oral Report* *Remanded into custody* *Bail set at $5000* *Supervised OR Revoked* *No time waiver* *Probation Report filed* *Settlement Conference Set - 07/07/1997 at 10:30am M15 ,SETTLEMENT CONFERENCE* *DROPPED FROM CALENDAR - 07/21/1997 at 10:30am M15 ,SETTLEMENT CONFERENCE* Party: Defendant PIERUCCI, TAMMY MARIE
06/26/1997	Continued To *CONTINUED TO - 06/27/1997 at 8:30am M15 ,VIOLATION OF SUPERVISE OR, AT PROBATION REQUEST* Party: Defendant PIERUCCI, TAMMY MARIE
06/06/1997	Own Recognizance Agreement To Appear - Filed *OWN RECOGNIZANCE AGREEMENT TO APPEAR FILED* Party: Defendant PIERUCCI, TAMMY MARIE
06/05/1997	**RPO/Bail Reduction** (8:30 AM) (Judicial Officer: DeJung, Ted J) *RPO/BAIL REDUCTION* Resource: Courtroom Clerk ROWLAND, S Resource: Location Courtroom 15 Held; *Held*
06/05/1997	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M15 ----------* *Defendant present in custody* *Counsel Mark Retana not present Rubenstein appearing* *Motion for supervised OR granted with standard terms* *Conditions attached.* *Commence and continue education,counseling and other rehabilitation programs as directed by Probation Officer* *Report as directed to Probation Officer* *Be of good conduct and obey all laws* *Submit to warrantless search and seizure of person, property, personal business or vehicle at any time day or night;* *Submit to warrantless search/seizure of residence any time day or reasonable hr, night by any Prob./Law Enforc. Off.* *Submit to chemical tests* *Totally abstain from use of alcohol* *Defendant not to have possession, custody or control of Controlled Substance* *Defendant Waived Time for Trial* *Settlement Conference Set - 07/21/1997 at 10:30am M15 ,SETTLEMENT CONFERENCE* Party: Defendant PIERUCCI, TAMMY MARIE
06/03/1997	**To Set** (8:30 AM) (Judicial Officer: DeJung, Ted J) *TO SET* Resource: Courtroom Clerk Rosario, Irene Resource: Location Courtroom 15 Held; *Held*
06/03/1997	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M15 ----------* *Defendant present in custody* *Counsel Walter Rubenstein appearing* *Complaint amended to Rybacki, Tammy Marie, true name* *Bail remains as set*

	Case Referred to Probation Department for RPO *Re: Release on Own Recognizance or Bail Reduction* *CONTINUED TO - 06/05/1997 at 8:30am M15 ,RPO/BAIL REDUCTION* Party: Defendant PIERUCCI, TAMMY MARIE
06/02/1997	**Clear Warrant** (9:30 AM) (Judicial Officer: Dale, Robert P) *CLEAR WARRANT AT DEFENDANT'S REQUEST* Resource: Courtroom Clerk OLSON, KAREN Resource: Location COURTROOM 15-COURTROOM 10 Held; *Held*
06/02/1997	Warrant #?W Recalled *Warrant #5171515 Recalled in Court* Party: Defendant PIERUCCI, TAMMY MARIE
06/02/1997	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant present* *Conflict Counsel W. Rubenstein-J. Abrahams appearing* *Conflict Counsel Appointed* *Remanded into custody* *Warrant #5171515 Recalled in Court* *Bail set at $2500* *No time waiver* *CONTINUED TO - 06/03/1997 at 8:30am M15 ,TO SET* Party: Defendant PIERUCCI, TAMMY MARIE
06/02/1997	Continued To *CONTINUED TO - 06/02/1997 at 9:30am M15 ,CLEAR WARRANT,AT DEFENDANT'S REQUEST* Party: Defendant PIERUCCI, TAMMY MARIE
03/26/1997	**Delay Reduction** (8:30 AM) (Judicial Officer: DeJung, Ted J) *DELAY REDUCTION WARRANT* Resource: Courtroom Clerk ROWLAND, S Resource: Location Courtroom 15 Held: *Held*
03/26/1997	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant not present* *Counsel Mark Retana appearing* *Warrant to remain out* Party: Defendant PIERUCCI, TAMMY MARIE
03/25/1997	Calendared For Delay Reduction *CALENDARED FOR DELAY REDUCTION 3/26/97 - 03/26/1997 at 8:30am M15 ,DELAY REDUCTION,WARRANT* Party: Defendant PIERUCCI, TAMMY MARIE
03/24/1997	**Settlement Conference** (10:30 AM) (Judicial Officer: DeJung, Ted J) *SETTLEMENT CONFERENCE* Resource: Courtroom Clerk Rosario, Irene Resource: Location Courtroom 15 Held; *Held*
03/24/1997	B/W #? Issued In The Amount Of ? For Contempt For Failure To Appear *B/W #5171515 issued in the amount of $2,500 for Contempt for Failure to Appear*

Party: Defendant PIERUCCI, TAMMY MARIE

03/24/1997 ---------- Courtroom Minutes ----------
---------- Courtroom Minutes in M15 ----------

Defendant not present
Counsel Rubenstein appearing
Bench Warrant to issue for $2500
B/W #5171515 issued in the amount of $2,500 for Contempt for Failure to Appear
Party: Defendant PIERUCCI, TAMMY MARIE

02/07/1997 **Conflict of Counsel** (8:30 AM) (Judicial Officer: DeJung, Ted J)
CONFLICT COUNSEL ARRAIGNMENT
Resource: Court Reporter Hannan, Maria
Resource: Courtroom Clerk Gehrett, Deanna
Resource: Location Courtroom 15
Held;
Held

02/07/1997 ---------- Courtroom Minutes ----------
---------- Courtroom Minutes in M15 ----------

Defendant present
Conflict Counsel T. Rivard appearing for Mark Retana
Conflict Counsel Appointed
Defendant handed copy of complaint
Defendant handed copy of report
Defendant duly arraigned, advised of charges/allegations
Defendant informed of Time for Trial
Defendant Waived Time for Trial
Defendant pleads Not Guilty to count 1 VC 14601.1(a)
Settlement Conference Set - 03/24/1997 at 10:30am M15 ,SETTLEMENT CONFERENCE
Party: Defendant PIERUCCI, TAMMY MARIE

02/07/1997 Defendant advised of charges/allegations
Defendant duly arraigned, advised of charges/allegations

02/07/1997 **Plea**
Defendant pleads Not Guilty to count 1 VC 14601.1(a)
001. DRIVING WHILE LICENSE SUSPENDED (ORIGINAL Complaint)
Not Guilty
Charge #: 001 Allegation:

02/05/1997 **Cited to Appear/Warrant** (8:30 AM) (Judicial Officer: DeJung, Ted J)
CTA/WARRANT ARRAIGNMENT
Resource: Courtroom Clerk Gehrett, Deanna
Resource: Location Courtroom 15
Held;
Held

02/05/1997 ---------- Courtroom Minutes ----------
---------- Courtroom Minutes in M15 ----------

Defendant present
Conflict Counsel Mark Retana, not present Assigned
CONTINUED TO - 02/07/1997 at 8:30am M15 ,CONFLICT COUNSEL,ARRAIGNMENT
Party: Defendant PIERUCCI, TAMMY MARIE

02/03/1997 Warrant #?W Recalled Defendant Cited To Appear
Warrant #5163833 Recalled Defendant Cited To Appear
Party: Defendant PIERUCCI, TAMMY MARIE

CASE SUMMARY

CASE NO. TCR-282640-1

02/03/1997	Continued By Cite To *CONTINUED BY CITE TO - 02/05/1997 at 8:30am M15 ,CTA/WARRANT,ARRAIGNMENT* Party: Defendant PIERUCCI, TAMMY MARIE
01/31/1997	Cite Fee To Apply *CITE FEE TO APPLY* Party: Defendant PIERUCCI, TAMMY MARIE
01/22/1997	**Delay Reduction** (8:30 AM) (Judicial Officer: Gray, Patricia A) *DELAY REDUCTION WARRANT* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 9 Held; *Held*
01/22/1997	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M9* ---------- *Defendant not present* *Warrant to remain out* Party: Defendant PIERUCCI, TAMMY MARIE
01/16/1997	Calendared For Delay Reduction *CALENDARED FOR DELAY REDUCTION 1/22/97 - 01/22/1997 at 8:30am M9 ,DELAY REDUCTION,WARRANT* Party: Defendant PIERUCCI, TAMMY MARIE
11/14/1996	Warrant #? Signed And Issued In The Amount Of ? *WARRANT #5163833 SIGNED AND ISSUED IN THE AMOUNT OF $1,000* Party: Defendant PIERUCCI, TAMMY MARIE
11/07/1996	Declaration In Support Of Warrant Of Arrest - Filed *DECLARATION IN SUPPORT OF WARRANT OF ARREST FILED* Party: Defendant PIERUCCI, TAMMY MARIE
11/06/1996	Warrant #? Created By ? *Warrant #5163833 created by J15* Party: Defendant PIERUCCI, TAMMY MARIE
11/05/1996	**First Appearance** (8:30 AM) (Judicial Officer: Brennan, Dennis) *FIRST APPEARANCE* Resource: Courtroom Clerk S.MCCANN Resource: Location Courtroom 15 Held; *Held*
11/05/1996	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant not present* *DA to prepare Declaration & Warrant* Party: Defendant PIERUCCI, TAMMY MARIE
10/07/1996	Complaint Filed *COMPLAINT FILED* Party: Defendant PIERUCCI, TAMMY MARIE
10/04/1996	Calendar Item *CALENDAR ITEM - 11/05/1996 at 8:30am M15 ,FIRST APPEARANCE* Party: Defendant PIERUCCI, TAMMY MARIE
09/18/1996	Cite Fee To Apply

CRIMINAL

CASE SUMMARY

CASE NO. MCR-276813-3

People vs. PIERUCCI, TAMMY

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§

Location: **Criminal**
Judicial Officer: **Superior Court, Judicial Officer**
DMV Court Code: **49100 Superior Court, Criminal**
Filed on: **06/24/1996**

CASE INFORMATION

Offense	Statute	Deg	Date	Case Type: **Misdemeanor**
Jurisdiction: **Petaluma**				
004. SHO ON VEH/GIV PO FLS REG (ORIGINAL Complaint)	4462.5	M	06/21/1996	

Related Cases
MCR-276813-1 (Co-Defendant)
MCR-291219-1 (Same Defendant)
MCR-311445-1 (Same Defendant)
MCR-311932-1 (Same Defendant)
MCR-312677-1 (Same Defendant)
TCR-282640-1 (Same Defendant)

Statistical Closures
07/07/1997 Found Guilty: Court

CASE ASSIGNMENT

Current Case Assignment

Case Number	MCR-276813-3
Court	Criminal
Date Assigned	06/21/1996
Judicial Officer	Superior Court, Judicial Officer
DMV Court Code	49100 Superior Court, Criminal

EVENTS & ORDERS OF THE COURT

DATE	EVENTS & ORDERS OF THE COURT	INDEX
07/07/1999	Probation Term Expired *Conditional Sentence Term Expired* Party: Defendant PIERUCCI, TAMMY MARIE	
07/21/1997	*CANCELED* **Settlement Conference** (10:30 AM) (Judicial Officer: DeJung, Ted J) *SETTLEMENT CONFERENCE* *Vacated* *Vacated*	
07/07/1997	Automated DL106 Sent To DMV-Sacramento *AUTOMATED DL106 SENT TO DMV-SACRAMENTO* Party: Defendant PIERUCCI, TAMMY MARIE	
07/07/1997	**Settlement Conference** (10:30 AM) (Judicial Officer: DeJung, Ted J) *SETTLEMENT CONFERENCE* Resource: Court Reporter MN Resource: Courtroom Clerk Rosario, Irene Resource: Location Courtroom 15 Held; *Held*	
07/07/1997	Conditional Sentence Granted *Conditional Sentence Granted 24 month(s) - order filed* Party: Defendant PIERUCCI, TAMMY MARIE	

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CASE SUMMARY
CASE NO. MCR-276813-3

07/07/1997 ---------- Courtroom Minutes ----------
---------- Courtroom Minutes in M15 ----------

Defendant present in custody
Counsel Mark Retana appearing
Defendant Changes Plea from not guilty to nolo contendere - count IV VC 4462.5
CONVICTED TO COUNT IV VC 4462.5
Defendant stipulates to factual basis for plea
Stipulate to Commissioner
Court finds factual basis for plea
Court finds Defendant Knowingly, Intelligently, Freely & Voluntarily waives rights
Court makes finding of guilt d30
Settlement Conference Held
Imposition of Judgment Suspended
Conditional Sentence Granted 24 month(s) - order filed
Be of good conduct and obey all laws
Sentenced to serve 30 days in Jail.
Serve concurrent to MCR-291219
Previous Balance of $75
Fine $75 vacated
Party: Defendant PIERUCCI, TAMMY MARIE

07/07/1997 **Sentence** (Judicial Officer: DeJung, Ted J)
004. SHO ON VEH/GIV PO FLS REG (ORIGINAL Complaint)
Sentenced
Adult Confinement
Type: *Jail
Start Date: 07/07/1997
Concurrent with Case
Case Number: MCR291219
Term Type: Jail Term
Term: 30 Days
Probation
Type: Conditional Sentence
Start Date: 07/07/1997
Term: 24 Months
End Date: 07/07/1999
Status: Granted (Active)
Status Date: 07/07/1997
Condition
1. Previous Balance of __, Previous Balance of $75, 24M, 07/07/1997, Active 07/07/1997
Converted Disposition:
Previous Balance of $75

07/07/1997 **Amended Plea** Reason: Change of Plea
Defendant Changes Plea from not guilty to nolo contendere - count IV VC 4462.5
004. SHO ON VEH/GIV PO FLS REG (ORIGINAL Complaint)
*No Contest
Charge #: 004 Allegation:

07/07/1997 **Disposition**
004. SHO ON VEH/GIV PO FLS REG (ORIGINAL Complaint)
Convicted
Charge #: 004 Allegation:

06/27/1997 **Violation of Supervise OR** (8:30 AM) (Judicial Officer: DeJung, Ted J)
VIOLATION OF SUPERVISE OR AT PROBATION REQUEST
Resource: Courtroom Clerk ROWLAND, S
Resource: Location Courtroom 15
Held;

	Held
06/27/1997	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M15 ----------* *Defendant present* *Counsel Mark Retana not present* *Probation Officer Churchill gives Oral Report* *Remanded into custody* *Bail set at $5000* *Motion for supervised OR granted with standard terms* *Conditions attached.* *Probation Report filed* *Settlement Conference Set - 07/07/1997 at 10:30am M15 ,SETTLEMENT CONFERENCE* *DROPPED FROM CALENDAR - 07/21/1997 at 10:30am M15 ,SETTLEMENT CONFERENCE* Party: Defendant PIERUCCI, TAMMY MARIE
06/26/1997	Continued To *CONTINUED TO - 06/27/1997 at 8:30am M15 ,VIOLATION OF SUPERVISE OR. AT PROBATION REQUEST* Party: Defendant PIERUCCI, TAMMY MARIE
06/06/1997	Own Recognizance Agreement To Appear - Filed *OWN RECOGNIZANCE AGREEMENT TO APPEAR FILED* Party: Defendant PIERUCCI, TAMMY MARIE
06/05/1997	**Report from Probation Officer** (8:30 AM) (Judicial Officer: DeJung, Ted J) *REPORT OF PROBATION OFFICER* Resource: Courtroom Clerk ROWLAND, S Resource: Location Courtroom 15 Held; *Held*
06/05/1997	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M15 ----------* *Defendant present in custody* *Counsel Mark Retana not present* *Motion for supervised OR granted with standard terms* *Conditions attached.* *Commence and continue education,counseling and other rehabilitation programs as directed by Probation Officer* *Report as directed to Probation Officer* *Submit to warrantless search and seizure of person, property, personal business or vehicle at any time day or night;* *Submit to warrantless search/seizure of residence any time day or reasonable hr. night by any Prob./Law Enforc. Off.* *Submit to chemical tests* *Totally abstain from use of alcohol* *Defendant not to have possession, custody or control of Controlled Substance* *Settlement Conference Set - 07/21/1997 at 10:30am M15 ,SETTLEMENT CONFERENCE* Party: Defendant PIERUCCI, TAMMY MARIE
06/03/1997	**Further Proceedings** (8:30 AM) (Judicial Officer: DeJung, Ted J) *FURTHER PROCEEDINGS VIOLATION OF PROBATION* Resource: Courtroom Clerk Rosario, Irene Resource: Location Courtroom 15 Held; *Held*
06/03/1997	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M15 ----------*

	Defendant present in custody *Counsel Walter Rubenstein appearing* *Complaint amended to Rybacki, Tammy Marie, true name* *Case Referred to Probation Department for RPO* *CONTINUED TO - 06/05/1997 at 8:30am M15 ,REPORT OF PROBATION OFFICER* Party: Defendant PIERUCCI, TAMMY MARIE
06/02/1997	**Clear Warrant** (9:30 AM) (Judicial Officer: Dale, Robert P) *CLEAR WARRANT AT DEFENDANT'S REQUEST* Resource: Courtroom Clerk OLSON, KAREN Resource: Location COURTROOM 15-COURTROOM 10 Held; *Held*
06/02/1997	Warrant #?W Recalled *Warrant #5171516 Recalled in Court* Party: Defendant PIERUCCI, TAMMY MARIE
06/02/1997	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant present* *Conflict Counsel W. Rubenstein-J. Abrahams appearing* *Conflict Counsel Appointed* *Remanded into custody* *Warrant #5171516 Recalled in Court* *Bail set at $1,000* *CONTINUED TO - 06/03/1997 at 8:30am M15 ,FURTHER PROCEEDINGS,VIOLATION OF PROBATION* Party: Defendant PIERUCCI, TAMMY MARIE
06/02/1997	Continued To *CONTINUED TO - 06/02/1997 at 9:30am M15 ,CLEAR WARRANT,AT DEFENDANT'S REQUEST* Party: Defendant PIERUCCI, TAMMY MARIE
03/26/1997	**Delay Reduction** (8:30 AM) (Judicial Officer: DeJung, Ted J) *DELAY REDUCTION WARRANT* Resource: Courtroom Clerk ROWLAND, S Resource: Location Courtroom 15 Held; *Held*
03/26/1997	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant not present* *Counsel Mark Retana appearing* *Warrant to remain out* Party: Defendant PIERUCCI, TAMMY MARIE
03/25/1997	Calendared For Delay Reduction *CALENDARED FOR DELAY REDUCTION 3/26/97 - 03/26/1997 at 8:30am M15 ,DELAY REDUCTION,WARRANT* Party: Defendant PIERUCCI, TAMMY MARIE
03/24/1997	**Settlement Conference** (10:30 AM) (Judicial Officer: DeJung, Ted J) *SETTLEMENT CONFERENCE* Resource: Courtroom Clerk Rosario, Irene Resource: Location Courtroom 15 Held; *Held*

03/24/1997	B/W #? Issued In The Amount Of ? For Contempt For Failure To Appear *B/W #5171516 issued in the amount of $2,500 for Contempt for Failure to Appear* Party: Defendant PIERUCCI, TAMMY MARIE
03/24/1997	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant not present* *Counsel Rubenstein appearing* *Bench Warrant to issue for $2500* *B/W #5171516 issued in the amount of $2,500 for Contempt for Failure to Appear* Party: Defendant PIERUCCI, TAMMY MARIE
02/07/1997	**Arraignment** (8:30 AM) (Judicial Officer: DeJung, Ted J) *ARRAIGNMENT TO AMEND COMPLAINT CONFLICT COUNSEL* Resource: Court Reporter Hannan, Maria Resource: Courtroom Clerk Gehrett, Deanna Resource: Location Courtroom 15 Held; *Held*
02/07/1997	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant present* *Public Defender Relieved* *Conflict Counsel T. Rivard appearing for Mark Retana, not present* *Conflict Counsel Appointed* *Defendant duly arraigned, advised of charges/allegations* *Discovery to be provided to M. Retana's Office Public Defender to check with their office re: discovery* *Defendant informed of Time for Trial* *Defendant Waived Time for Trial* *Defendant pleads Not Guilty to count IV VC 4462.5* *Settlement Conference Set - 03/24/1997 at 10:30am M15 ,SETTLEMENT CONFERENCE* Party: Defendant PIERUCCI, TAMMY MARIE
02/07/1997	**Plea** *Defendant pleads Not Guilty to count IV VC 4462.5* 004. SHO ON VEH/GIV PO FLS REG (ORIGINAL Complaint) Not Guilty Charge #: 004 Allegation:
02/05/1997	**Cited to Appear/Warrant** (8:30 AM) (Judicial Officer: DeJung, Ted J) *CTA/WARRANT* Resource: Courtroom Clerk Gehrett, Deanna Resource: Location Courtroom 15 Held; *Held*
02/05/1997	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant present* *Counsel Steve Pettit, Public Defender, appearing declares conflict* *Defendant #1 represented by Public Defender's office* *Conflict Counsel Mark Retana, not present Assigned* *Defendant informed of Right to Counsel* *CONTINUED TO - 02/07/1997 at 8:30am M15 ,ARRAIGNMENT,TO AMEND COMPLAINT,CONFLICT COUNSEL* Party: Defendant PIERUCCI, TAMMY MARIE
02/03/1997	Warrant #?W Recalled Defendant Cited To Appear

	Warrant #5167826 Recalled Defendant Cited To Appear Party: Defendant PIERUCCI, TAMMY MARIE
02/03/1997	Continued By Cite To *CONTINUED BY CITE TO - 02/05/1997 at 8:30am M15 ,CTA/WARRANT* Party: Defendant PIERUCCI, TAMMY MARIE
01/22/1997	**RE: Fine** (8:30 AM) (Judicial Officer: Gray, Patricia A) *RE: FINE* Resource: Courtroom Clerk KRELL, K Resource: Locatioo Courtroom 9 Held; *Held*
01/22/1997	B/W #? Issued In The Amount Of ? For Contempt For Failure To Appear *B/W #5167826 issued in the amount of $1,000 for Contempt for Failure to Appear* Party: Defendant PIERUCCI, TAMMY MARIE
01/22/1997	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M9* ---------- *Defendant not present* *Bench Warrant to issue for $1000* *B/W #5167826 issued in the amount of $1,000 for Contempt for Failure to Appear* Party: Defendant PIERUCCI, TAMMY MARIE
01/07/1997	Warrant #?W Recalled *WARRANT #10048598 RECALLED* Party: Defendant PIERUCCI, TAMMY MARIE
01/06/1997	Defendant Notified Of Court Date *Defendant Notified of Court Date* Party: Defendant PIERUCCI, TAMMY MARIE
01/06/1997	Calendar Hearing Rescheduled By The Court *CALENDAR HEARING RESCHEDULED BY THE COURT - 01/22/1997 at 8:30am M9 ,RE: FINE* Party: Defendant PIERUCCI, TAMMY MARIE
01/02/1997	Time Accounts Warrant #? Issued For ? *TIME ACCOUNTS WARRANT #10048598 ISSUED FOR $217.00* Party: Defendant PIERUCCI, TAMMY MARIE
07/31/1996	**Clear Warrant** (9:30 AM) (Judicial Officer: Dale, Robert P) *CLEAR WARRANT AT DEFENDANT'S REQUEST* Resource: Courtroom Clerk KRELL, K Resource: Location CR9-CR10 Held; *Held*
07/31/1996	Warrant #?W Recalled *WARRANT #5157502 RECALLED* Party: Defendant PIERUCCI, TAMMY MARIE
07/31/1996	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M9* ---------- *Defendant present* *Counsel J Abrahams specially, Public Defender, appearing* *City Attorney D Taylor appearing* *Court indicates complaint improperly charged (non-joinder)* *Defendant duly arraigned, advised of charges*

	Defendant handed copy of complaint *Pay Court costs of $75 to Clerk's office by 9-30-96* *Case Dismissed Motion of the People Conditionally upon payment of Court Costs* *WARRANT #5157502 RECALLED* Party: Defendant PIERUCCI, TAMMY MARIE
07/31/1996	Continued To *CONTINUED TO - 07/31/1996 at 9:30am M9 ,CLEAR WARRANT,AT DEFENDANT'S REQUEST* Party: Defendant PIERUCCI, TAMMY MARIE
07/17/1996	**Cited to Appear/Warrant** (8:30 AM) (Judicial Officer: Gray, Patricia A) *CTA/WARRANT* Resource: Courtroom Clerk Gehrett, Deanna Resource: Location Courtroom 9 Held; *Held*
07/17/1996	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M9* ---------- *Defendant not present* *Bench Warrant to issue for $3000* *B/W #5157502 issued in the amount of $3,000 for Failure to Appear on Citation per PC 853.7* Party: Defendant PIERUCCI, TAMMY MARIE
07/17/1996	B/W #? Issued In The Amount Of ? For Failure To Appear On Citation Per Pc 853.7 *B/W #5157502 issued in the amount of $3,000 for Failure to Appear on Citation per PC 853.7* Party: Defendant PIERUCCI, TAMMY MARIE
07/15/1996	Warrant #?W Recalled Defendant Cited To Appear *Warrant #5157188 Recalled Defendant Cited To Appear* Party: Defendant PIERUCCI, TAMMY MARIE
07/15/1996	Continued By Cite To *CONTINUED BY CITE TO - 07/17/1996 at 8:30am M9 ,CTA/WARRANT* Party: Defendant PIERUCCI, TAMMY MARIE
07/10/1996	**First Appearance** (8:30 AM) (Judicial Officer: Gray, Patricia A) *FIRST APPEARANCE CITED TO APPEAR ARRAIGNMENT* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 9 Held: *Held*
07/10/1996	B/W #? Issued In The Amount Of ? For Failure To Appear On Citation Per Pc 853.7 *B/W #5157188 issued in the amount of $3,000 for Failure to Appear on Citation per PC 853.7* Party: Defendant PIERUCCI, TAMMY MARIE
07/10/1996	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M9* ---------- *Defendant not present* *Bench Warrant to issue for $3000* *B/W #5157188 issued in the amount of $3,000 for Failure to Appear on Citation per PC 853.7* Party: Defendant PIERUCCI, TAMMY MARIE
06/24/1996	Continued To *CONTINUED TO - 07/10/1996 at 8:30am M9 ,FIRST APPEARANCE,CITED TO APPEAR,ARRAIGNMENT* Party: Defendant PIERUCCI, TAMMY MARIE
06/24/1996	

CASE SUMMARY

CASE NO. MCR-276813-3

	Complaint Filed *COMPLAINT FILED* Party: Defendant PIERUCCI, TAMMY MARIE
06/21/1996	Cite Fee To Apply *CITE FEE TO APPLY* Party: Defendant PIERUCCI, TAMMY MARIE

CRIMINAL

CASE SUMMARY

CASE NO. MCR-291219-1

PEO VS. RYBACKI

§
§
§
§

Location: **Criminal**
Judicial Officer: **Superior Court, Judicial Officer**
DMV Court Code: **49100 Superior Court, Criminal**
Filed on: **02/10/1997**

CASE INFORMATION

Offense	Statute	Deg	Date	Case Type: Misdemeanor
Jurisdiction: **Santa Rosa**				
001. POSSESS HYPODERMIC NEEDLE/SYRINGE (ORIGINAL Complaint) Arrest: 01/31/1997	4149	M	01/31/1997	
002. POSSESS CONTROLLED SUBSTANCE PARAPHERNALIA (ORIGINAL Complaint) Arrest: 01/31/1997	11364	M	01/31/1997	

Related Cases
MCR-276813-3 (Same Defendant)
MCR-311445-1 (Same Defendant)
MCR-311932-1 (Same Defendant)
MCR-312677-1 (Same Defendant)
TCR-282640-1 (Same Defendant)

Statistical Closures
07/07/1997 Found Guilty: Court

CASE ASSIGNMENT

DATE

Current Case Assignment

Case Number	MCR-291219-1
Court	Criminal
Date Assigned	01/31/1997
Judicial Officer	Superior Court, Judicial Officer
DMV Court Code	49100 Superior Court, Criminal

EVENTS & ORDERS OF THE COURT

DATE	EVENTS & ORDERS OF THE COURT	INDEX
09/01/1999	Probation Term Expired *Conditional Sentence Term Expired* Party: Defendant PIERUCCI, TAMMY MARIE	
08/27/1998	Automated 8715 Subsequent Action Issued *AUTOMATED 8715 SUBSEQUENT ACTION ISSUED* Party: Defendant PIERUCCI, TAMMY MARIE	
08/21/1998	**Possible Disposition** (8:30 AM) (Judicial Officer: Joy, Stephany) *POSSIBLE DISPOSITION* Resource: Bailiff CRESON, JACK Resource: Courtroom Clerk CONNELLY, J Resource: Location Courtroom 15 Held; *Held*	
08/21/1998	Probation Reinstated *Probation Reinstated* Party: Defendant PIERUCCI, TAMMY MARIE	

Printed on 01/12/2023 at 9:39 A

08/21/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M15 ----------* *Defendant present in custody* *Counsel Walter Rubenstein appearing* *DA opposses WR, Work Furlough & SEC* *Probation Reinstated* *Probation terminates upon release from custody* *Sentenced to serve 30 days in Jail.* *Serve concurrent to MCR-312677* Party: Defendant PIERUCCI, TAMMY MARIE
08/21/1998	**Amended Sentence** (Judicial Officer: Joy, Stephany) Reason: Sentence Modified 002. POSSESS CONTROLLED SUBSTANCE PARAPHERNALIA (ORIGINAL Complaint) Sentenced Adult Confinement Type: *Jail Start Date: 08/21/1998 Concurrent with Case Case Number: MCR312677 Term Type: Jail Term Term: 30 Days Probation Type: Conditional Sentence Start Date: 07/07/1997 Term: 24 Months End Date: 09/01/1999 Status: Reinstated () Status Date: 08/21/1998
08/20/1998	**Violation of Probation** (8:30 AM) (Judicial Officer: Guynup, Gayle C) *VIOLATION OF PROBATION* Resource: Court Reporter Capito, Julie Resource: Bailiff CRESON, JACK Resource: Courtroom Clerk CONNELLY, J Resource: Location Courtroom 15 Held; *Held*
08/20/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M15 ----------* *Defendant present in custody* *Counsel Walter Rubenstein appearing* *CONTINUED TO - 08/21/1998 at 8:30am M15 ,POSSIBLE DISPOSITION* Party: Defendant PIERUCCI, TAMMY MARIE
08/19/1998	Warrant #?W Recalled *Warrant #5200145 Recalled in Court* Party: Defendant PIERUCCI, TAMMY MARIE
08/19/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M13 ----------* *Defendant present* *Remanded into custody* *NO BAIL* *Warrant #5200145 Recalled in Court* *CONTINUED TO - 08/20/1998 at 8:30am M15 ,VIOLATION OF PROBATION* Party: Defendant PIERUCCI, TAMMY MARIE
08/13/1998	**To Trail** (2:00 PM) (Judicial Officer: Dale, Robert P) *TO TRAIL*

Resource: Courtroom Clerk KRELL, K
Resource: Location Courtroom 13
Held;
Held

08/13/1998 B/W #? Issued In The Amount Of ? For Contempt For Failure To Appear
B/W #5200145 issued in the amount of NO BAIL for Contempt for Failure to Appear
Party: Defendant PIERUCCI, TAMMY MARIE

08/13/1998 Warrant #?W Deleted
Warrant #5200142 deleted
Party: Defendant PIERUCCI, TAMMY MARIE

08/13/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M13* ----------

Defendant not present
Warrant #5200142 created by B24
Warrant #5200142 deleted
B/W #5200145 issued in the amount of NO BAIL for Contempt for Failure to Appear
Party: Defendant PIERUCCI, TAMMY MARIE

08/06/1998 **To Trail** (2:00 PM) (Judicial Officer: Dale, Robert P)
TO TRAIL
Resource: Courtroom Clerk KRELL, K
Resource: Location Courtroom 13
Held;
Held

08/06/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M13* ----------

Defendant present
CONTINUED TO - 08/13/1998 at 2:00pm M13 ,TO TRAIL
Party: Defendant PIERUCCI, TAMMY MARIE

08/05/1998 **To Trail** (2:00 PM) (Judicial Officer: Dale, Robert P)
TO TRAIL
Resource: Courtroom Clerk KRELL, K
Resource: Location Courtroom 13
Held;
Held

08/05/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M13* ----------

Defendant present in custody (not on this case)
CONTINUED TO - 08/06/1998 at 2:00pm M13 ,TO TRAIL
Party: Defendant PIERUCCI, TAMMY MARIE

07/29/1998 **Clear Warrant** (2:00 PM) (Judicial Officer: Dale, Robert P)
CLEAR WARRANT
Resource: Courtroom Clerk GIOVANNONI, M K
Resource: Location Courtroom 13
Held;
Held

07/29/1998 Warrant #?W Recalled
Warrant #5199082 Recalled in Court
Party: Defendant PIERUCCI, TAMMY MARIE

07/29/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M13* ----------

	Defendant present *Counsel J. Abrahams, Public Defender, appearing* *Remanded into custody* *Warrant #5199082 Recalled in Court* *Daily NA Meetings One on one with Counselor DEFENDANT TO BE RELEASED ON 7-31-98 AT 2:00PM* *CONTINUED TO - 08/05/1998 at 2:00pm M13 ,TO TRAIL* Party: Defendant PIERUCCI, TAMMY MARIE
07/29/1998	Continued To *CONTINUED TO - 07/29/1998 at 2:00pm M13 ,CLEAR WARRANT* Party: Defendant PIERUCCI, TAMMY MARIE
07/27/1998	**To Trail** (2:00 PM) (Judicial Officer: Dale, Robert P) *TO TRAIL* Resource: Courtroom Clerk GIOVANNONI, M K Resource: Location Courtroom 13 Held; *Held*
07/27/1998	B/W #? Issued In The Amount Of ? For Contempt For Failure To Appear *B/W #5199082 issued in the amount of NO BAIL for Contempt for Failure to Appear* Party: Defendant PIERUCCI, TAMMY MARIE
07/27/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M13* ---------- *Defendant not present* *Counsel J. Abrahams, Public Defender, appearing* *Bench Warrant to issue for $No bail* *B/W #5199082 issued in the amount of NO BAIL for Contempt for Failure to Appear* *DROPPED FROM CALENDAR - 07/29/1998 at 2:00pm M13 ,TO TRAIL* Party: Defendant PIERUCCI, TAMMY MARIE
07/27/1998	Continued To *CONTINUED TO - 07/27/1998 at 2:00pm M13 ,TO TRAIL* Party: Defendant PIERUCCI, TAMMY MARIE
07/22/1998	**To Trail** (2:00 PM) (Judicial Officer: Dale, Robert P) *TO TRAIL* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
07/22/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M13* ---------- *Defendant present* *CONTINUED TO - 07/29/1998 at 2:00pm M13 ,TO TRAIL* Party: Defendant PIERUCCI, TAMMY MARIE
07/15/1998	**Violation of Probation** (2:00 PM) (Judicial Officer: Dale, Robert P) *VIOLATION OF PROBATION* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
07/15/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M13* ----------

Defendant present
Counsel J. Abrahams, Public Defender, appearing specially
Complaint amended to PIERUCCI, Tammy Marie, true name
CONTINUED TO - 07/22/1998 at 2:00pm M13 ,TO TRAIL
Party: Defendant PIERUCCI, TAMMY MARIE

07/15/1998 Own Recognizance Agreement To Appear - Filed
OWN RECOGNIZANCE AGREEMENT TO APPEAR FILED
Party: Defendant PIERUCCI, TAMMY MARIE

07/14/1998 **Violation of Probation** (2:00 PM) (Judicial Officer: Dale, Robert P)
VIOLATION OF PROBATION
Resource: Courtroom Clerk KRELL, K
Resource: Location Courtroom 13
Held;
Held

07/14/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M13* ----------

Defendant present in custody
Motion for release on Own Recognizance Granted
CONTINUED TO - 07/15/1998 at 2:00pm M13 ,VIOLATION OF PROBATION
Party: Defendant PIERUCCI, TAMMY MARIE

07/09/1998 **Further Proceedings** (2:00 PM) (Judicial Officer: Ballinger, Raima)
FURTHER PROCEEDINGS
Resource: Courtroom Clerk KRELL, K
Resource: Location Courtroom 13
Held;
Held

07/09/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M13* ----------

Defendant present in custody
CONTINUED TO - 07/14/1998 at 2:00pm M13 ,VIOLATION OF PROBATION
Party: Defendant PIERUCCI, TAMMY MARIE

07/09/1998 **Further Proceedings** (8:30 AM) (Judicial Officer: Guynup, Gayle C)
FURTHER PROCEEDINGS
Resource: Bailiff CRESON, JACK
Resource: Courtroom Clerk CONNELLY, J
Resource: Location Courtroom 15
Held;
Held

07/09/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M15* ----------

Defendant present in custody
Counsel W Rubenstein appearing
CONTINUED TO - 07/09/1998 at 2:00pm M13 ,FURTHER PROCEEDINGS
Party: Defendant PIERUCCI, TAMMY MARIE

07/06/1998 **Trailing Settlement Conference** (10:30 AM) (Judicial Officer: Guynup, Gayle C)
TRAILING SETTLEMENT CONFERENCE
Resource: Bailiff CRESON, JACK
Resource: Courtroom Clerk CONNELLY, J
Resource: Location Courtroom 15
Held;
Held

CASE SUMMARY
CASE NO. MCR-291219-1

07/06/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M15 ----------* *Defendant present in custody* *Counsel W Rubenstein appearing* *Defendant waives time* *CONTINUED TO - 07/09/1998 at 8:30am M15 ,FURTHER PROCEEDINGS* Party: Defendant PIERUCCI, TAMMY MARIE
06/26/1998	**Warrant in Custody** (8:30 AM) (Judicial Officer: Guynup, Gayle C) *WARRANT IN CUSTODYS* Resource: Courtroom Clerk CONNELLY, J Resource: Bailiff CRESON, JACK Resource: Location Courtroom 15 Held; *Held*
06/26/1998	Probation Summarily Revoked *Probation Summarily Revoked* Party: Defendant PIERUCCI, TAMMY MARIE
06/26/1998	Warrant #?W Recalled *Warrant #5193678 Recalled in Court* Party: Defendant PIERUCCI, TAMMY MARIE
06/26/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M15 ----------* *Defendant present in custody* *Counsel Mark Retana appearing* *Warrant #5193678 Recalled in Court* *Bail set at $5000* *Probation Summarily Revoked* *CONTINUED TO - 07/06/1998 at 10:30am M15 ,TRAILING SETTLEMENT CONFERENCE* Party: Defendant PIERUCCI, TAMMY MARIE
06/25/1998	Added To Calendar By Jail *ADDED TO CALENDAR BY JAIL - 06/26/1998 at 8:30am M15 ,WARRANT IN CUSTODYS* Party: Defendant PIERUCCI, TAMMY MARIE
06/17/1998	**Delay Reduction** (8:30 AM) (Judicial Officer: Guynup, Gayle C) *DELAY REDUCTION WARRANT* Resource: Bailiff CRESON, JACK Resource: Courtroom Clerk CONNELLY, J Resource: Location Courtroom 15 Held; *Held*
06/17/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M15 ----------* *Defendant not present* *Counsel Walter Rubenstein appearing* *Warrant to remain out* Party: Defendant PIERUCCI, TAMMY MARIE
06/15/1998	Calendared For Delay Reduction *CALENDARED FOR DELAY REDUCTION - 06/17/1998 at 8:30am M15 ,DELAY REDUCTION WARRANT* Party: Defendant PIERUCCI, TAMMY MARIE
04/15/1998	**Cited to Appear/Warrant** (8:30 AM) (Judicial Officer: DeJung, Ted J) *CTA/WARRANT*

Resource: Courtroom Clerk CONNELLY, J
Resource: Bailiff CRESON, JACK
Resource: Location Courtroom 15
Held:
Held

04/15/1998 B/W #? Issued In The Amount Of ? For Failure To Appear On Citation Per Pc 853.7
B/W #5193678 issued in the amount of $10,000 for Failure to Appear on Citation per PC 853.7
Party: Defendant PIERUCCI, TAMMY MARIE

04/15/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M15* ----------

Defendant not present
Bench Warrant to issue for $10000
B/W #5193678 issued in the amount of $10,000 for Failure to Appear on Citation per PC 853.7
Party: Defendant PIERUCCI, TAMMY MARIE

03/25/1998 **Violation of Probation** (8:30 AM) (Judicial Officer: Guynup, Gayle C)
VIOLATION OF PROBATION
Resource: Courtroom Clerk Cruz, Veronica
Resource: Location Courtroom 15
Held;
Held

03/25/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M15* ----------

Defendant not present
Counsel Walter Rubenstein appearing
CONTINUED TO - 04/15/1998 at 8:30am M15 ,CTA/WARRANT
Party: Defendant PIERUCCI, TAMMY MARIE

03/09/1998 Continued By Cite To
CONTINUED BY CITE TO - 04/15/1998 at 8:30am M15 ,CTA/WARRANT
Party: Defendant PIERUCCI, TAMMY MARIE

03/09/1998 Warrant #?W Recalled Defendant Cited To Appear
Warrant #5190501 Recalled Defendant Cited To Appear
Party: Defendant PIERUCCI, TAMMY MARIE

03/09/1998 Continued To
CONTINUED TO - 03/25/1998 at 8:30am M15 ,VIOLATION OF PROBATION
Party: Defendant PIERUCCI, TAMMY MARIE

02/18/1998 **Further Proceedings** (8:30 AM) (Judicial Officer: DeJung, Ted J)
FURTHER PROCEEDINGS TO TRAIL AT D.A. REQUEST
Resource: Court Reporter Hannan, Maria
Resource: Courtroom Clerk CONNELLY, J
Resource: Bailiff CRESON, JACK
Resource: Location COURTROOM 15-COURTROOM 1
Held;
Held

02/18/1998 B/W #? Issued In The Amount Of ? For Contempt For Failure To Appear
B/W #5190501 issued in the amount of $5,000 for Contempt for Failure to Appear
Party: Defendant PIERUCCI, TAMMY MARIE

02/18/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M15* ----------

	Defendant not present *Bench Warrant to issue for $5000* *B/W #5190501 issued in the amount of $5,000 for Contempt for Failure to Appear* Party: Defendant PIERUCCI, TAMMY MARIE
02/11/1998	Continued To *CONTINUED TO - 02/18/1998 at 8:30am M15 ,FURTHER PROCEEDINGS,TO TRAIL, AT D.A. REQUEST* Party: Defendant PIERUCCI, TAMMY MARIE
07/31/1997	Automated 8715 Report Issued *AUTOMATED 8715 REPORT ISSUED* Party: Defendant PIERUCCI, TAMMY MARIE
07/21/1997	*CANCELED* **Settlement Conference** (10:30 AM) (Judicial Officer: DeJung, Ted J) *SETTLEMENT CONFERENCE* *Vacated* *Vacated*
07/07/1997	Automated DL106 Sent To DMV-Sacramento *AUTOMATED DL106 SENT TO DMV-SACRAMENTO* Party: Defendant PIERUCCI, TAMMY MARIE
07/07/1997	**Settlement Conference** (10:30 AM) (Judicial Officer: DeJung, Ted J) *SETTLEMENT CONFERENCE* Resource: Court Reporter MN Resource: Courtroom Clerk Rosario, Irene Resource: Location Courtroom 15 Held; *Held*
07/07/1997	Conditional Sentence Granted *Conditional Sentence Granted 24 month(s) - order filed* Party: Defendant PIERUCCI, TAMMY MARIE
07/07/1997	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes In M15* ---------- *Defendant present in custody* *Counsel Mark Retana appearing* *COUNT I BP 4149 DISMISSED* *Defendant Changes Plea from not guilty to nolo contendere - count II HS 11364* *CONVICTED TO COUNT II HS 11364* *Defendant stipulates to factual basis for plea* *Stipulate to Commissioner* *Court finds factual basis for plea* *Court finds Defendant Knowingly, Intelligently, Freely & Voluntarily waives rights* *Court makes finding of guilt* *Settlement Conference Held* *Imposition of Judgment Suspended* *Probation Summarily Imposed* *Conditional Sentence Granted 24 month(s) - order filed* *Be of good conduct and obey all laws* *Submit to warrantless search and seizure of person, property, personal business or vehicle at any time day or night;* *Submit to warrantless search/seizure of residence any time day or reasonable hr. night by any Prob./Law Enforc. Off.* *Submit to chemical tests* *Totally abstain from use of alcohol* *Defendant not to have possession, custody or control of Controlled Substance* *Do not drive with any alcohol in system* *Sentenced to serve 30 days in Jail.* Party: Defendant PIERUCCI, TAMMY MARIE

CASE SUMMARY

CASE NO. MCR-291219-1

07/07/1997	Defendant knowingly and intelligently waives rights *Court finds Defendant Knowingly, Intelligently, Freely & Voluntarily waives rights*
07/07/1997	**Sentence** (Judicial Officer: DeJung, Ted J) 002. POSSESS CONTROLLED SUBSTANCE PARAPHERNALIA (ORIGINAL Complaint) Sentenced Adult Confinement Type: *Jail Start Date: 07/07/1997 Term Type: Jail Term Term: 30 Days Probation Type: Conditional Sentence Start Date: 07/07/1997 Term: 24 Months End Date: 09/01/1999 Status: Summarily Revoked () Status Date: 02/18/1998
07/07/1997	**Amended Plea** Reason: Change of Plea *Defendant Changes Plea from not guilty to nolo contendere - count II HS 11364* 002. POSSESS CONTROLLED SUBSTANCE PARAPHERNALIA (ORIGINAL Complaint) *No Contest Charge #: 002 Allegation:
07/07/1997	**Disposition** 002. POSSESS CONTROLLED SUBSTANCE PARAPHERNALIA (ORIGINAL Complaint) Convicted Charge #: 002 Allegation:
07/07/1997	**Disposition** 001. POSSESS HYPODERMIC NEEDLE/SYRINGE (ORIGINAL Complaint) Dismissed Charge #: 001 Allegation:
06/27/1997	**Violation of Supervise OR** (8:30 AM) (Judicial Officer: DeJung, Ted J) *VIOLATION OF SUPERVISE OR AT PROBATION REQUEST* Resource: Courtroom Clerk ROWLAND, S Resource: Location Courtroom 15 Held; *Held*
06/27/1997	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant present* *Counsel Mark Retana not present* *Defendant referred to Project Intercept - contact within 48 hours Churchill* *Remanded into custody* *Bail set at $5000* *Supervised OR Revoked* *No time waiver* *Settlement Conference Set - 07/07/1997 at 10:30am M15 ,SETTLEMENT CONFERENCE* *DROPPED FROM CALENDAR - 07/21/1997 at 10:30am M15 ,SETTLEMENT CONFERENCE* Party: Defendant PIERUCCI, TAMMY MARIE
06/26/1997	Continued To *CONTINUED TO - 06/27/1997 at 8:30am M15 ,VIOLATION OF SUPERVISE OR, AT PROBATION REQUEST*

	Party: Defendant PIERUCCI, TAMMY MARIE
06/06/1997	Own Recognizance Agreement To Appear - Filed *OWN RECOGNIZANCE AGREEMENT TO APPEAR FILED* Party: Defendant PIERUCCI, TAMMY MARIE
06/05/1997	**RPO/Bail Reduction** (8:30 AM) (Judicial Officer: DeJung, Ted J) *RPO/BAIL REDUCTION* Resource: Courtroom Clerk ROWLAND, S Resource: Location Courtroom 15 Held; *Held*
06/05/1997	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M15 ----------* *Defendant present in custody* *Counsel Walter Rubenstein appearing* *Motion for supervised OR granted with standard terms* *Conditions attached.* *Commence and continue education,counseling and other rehabilitation programs as directed by Probation Officer* *Report as directed to Probation Officer* *Be of good conduct and obey all laws* *Submit to warrantless search and seizure of person, property, personal business or vehicle at any time day or night;* *Submit to warrantless search/seizure of residence any time day or reasonable hr. night by any Prob./Law Enforc. Off.* *Submit to chemical tests* *Totally abstain from use of alcohol* *Defendant not to have possession, custody or control of Controlled Substance* *Settlement Conference Set - 07/21/1997 at 10:30am M15 ,SETTLEMENT CONFERENCE* Party: Defendant PIERUCCI, TAMMY MARIE
06/03/1997	**To Set** (8:30 AM) (Judicial Officer: DeJung, Ted J) *TO SET* Resource: Courtroom Clerk Rosario, Irene Resource: Location Courtroom 15 Held; *Held*
06/03/1997	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M15 ----------* *Defendant present in custody* *Counsel Walter Rubenstein appearing* *Complaint amended to Rybacki, Tammy Marie, true name* *Bail remains as set* *Case Referred to Probation Department for RPO* *Re: Release on Own Recognizance or Bail Reduction* *CONTINUED TO - 06/05/1997 at 8:30am M15 ,RPO/BAIL REDUCTION* Party: Defendant PIERUCCI, TAMMY MARIE
06/02/1997	**Clear Warrant** (9:30 AM) (Judicial Officer: Dale, Robert P) *CLEAR WARRANT AT DEFENDANT'S REQUEST* Resource: Courtroom Clerk OLSON, KAREN Resource: Location COURTROOM 15-COURTROOM 10 Held; *Held*
06/02/1997	Warrant #?W Recalled *Warrant #5171631 Recalled in Court* Party: Defendant PIERUCCI, TAMMY MARIE

CASE SUMMARY

CASE NO. MCR-291219-1

06/02/1997	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant present* *Conflict Counsel W. Rubenstein- J. Abrahams appearing* *Conflict Counsel Appointed* *Defendant handed copy of complaint* *Complaint amended to Pierucci, Tammy Marie, true name* *Defendant duly arraigned, advised of charges/allegations* *Stipulates to arraignment* *Waives reading of complaint* *Remanded into custody* *Warrant #5171631 Recalled in Court* *Bail set at $10,000* *No time waiver* *Defendant pleads Not Guilty to count I BP 4149* *Defendant pleads Not Guilty to count II HS 11364* *CONTINUED TO - 06/03/1997 at 8:30am M15 ,TO SET* Party: Defendant PIERUCCI, TAMMY MARIE
06/02/1997	Continued To *CONTINUED TO - 06/02/1997 at 9:30am M15 ,CLEAR WARRANT,AT DEFENDANT'S REQUEST* Party: Defendant PIERUCCI, TAMMY MARIE
06/02/1997	Defendant advised of charges/allegations *Defendant duly arraigned, advised of charges/allegations*
06/02/1997	**Plea** *Defendant pleads Not Guilty to count II HS 11364* 002. POSSESS CONTROLLED SUBSTANCE PARAPHERNALIA (ORIGINAL Complaint) Not Guilty Charge #: 002 Allegation:
06/02/1997	**Plea** *Defendant pleads Not Guilty to count I BP 4149* 001. POSSESS HYPODERMIC NEEDLE/SYRINGE (ORIGINAL Complaint) Not Guilty Charge #: 001 Allegation:
03/26/1997	**Cited to Appear/Warrant** (8:30 AM) (Judicial Officer: DeJung, Ted J) *CTA/WARRANT ARRAIGNMENT* Resource: Courtroom Clerk Rosario, Irene Resource: Location Courtroom 15 Held; *Held*
03/26/1997	B/W #? Issued In The Amount Of ? For Failure To Appear On Citation Per Pc 853.7 *B/W #5171631 issued in the amount of $10,000 for Failure to Appear on Citation per PC 853.7* Party: Defendant PIERUCCI, TAMMY MARIE
03/26/1997	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant not present* *Bench Warrant to issue for $10,000* *B/W #5171631 issued in the amount of $10,000 for Failure to Appear on Citation per PC 853.7* *Do not cite out / OR* Party: Defendant PIERUCCI, TAMMY MARIE

CASE SUMMARY

CASE NO. MCR-291219-1

02/28/1997	Continued By Cite To *CONTINUED BY CITE TO - 03/26/1997 at 8:30am M15 ,CTA/WARRANT,ARRAIGNMENT* Party: Defendant PIERUCCI, TAMMY MARIE
02/28/1997	Warrant #?W Recalled Defendant Cited To Appear *Warrant #5169482 Recalled Defendant Cited To Appear* Party: Defendant PIERUCCI, TAMMY MARIE
02/20/1997	**First Appearance** (8:30 AM) (Judicial Officer: DeJung, Ted J) *FIRST APPEARANCE BAILED TO APPEAR ARRAIGNMENT* Resource: Courtroom Clerk ROWLAND, S Resource: Location Courtroom 15 Held; *Held*
02/20/1997	B/W #? Issued In The Amount Of ? For Failure To Appear On Citation Per Pc 853.7 *B/W #5169482 issued in the amount of $2,500 for Failure to Appear on Citation per PC 853.7* Party: Defendant PIERUCCI, TAMMY MARIE
02/20/1997	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M15 ----------* *Defendant not present* *Bench Warrant to issue for $2500* *B/W #5169482 issued in the amount of $2,500 for Failure to Appear on Citation per PC 853.7* Party: Defendant PIERUCCI, TAMMY MARIE
02/18/1997	Continued To *CONTINUED TO - 02/20/1997 at 8:30am M15 ,FIRST APPEARANCE,BAILED TO APPEAR,ARRAIGNMENT* Party: Defendant PIERUCCI, TAMMY MARIE
02/10/1997	Complaint Filed *COMPLAINT FILED* Party: Defendant PIERUCCI, TAMMY MARIE
01/31/1997	Cite Fee To Apply *CITE FEE TO APPLY* Party: Defendant PIERUCCI, TAMMY MARIE

CRIMINAL

CASE SUMMARY

CASE NO. MCR-312677-1

PEO VS. RYBACKI §

Location:	Criminal
Judicial Officer:	Superior Court, Judicial Officer
DMV Court Code:	49100 Superior Court, Criminal
Filed on:	03/04/1998

CASE INFORMATION

Offense	Statute	Deg	Date	Case Type:	Misdemeanor
Jurisdiction: Santa Rosa					
001. THEFT (ORIGINAL Complaint)	484(a)	M	12/28/1997		

Related Cases
MCR-276813-3 (Same Defendant)
MCR-291219-1 (Same Defendant)
MCR-311445-1 (Same Defendant)
MCR-311932-1 (Same Defendant)
TCR-282640-1 (Same Defendant)

Statistical Closures
08/21/1998 Found Guilty: Court

CASE ASSIGNMENT

Current Case Assignment

Case Number	MCR-312677-1
Court	Criminal
Date Assigned	03/02/1998
Judicial Officer	Superior Court, Judicial Officer
DMV Court Code	49100 Superior Court, Criminal

EVENTS & ORDERS OF THE COURT

DATE	EVENTS & ORDERS OF THE COURT	INDEX
09/03/1998	Automated 8715 Report Issued *AUTOMATED 8715 REPORT ISSUED* Party: Defendant PIERUCCI, TAMMY MARIE	
08/21/1998	**Possible Disposition** (8:30 AM) (Judicial Officer: Joy, Stephany) *POSSIBLE DISPOSITION* Resource: Bailiff CRESON, JACK Resource: Courtroom Clerk CONNELLY, J Resource: Location Courtroom 15 Held; *Held*	
08/21/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant present in custody* *Counsel W. Rubenstein appearing* *DA opposses WR, Work Furlough, SEC* *Defendant understands and waives each right* *Tahl Waiver filed* *Defendant Changes Plea from not guilty to guilty - count 1 PC 484(a)* *CONVICTED TO COUNT 1 PC 484(a)* *Defendant stipulates to factual basis for plea* *Stipulate to Commissioner* *Court finds Defendant Knowingly, Intelligently, Freely & Voluntarily waives rights* *Defendant waives time for sentencing* *Probation Denied*	

Sentenced to serve 90 days in Jail, forthwith.
Party: Defendant PIERUCCI, TAMMY MARIE

08/21/1998 *Defense Counsel Concurred in Defendants Plea or Admission

08/21/1998 *Court Found Plea - Knowledgeable, Intelligently Made, Volun

08/21/1998 *Right to Trial by Jury Waived

08/21/1998 *Charges and Direct Consequence of Plea

08/21/1998 *Privilege Against Compulsory Self-Incrimination

08/21/1998 *Right to Confront And Cross Examine Witnesses

08/21/1998 Tahl Waiver - Filed
Tahl Waiver filed

08/21/1998 Defendant knowingly and intelligently waives rights
Court finds Defendant Knowingly, Intelligently, Freely & Voluntarily waives rights

08/21/1998 **Sentence** (Judicial Officer: Joy, Stephany)
001. THEFT (ORIGINAL Complaint)
Sentenced
Adult Confinement
Type: *Jail
Start Date: 08/21/1998
Term Type: Jail Term
Term: 90 Days
Converted Disposition:
Probation Denied

08/21/1998 **Amended Plea** Reason: Change of Plea
Defendant Changes Plea from not guilty to guilty - count 1 PC 484(a)
001. THEFT (ORIGINAL Complaint)
*Guilty
Charge #: 001 Allegation:

08/21/1998 **Disposition**
001. THEFT (ORIGINAL Complaint)
Convicted
Charge #: 001 Allegation:

08/20/1998 **To Set** (8:30 AM) (Judicial Officer: Guynup, Gayle C)
TO SET
Resource: Court Reporter Capito, Julie
Resource: Bailiff CRESON, JACK
Resource: Courtroom Clerk CONNELLY, J
Resource: Location Courtroom 15
Held;
Held

08/20/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M15* ----------

Defendant present in custody
Counsel Rubenstein appearing
CONTINUED TO - 08/21/1998 at 8:30am M15 ,POSSIBLE DISPOSITION
Party: Defendant PIERUCCI, TAMMY MARIE

08/19/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M13 ----------* *Defendant present* *Warrant #5200143 Recalled in Court* *People's motion to dismiss vacated - terminated from Drug Court* *Remanded into custody* *Bail set at $7500* *CONTINUED TO - 08/20/1998 at 8:30am M15 ,TO SET* Party: Defendant PIERUCCI, TAMMY MARIE
08/19/1998	Warrant #?W Recalled *Warrant #5200143 Recalled in Court* Party: Defendant PIERUCCI, TAMMY MARIE
08/13/1998	**To Trail** (2:00 PM) (Judicial Officer: Dale, Robert P) *TO TRAIL* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
08/13/1998	B/W #? Issued In The Amount Of ? For Contempt For Failure To Appear *B/W #5200143 issued in the amount of $7,500 for Contempt for Failure to Appear* Party: Defendant PIERUCCI, TAMMY MARIE
08/13/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M13 ----------* *Defendant not present* *Do not cite out / OR* *B/W #5200143 issued in the amount of $7,500 for Contempt for Failure to Appear* Party: Defendant PIERUCCI, TAMMY MARIE
08/06/1998	**To Trail** (2:00 PM) (Judicial Officer: Dale, Robert P) *TO TRAIL* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
08/06/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M13 ----------* *Defendant present* *CONTINUED TO - 08/13/1998 at 2:00pm M13 ,TO TRAIL* Party: Defendant PIERUCCI, TAMMY MARIE
08/05/1998	**To Trail** (2:00 PM) (Judicial Officer: Dale, Robert P) *TO TRAIL* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
08/05/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M13 ----------* *Defendant present in custody (not on this case)* *CONTINUED TO - 08/06/1998 at 2:00pm M13 ,TO TRAIL* Party: Defendant PIERUCCI, TAMMY MARIE
07/29/1998	**Clear Warrant** (2:00 PM) (Judicial Officer: Dale, Robert P)

	CLEAR WARRANT Resource: Courtroom Clerk GIOVANNONI, M K Resource: Location Courtroom 13 Held; *Held*
07/29/1998	Warrant #?W Recalled *Warrant #5199081 Recalled in Court* Party: Defendant PIERUCCI, TAMMY MARIE
07/29/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M13 ----------* *Defendant present* *Counsel J. Abrahams, Public Defender, appearing* *Remanded into custody* *Warrant #5199081 Recalled in Court* *Daily NA Meetings One on one with Counselor DEFENDANT TO BE RELEASED ON 7-31-98 AT 2:00PM* *CONTINUED TO - 08/05/1998 at 2:00pm M13 ,TO TRAIL* Party: Defendant PIERUCCI, TAMMY MARIE
07/29/1998	Continued To *CONTINUED TO - 07/29/1998 at 2:00pm M13 ,CLEAR WARRANT* Party: Defendant PIERUCCI, TAMMY MARIE
07/27/1998	**To Trail** (2:00 PM) (Judicial Officer: Dale, Robert P) *TO TRAIL* Resource: Courtroom Clerk GIOVANNONI, M K Resource: Location Courtroom 13 Held; *Held*
07/27/1998	B/W #? Issued In The Amount Of ? For Contempt For Failure To Appear *B/W #5199081 issued in the amount of NO BAIL for Contempt for Failure to Appear* Party: Defendant PIERUCCI, TAMMY MARIE
07/27/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M13 ----------* *Defendant not present* *Counsel J. Abrahams, Public Defender, appearing* *Bench Warrant to issue for SNo bail* *B/W #5199081 issued in the amount of NO BAIL for Contempt for Failure to Appear* *DROPPED FROM CALENDAR - 07/29/1998 at 2:00pm M13 ,TO TRAIL* Party: Defendant PIERUCCI, TAMMY MARIE
07/27/1998	Continued To *CONTINUED TO - 07/27/1998 at 2:00pm M13 ,TO TRAIL* Party: Defendant PIERUCCI, TAMMY MARIE
07/22/1998	**To Trail** (2:00 PM) (Judicial Officer: Dale, Robert P) *TO TRAIL* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
07/22/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M13 ----------* *Defendant present* *CONTINUED TO - 07/29/1998 at 2:00pm M13 ,TO TRAIL*

	Party: Defendant PIERUCCI, TAMMY MARIE
07/15/1998	**Further Proceedings** (2:00 PM) (Judicial Officer: Dale, Robert P) *FURTHER PROCEEDINGS* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
07/15/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M13* ---------- *Defendant present* *Complaint amended to PIERUCCI, Tammy Marie, true name* *People's motion to dismiss taken under submission until successful completion of Drug Court Program in MCR-311932* *Enters Harvey waiver* *CONTINUED TO - 07/22/1998 at 2:00pm M13 ,TO TRAIL* Party: Defendant PIERUCCI, TAMMY MARIE
07/15/1998	Own Recognizance Agreement To Appear - Filed *OWN RECOGNIZANCE AGREEMENT TO APPEAR FILED* Party: Defendant PIERUCCI, TAMMY MARIE
07/14/1998	**Further Proceedings** (2:00 PM) (Judicial Officer: Dale, Robert P) *FURTHER PROCEEDINGS* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
07/14/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M13* ---------- *Defendant present in custody* *Motion for release on Own Recognizance Granted* *CONTINUED TO - 07/15/1998 at 2:00pm M13 ,FURTHER PROCEEDINGS* Party: Defendant PIERUCCI, TAMMY MARIE
07/09/1998	**Further Proceedings** (2:00 PM) (Judicial Officer: Ballinger, Raima) *FURTHER PROCEEDINGS* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
07/09/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M13* ---------- *Defendant present in custody* *Defendant waives time* *CONTINUED TO - 07/14/1998 at 2:00pm M13 ,FURTHER PROCEEDINGS* Party: Defendant PIERUCCI, TAMMY MARIE
07/09/1998	**Further Proceedings** (8:30 AM) (Judicial Officer: Guynup, Gayle C) *FURTHER PROCEEDINGS* Resource: Bailiff CRESON, JACK Resource: Courtroom Clerk CONNELLY, J Resource: Location Courtroom 15 Held; *Held*
07/09/1998	---------- Courtroom Minutes ----------

---------- *Courtroom Minutes in M15* ----------

Defendant present in custody
Counsel Mark Retana not present W Rubenstein appearing
CONTINUED TO - 07/09/1998 at 2:00pm M13 ,FURTHER PROCEEDINGS
Party: Defendant PIERUCCI, TAMMY MARIE

07/06/1998 **Settlement Conference** (10:30 AM) (Judicial Officer: Guynup, Gayle C)
SETTLEMENT CONFERENCE
Resource: Bailiff CRESON, JACK
Resource: Courtroom Clerk CONNELLY, J
Resource: Location Courtroom 15
Held;
Held

07/06/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M15* ----------

Defendant present in custody
Counsel Mark Retana not present W Rubenstein appearing
Defendant waives time
Settlement Conference Held
CONTINUED TO - 07/09/1998 at 8:30am M15 ,FURTHER PROCEEDINGS
Party: Defendant PIERUCCI, TAMMY MARIE

06/26/1998 **Warrant in Custody** (8:30 AM) (Judicial Officer: Guynup, Gayle C)
WARRANT IN CUSTODYS
Resource: Courtroom Clerk CONNELLY, J
Resource: Bailiff CRESON, JACK
Resource: Location Courtroom 15
Held:
Held

06/26/1998 Warrant #?W Recalled
Warrant #5196966 Recalled in Court
Party: Defendant PIERUCCI, TAMMY MARIE

06/26/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M15* ----------

Defendant present in custody
Counsel Mark Retana appearing
Counsel appearing generally Retana
Defendant handed copy of complaint
Defendant handed copy of report
Defendant duly arraigned, advised of charges/allegations
Warrant #5196966 Recalled in Court
Bail set at $5000
No time waiver
Defendant pleads Not Guilty to count 1 PC 484(a)
Settlement Conference Set - 07/06/1998 at 10:30am M15 ,SETTLEMENT CONFERENCE
Party: Defendant PIERUCCI, TAMMY MARIE

06/26/1998 Defendant advised of charges/allegations
Defendant duly arraigned, advised of charges/allegations

06/26/1998 **Plea**
Defendant pleads Not Guilty to count 1 PC 484(a)
001. THEFT (ORIGINAL Complaint)
Not Guilty
Charge #: 001 Allegation:

06/25/1998 Added To Calendar By Jail

Printed on 01/12/2023 at 9:39 A.

ADDED TO CALENDAR BY JAIL - 06/26/1998 at 8:30am M15 ,WARRANT IN CUSTODYS
Party: Defendant PIERUCCI, TAMMY MARIE

06/17/1998 **Re: Project Intercept** (8:30 AM) (Judicial Officer: Guynup, Gayle C)
RE: PROJECT INTERCEPT
Resource: Bailiff CRESON, JACK
Resource: Courtroom Clerk CONNELLY, J
Resource: Location Courtroom 15
Held;
Held

06/17/1998 B/W #? Issued In The Amount Of ? For Contempt For Failure To Appear
B/W #5196966 issued in the amount of $1,000 for Contempt for Failure to Appear
Party: Defendant PIERUCCI, TAMMY MARIE

06/17/1998 ---------- Courtroom Minutes ----------
---------- Courtroom Minutes in M15 ----------

Defendant not present
Counsel Rubenstein appearing
Bench Warrant to issue for $1000
B/W #5196966 issued in the amount of $1,000 for Contempt for Failure to Appear
Party: Defendant PIERUCCI, TAMMY MARIE

04/15/1998 **Delay Reduction** (8:30 AM) (Judicial Officer: DeJung, Ted J)
DELAY REDUCTION PROJECT INTERCEPT ELIG. REPORT
Resource: Courtroom Clerk CONNELLY, J
Resource: Bailiff CRESON, JACK
Resource: Location Courtroom 15
Held;
Held

04/15/1998 ---------- Courtroom Minutes ----------
---------- Courtroom Minutes in M15 ----------

Defendant not present
CONTINUED TO - 06/17/1998 at 8:30am M15 ,RE: PROJECT INTERCEPT
Party: Defendant PIERUCCI, TAMMY MARIE

04/10/1998 ? Date Vacated For Delay Reduction
6/17/98 DATE VACATED FOR DELAY REDUCTION - 04/15/1998 at 8:30am M15 ,DELAY REDUCTION,PROJECT INTERCEPT ELIG. REPORT
Party: Defendant PIERUCCI, TAMMY MARIE

04/10/1998 Dropped From Calendar
DROPPED FROM CALENDAR - 06/17/1998 at 8:30am M15 ,PROJECT INTERCEPT ELIG. REPORT
Party: Defendant PIERUCCI, TAMMY MARIE

04/09/1998 **Clear Warrant** (9:30 AM) (Judicial Officer: DeJung, Ted J)
CLEAR WARRANT AT DEFENDANT'S REQUEST
Resource: Bailiff CRESON, JACK
Resource: Courtroom Clerk CONNELLY, J
Resource: Location Courtroom 15
Held;
Held

04/09/1998 Warrant #?W Recalled
Warrant #5192757 Recalled in Court
Party: Defendant PIERUCCI, TAMMY MARIE

04/09/1998 ---------- Courtroom Minutes ----------
---------- Courtroom Minutes in M15 ----------

CASE SUMMARY

CASE NO. MCR-312677-1

	Defendant present *Defendant duly arraigned, advised of charges/allegations* *Warrant #5192757 Recalled in Court* *Defendant referred to Project Intercept - contact within 48 hours* *CONTINUED TO - 06/17/1998 at 8:30am M15 ,PROJECT INTERCEPT ELIG. REPORT* Party: Defendant PIERUCCI, TAMMY MARIE
04/09/1998	Continued To *CONTINUED TO - 04/09/1998 at 9:30am M15 ,CLEAR WARRANT,AT' DEFENDANT'S REQUEST* Party: Defendant PIERUCCI, TAMMY MARIE
04/09/1998	Defendant advised of charges/allegations *Defendant duly arraigned, advised of charges/allegations*
04/06/1998	Warrant #? Signed And Issued In The Amount Of ? *WARRANT #5192757 SIGNED AND ISSUED IN THE AMOUNT OF $1,000* Party: Defendant PIERUCCI, TAMMY MARIE
03/27/1998	Declaration In Support Of Warrant Of Arrest - Filed *DECLARATION IN SUPPORT OF WARRANT OF ARREST FILED* Party: Defendant PIERUCCI, TAMMY MARIE
03/27/1998	Warrant #? Created By ? *Warrant #5192757 created by J05* Party: Defendant PIERUCCI, TAMMY MARIE
03/25/1998	**First Appearance** (8:30 AM) (Judicial Officer: Guynup, Gayle C) *FIRST APPEARANCE* Resource: Courtroom Clerk Cruz, Veronica Resource: Location Courtroom 15 Held: *Held*
03/25/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant not present* *DA to prepare Declaration & Warrant* Party: Defendant PIERUCCI, TAMMY MARIE
03/04/1998	Complaint Filed *COMPLAINT FILED* Party: Defendant PIERUCCI, TAMMY MARIE
03/02/1998	Calendar Item *CALENDAR ITEM - 03/25/1998 at 8:30am M15 ,FIRST APPEARANCE* Party: Defendant PIERUCCI, TAMMY MARIE

CRIMINAL

CASE SUMMARY

CASE NO. MCR-311932-1

PEO VS. RYBACKI

§
§
§
§

Location: **Criminal**
Judicial Officer: **Superior Court, Judicial Officer**
DMV Court Code: **49100 Superior Court, Criminal**
Filed on: **02/23/1998**

CASE INFORMATION

Offense	Statute	Deg	Date	Case Type: **Misdemeanor**
Jurisdiction: **Santa Rosa**				
001. USE/UNDER INFLUENCE OF CONTROLLED SUBSTANCE (ORIGINAL Complaint)	11550(a)	M	01/25/1998	

Related Cases
MCR-276813-3 (Same Defendant)
MCR-291219-1 (Same Defendant)
MCR-311445-1 (Same Defendant)
MCR-312677-1 (Same Defendant)
TCR-282640-1 (Same Defendant)

Statistical Closures
08/21/1998 Found Guilty: Court

DATE — CASE ASSIGNMENT

Current Case Assignment

Case Number	MCR-311932-1
Court	Criminal
Date Assigned	02/13/1998
Judicial Officer	Superior Court, Judicial Officer
DMV Court Code	49100 Superior Court, Criminal

DATE — EVENTS & ORDERS OF THE COURT — INDEX

08/21/2000 Probation Term Expired
Conditional Sentence Term Expired
Party: Defendant PIERUCCI, TAMMY MARIE

09/03/1998 Automated 8715 Report Issued
AUTOMATED 8715 REPORT ISSUED
Party: Defendant PIERUCCI, TAMMY MARIE

08/21/1998 **Possible Disposition** (8:30 AM) (Judicial Officer: Joy, Stephany)
POSSIBLE DISPOSITION
Resource: Bailiff CRESON, JACK
Resource: Courtroom Clerk CONNELLY, J
Resource: Location Courtroom 15
Held;
Held

08/21/1998 Conditional Sentence Granted
Conditional Sentence Granted 24 month(s) - order filed
Party: Defendant PIERUCCI, TAMMY MARIE

08/21/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M15* ----------

Defendant present in custody

Printed on 01/12/2023 at 9:39 A

Counsel W. Rubenstein appearing
DA opposes WR, Work Furlough & SEC
Defendant informed of Right to Confrontation/Cross Exam
Defendant informed of Right Against Self-Incrimination
Defendant informed of Right to Jury and/or Court Trial
Defendant waives each right
Defendant Changes Plea from not guilty to guilty - count 1 HS 11550(a)
CONVICTED TO COUNT 1 HS 11550(a)
Defendant stipulates to factual basis for plea
Stipulate to Commissioner
Court finds Defendant Knowingly, Intelligently, Freely & Voluntarily waives rights
Imposition of Judgment Suspended
Conditional Sentence Granted 24 month(s) - order filed
Be of good conduct and obey all laws
Submit to warrantless search and seizure of person, property, personal business or vehicle at any time day or night;
Submit to chemical tests
Defendant not to have possession, custody or control of Controlled Substance
Restitution Fine of $100 pursuant to Penal Code 1202.4(b) per 2009.5PC
Sentenced to serve 90 days in Jail.
Serve consecutive to MCR-312677
Party: Defendant PIERUCCI, TAMMY MARIE

08/21/1998 Defendant knowingly and intelligently waives rights
Court finds Defendant Knowingly, Intelligently, Freely & Voluntarily waives rights

08/21/1998 Defendant advised of right to jury trial
Defendant informed of Right to Jury and/or Court Trial

08/21/1998 Defendant advised against self-incrimination
Defendant informed of Right Against Self-Incrimination

08/21/1998 Advised of right to confront/cross examine witnesses
Defendant informed of Right to Confrontation/Cross Exam

08/21/1998 **Sentence** (Judicial Officer: Joy, Stephany)
001. USE/UNDER INFLUENCE OF CONTROLLED SUBSTANCE (ORIGINAL Complaint)
Sentenced
Adult Confinement
Type: *Jail
Start Date: 08/21/1998
Consecutive with Case
Case Number: MCR312677
Term Type: Jail Term
Term: 90 Days
Converted Disposition:
Restitution Fine of $100 pursuant to Penal Code 1202.4(b) per 2009.5PC
Restitution Fine of $100 pursuant to Penal Code 1202.4(b) per 2009.5PC
Probation
Type: Conditional Sentence
Start Date: 08/21/1998
Term: 24 Months
End Date: 08/21/2000
Status: Granted (Active)
Status Date: 08/21/1998
Condition
1. Restitution Fine of __ pursuant to Penal Code 1202.4(b), Restitution Fine of $100 pursuant to Penal Code 1202.4(b) per 2009.5PC, 24M, 08/21/1998, Active 08/21/1998

08/21/1998 **Amended Plea** Reason: Change of Plea
Defendant Changes Plea from not guilty to guilty - count 1 HS 11550(a)
001. USE/UNDER INFLUENCE OF CONTROLLED SUBSTANCE (ORIGINAL Complaint)
*Guilty
Charge #: 001 Allegation:

CASE SUMMARY

CASE NO. MCR-311932-1

08/21/1998	**Disposition** 001. USE/UNDER INFLUENCE OF CONTROLLED SUBSTANCE (ORIGINAL Complaint) Convicted Charge #: 001 Allegation:
08/20/1998	**To Set** (8:30 AM) (Judicial Officer: Guynup, Gayle C) *TO SET* Resource: Court Reporter Capito, Julie Resource: Bailiff CRESON, JACK Resource: Courtroom Clerk CONNELLY, J Resource: Location Courtroom 15 Held; *Held*
08/20/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant present in custody* *Counsel Rubenstein appearing* *CONTINUED TO - 08/21/1998 at 8:30am M15 ,POSSIBLE DISPOSITION* Party: Defendant PIERUCCI, TAMMY MARIE
08/19/1998	Probation Terminated *Probation Terminated* Party: Defendant PIERUCCI, TAMMY MARIE
08/19/1998	Warrant #?W Recalled *Warrant #5200031 Recalled in Court* Party: Defendant PIERUCCI, TAMMY MARIE
08/19/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M13* ---------- *Defendant present* *Warrant #5200031 Recalled in Court* *Remanded into custody* *Bail reduced to $5000* *Unsuccessfully terminated from Drug Court Program* *Defendant denied participation in Drug Court Program by judge* *Guilty plea withdrawn Not guilty plea reinstated Sentence of 7-15-98 vacated* *Probation Terminated* *CONTINUED TO - 08/20/1998 at 8:30am M15, TO SET* Party: Defendant PIERUCCI, TAMMY MARIE
08/13/1998	*CANCELED* **Review** (2:00 PM) (Judicial Officer: Dale, Robert P) *FOR REVIEW* *Vacated* *Vacated*
08/11/1998	**Further Proceedings** (2:00 PM) (Judicial Officer: Dale, Robert P) *FURTHER PROCEEDINGS* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
08/11/1998	Probation Summarily Revoked *Probation Summarily Revoked* Party: Defendant PIERUCCI, TAMMY MARIE

CASE SUMMARY

CASE NO. MCR-311932-1

08/11/1998	Bench Warrant #? Issued In The Amount Of ? For Failure To Co *Bench Warrant #5200031 issued in the amount of NO BAIL for failure to comply with terms of Drug Court* Party: Defendant PIERUCCI, TAMMY MARIE
08/11/1998	Probation Summarily Revoked *Probation Summarily Revoked* Party: Defendant PIERUCCI, TAMMY MARIE
08/11/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M13* ---------- *Defendant not present* *Probation Summarily Revoked* *DROPPED FROM CALENDAR - 08/13/1998 at 2:00pm M13 ,FOR REVIEW* *Bench Warrant #5200031 issued in the amount of NO BAIL for failure to comply with terms of Drug Court* *Probation Summarily Revoked* Party: Defendant PIERUCCI, TAMMY MARIE
08/11/1998	Continued To *CONTINUED TO - 08/11/1998 at 2:00pm M13 ,FURTHER PROCEEDINGS* Party: Defendant PIERUCCI, TAMMY MARIE
08/06/1998	Automated 8715 Subsequent Action Issued *AUTOMATED 8715 SUBSEQUENT ACTION ISSUED* Party: Defendant PIERUCCI, TAMMY MARIE
08/06/1998	**Review** (2:00 PM) (Judicial Officer: Dale, Robert P) *FOR REVIEW* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
08/06/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M13* ---------- *Defendant present* *Evaluation period starts over* *CONTINUED TO - 08/13/1998 at 2:00pm M13 ,FOR REVIEW* Party: Defendant PIERUCCI, TAMMY MARIE
08/05/1998	**Further Proceedings** (2:00 PM) (Judicial Officer: Dale, Robert P) *FURTHER PROCEEDINGS* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
08/05/1998	Probation Reinstated *Probation Reinstated* Party: Defendant PIERUCCI, TAMMY MARIE
08/05/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M13* ---------- *Defendant present in custody* *Release from Custody* *Probation Reinstated* *Original terms in full force and effect except as amended herein* *Attend daily 12-step meetings and schedule one-on-one* *CONTINUED TO - 08/06/1998 at 2:00pm M13 ,FOR REVIEW*

Party: Defendant PIERUCCI, TAMMY MARIE

08/03/1998 **Further Proceedings** (2:00 PM) (Judicial Officer: Dale, Robert P)
FURTHER PROCEEDINGS
Resource: Courtroom Clerk KRELL, K
Resource: Location Courtroom 13
Held:
Held

08/03/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M13* ----------

Defendant present
Remanded into custody
NO BAIL
CONTINUED TO - 08/05/1998 at 2:00pm M13 ,FURTHER PROCEEDINGS
Party: Defendant PIERUCCI, TAMMY MARIE

08/03/1998 Continued To
CONTINUED TO - 08/03/1998 at 2:00pm M13 ,FURTHER PROCEEDINGS
Party: Defendant PIERUCCI, TAMMY MARIE

07/30/1998 Automated 8715 Report Issued
AUTOMATED 8715 REPORT ISSUED
Party: Defendant PIERUCCI, TAMMY MARIE

07/29/1998 **Clear Warrant** (2:00 PM) (Judicial Officer: Dale, Robert P)
CLEAR WARRANT
Resource: Courtroom Clerk GIOVANNONI, M K
Resource: Location Courtroom 13
Held;
Held

07/29/1998 Warrant #?W Recalled
Warrant #5199080 Recalled in Court
Party: Defendant PIERUCCI, TAMMY MARIE

07/29/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M13* ----------

Defendant present
Counsel J. Abrahams, Public Defender, appearing
Remanded into custody
Warrant #5199080 Recalled in Court
Daily NA Meetings One on one with Counselor DEFENDANT TO BE RELEASED ON 7-31-98 AT 2:00PM
CONTINUED TO - 08/05/1998 at 2:00pm M13 ,FOR REVIEW
Party: Defendant PIERUCCI, TAMMY MARIE

07/29/1998 Continued To
CONTINUED TO - 07/29/1998 at 2:00pm M13 ,CLEAR WARRANT
Party: Defendant PIERUCCI, TAMMY MARIE

07/27/1998 Automated DL106 Sent To DMV-Sacramento
AUTOMATED DL106 SENT TO DMV-SACRAMENTO
Party: Defendant PIERUCCI, TAMMY MARIE

07/27/1998 **Review** (2:00 PM) (Judicial Officer: Dale, Robert P)
FOR REVIEW
Resource: Courtroom Clerk GIOVANNONI, M K
Resource: Location Courtroom 13
Held;
Held

07/27/1998	B/W #? Issued In The Amount Of ? For Contempt For Failure To Appear *B/W #5199080 issued in the amount of NO BAIL for Contempt for Failure to Appear* Party: Defendant PIERUCCI, TAMMY MARIE
07/27/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M13 ----------* *Defendant not present* *Counsel J. Abrahams, Public Defender, appearing* *Bench Warrant to issue for $0* *B/W #5199080 issued in the amount of NO BAIL for Contempt for Failure to Appear* *Probation Summarily Revoked* *DROPPED FROM CALENDAR - 07/29/1998 at 2:00pm M13 ,FOR REVIEW* Party: Defendant PIERUCCI, TAMMY MARIE
07/27/1998	Probation Summarily Revoked *Probation Summarily Revoked* Party: Defendant PIERUCCI, TAMMY MARIE
07/27/1998	Continued To *CONTINUED TO - 07/27/1998 at 2:00pm M13 ,FOR REVIEW* Party: Defendant PIERUCCI, TAMMY MARIE
07/22/1998	**Review** (2:00 PM) (Judicial Officer: Dale, Robert P) *FOR REVIEW* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
07/22/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M13 ----------* *Defendant present* *CONTINUED TO - 07/29/1998 at 2:00pm M13 ,FOR REVIEW* Party: Defendant PIERUCCI, TAMMY MARIE
07/15/1998	**Further Proceedings** (2:00 PM) (Judicial Officer: Dale, Robert P) *FURTHER PROCEEDINGS* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
07/15/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M13 ----------* *Defendant present* *Counsel J. Abrahams, Public Defender, appearing specially* *Complaint amended to PIERUCCI, Tammy Marie, true name* *Drug Court agreement signed and filed* *Defendant accepted to participate in Drug Court Program* *Defendant pleads guilty to Ct. 1, M)11550(a) HS Conditional Sentence granted 18 months - order filed* *Complete minimum 9-month Drug Treatment Program* *Be of good conduct and obey all laws* *Totally abstain from use of alcohol/drugs* *Do not consume anything containing poppy seeds* *Not to possess any drugs or drug paraphernalia without valid prescription* *Submit to random chemical tests at the direction of your drug counselor* *To complete a diagnostic evaluation as directed* *To complete all the objectives of your ^counseling treatment plan^.* *Make all counseling sessions, court appearances, Narcotics Anonymous meetings, or other self*

	help meetings as directed *To keep your counselor and the court advised of your current address and phone number at all times* *Court imposes $100.00 State Restitution Fine pursuant to 1202.4 PC.* *Court finds compelling and extraordinary reasons to waive fine as follows:* *Defendant ordered to pay weekly counseling fees for 9-month drug treatment program* *Any court ordered payments shall be directed to those counseling fees* *Per 13202.3(b), compelling reason exists not to suspend driver's license 12 months jail stayed pending completion of probation* *Report to DAAC immediately* *Test at Orenda Center* *CONTINUED TO - 07/22/1998 at 2:00pm M13 ,FOR REVIEW* Party: Defendant PIERUCCI, TAMMY MARIE
07/15/1998	Own Recognizance Agreement To Appear - Filed *OWN RECOGNIZANCE AGREEMENT TO APPEAR FILED* Party: Defendant PIERUCCI, TAMMY MARIE
07/14/1998	**Further Proceedings** (2:00 PM) (Judicial Officer: Dale, Robert P) *FURTHER PROCEEDINGS* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
07/14/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M13 ----------* *Defendant present in custody* *Motion for release on Own Recognizance Granted* *Appointment on 7-15-98 at 1:00 pm* *Totally abstain from use of alcohol* *Defendant not to have possession, custody or control of Controlled Substance* *CONTINUED TO - 07/15/1998 at 2:00pm M13 ,FURTHER PROCEEDINGS* Party: Defendant PIERUCCI, TAMMY MARIE
07/09/1998	**Further Proceedings** (2:00 PM) (Judicial Officer: Ballinger, Raima) *FURTHER PROCEEDINGS* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
07/09/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M13 ----------* *Defendant present in custody* *Defendant waives time* *Defendant referred to Drug Court Program* *CONTINUED TO - 07/14/1998 at 2:00pm M13 ,FURTHER PROCEEDINGS* Party: Defendant PIERUCCI, TAMMY MARIE
07/09/1998	**Further Proceedings** (8:30 AM) (Judicial Officer: Guynup, Gayle C) *FURTHER PROCEEDINGS* Resource: Bailiff CRESON, JACK Resource: Courtroom Clerk CONNELLY, J Resource: Location Courtroom 15 Held; *Held*
07/09/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M15 ----------* *Defendant present in custody*

	Counsel Mark Retana nor present Rubenstein appearing *CONTINUED TO - 07/09/1998 at 2:00pm M13 ,FURTHER PROCEEDINGS* Party: Defendant PIERUCCI, TAMMY MARIE
07/06/1998	**Settlement Conference** (10:30 AM) (Judicial Officer: Guynup, Gayle C) *SETTLEMENT CONFERENCE* Resource: Bailiff CRESON, JACK Resource: Courtroom Clerk CONNELLY, J Resource: Location Courtroom 15 Held; *Held*
07/06/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant present in custody* *Counsel M Retana not present W Rubenstein appearing* *Defendant waives time* *Settlement Conference Held* *CONTINUED TO - 07/09/1998 at 8:30am M15 ,FURTHER PROCEEDINGS* Party: Defendant PIERUCCI, TAMMY MARIE
06/26/1998	**Warrant in Custody** (8:30 AM) (Judicial Officer: Guynup, Gayle C) *WARRANT IN CUSTODYS* Resource: Courtroom Clerk CONNELLY, J Resource: Bailiff CRESON, JACK Resource: Location Courtroom 15 Held; *Held*
06/26/1998	Warrant #?W Recalled *Warrant #5193692 Recalled in Court* Party: Defendant PIERUCCI, TAMMY MARIE
06/26/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant present in custody* *Counsel Mark Retana appearing* *Counsel appearing generally* *Defendant handed copy of complaint* *Defendant handed copy of report* *Defendant duly arraigned, advised of charges/allegations* *Warrant #5193692 Recalled in Court* *Bail set at $5000* *No time waiver* *Defendant pleads Not Guilty to count 1 HS 11550(a)* *Settlement Conference Set - 07/06/1998 at 10:30am M15 ,SETTLEMENT CONFERENCE* Party: Defendant PIERUCCI, TAMMY MARIE
06/26/1998	Defendant advised of charges/allegations *Defendant duly arraigned, advised of charges/allegations*
06/26/1998	**Plea** *Defendant pleads Not Guilty to count 1 HS 11550(a)* 001. USE/UNDER INFLUENCE OF CONTROLLED SUBSTANCE (ORIGINAL Complaint) Not Guilty Charge #: 001 Allegation:
06/25/1998	Added To Calendar By Jail *ADDED TO CALENDAR BY JAIL - 06/26/1998 at 8:30am M15 ,WARRANT IN CUSTODYS* Party: Defendant PIERUCCI, TAMMY MARIE

CASE SUMMARY
CASE NO. MCR-311932-1

06/17/1998	**Delay Reduction** (8:30 AM) (Judicial Officer: Guynup, Gayle C) *DELAY REDUCTION WARRANT* Resource: Bailiff CRESON, JACK Resource: Courtroom Clerk CONNELLY, J Resource: Location Courtroom 15 Held; *Held*
06/17/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant not present* *Counsel Rubenstein appearing* *Warrant to remain out* Party: Defendant PIERUCCI, TAMMY MARIE
06/15/1998	Calendared For Delay Reduction *CALENDARED FOR DELAY REDUCTION - 06/17/1998 at 8:30am M15 ,DELAY REDUCTION,WARRANT* Party: Defendant PIERUCCI, TAMMY MARIE
04/15/1998	**Cited to Appear/Warrant** (8:30 AM) (Judicial Officer: DeJung, Ted J) *CTA/WARRANT* Resource: Courtroom Clerk CONNELLY, J Resource: Bailiff CRESON, JACK Resource: Location Courtroom 15 Held; *Held*
04/15/1998	B/W #? Issued In The Amount Of ? For Failure To Appear On Citation Per Pc 853.7 *B/W #5193692 issued in the amount of $10,000 for Failure to Appear on Citation per PC 853.7* Party: Defendant PIERUCCI, TAMMY MARIE
04/15/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant not present* *Bench Warrant to issue for $10000* *B/W #5193692 issued in the amount of $10,000 for Failure to Appear on Citation per PC 853.7* Party: Defendant PIERUCCI, TAMMY MARIE
03/25/1998	**Delay Reduction** (8:30 AM) (Judicial Officer: Guynup, Gayle C) *DELAY REDUCTION CTA/WARRANT* Resource: Courtroom Clerk Cruz, Veronica Resource: Location Courtroom 15 Held; *Held*
03/25/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant not present* *CONTINUED TO - 04/15/1998 at 8:30am M15 ,CTA/WARRANT* Party: Defendant PIERUCCI, TAMMY MARIE
03/20/1998	? Date Vacated For Delay Reduction *4/15/98 DATE VACATED FOR DELAY REDUCTION - 03/25/1998 at 8:30am M15 ,DELAY REDUCTION,CTA/WARRANT* Party: Defendant PIERUCCI, TAMMY MARIE

CASE SUMMARY

CASE NO. MCR-311932-1

03/20/1998	Dropped From Calendar *DROPPED FROM CALENDAR - 04/15/1998 at 8:30am M15 ,CTA/WARRANT* Party: Defendant PIERUCCI, TAMMY MARIE
03/09/1998	Warrant #?W Recalled Defendant Cited To Appear *Warrant #5190879 Recalled Defendant Cited To Appear* Party: Defendant PIERUCCI, TAMMY MARIE
03/09/1998	Continued By Cite To *CONTINUED BY CITE TO - 04/15/1998 at 8:30am M15 ,CTA/WARRANT* Party: Defendant PIERUCCI, TAMMY MARIE
02/24/1998	**First Appearance** (8:30 AM) (Judicial Officer: DeJung, Ted J) *FIRST APPEARANCE CITED TO APPEAR ARRAIGNMENT* Resource: Bailiff CRESON, JACK Resource: Courtroom Clerk CONNELLY, J Resource: Location COURTROOM 15-COURTROOM 1 Held; *Held*
02/24/1998	B/W #? Issued In The Amount Of ? For Failure To Appear On Citation Per Pc 853.7 *B/W #5190879 issued in the amount of $2,500 for Failure to Appear on Citation per PC 853.7* Party: Defendant PIERUCCI, TAMMY MARIE
02/24/1998	---------- Courtroom Minutes ---------- *---------- Courtroom Minutes in M15 ----------* *Defendant not present* *Bench Warrant to issue for $2500* *B/W #5190879 issued in the amount of $2,500 for Failure to Appear on Citation per PC 853.7* Party: Defendant PIERUCCI, TAMMY MARIE
02/23/1998	Complaint Filed *COMPLAINT FILED* Party: Defendant PIERUCCI, TAMMY MARIE
02/23/1998	Diversion Ineligibility - Filed *DIVERSION INELIGIBILTY FILED* Party: Defendant PIERUCCI, TAMMY MARIE
02/23/1998	Continued To *CONTINUED TO - 02/24/1998 at 8:30am M15 ,FIRST APPEARANCE,CITED TO APPEAR,ARRAIGNMENT* Party: Defendant PIERUCCI, TAMMY MARIE
01/25/1998	Cite Fee To Apply *CITE FEE TO APPLY* Party: Defendant PIERUCCI, TAMMY MARIE

CRIMINAL

CASE SUMMARY

CASE NO. MCR-311445-1

PEO VS. RYBACKI

§
§
§
§

Location: **Criminal**
Judicial Officer: **Superior Court, Judicial Officer**
DMV Court Code: **49100 Superior Court, Criminal**
Filed on: **02/11/1998**

CASE INFORMATION

Offense	Statute	Deg	Date	Case Type: Misdemeanor
Jurisdiction: Santa Rosa				
001. POSSESS HYPODERMIC NEEDLE/SYRINGE (ORIGINAL Complaint)	4140	M	01/22/1998	

Related Cases
MCR-276813-3 (Same Defendant)
MCR-291219-1 (Same Defendant)
MCR-311932-1 (Same Defendant)
MCR-312677-1 (Same Defendant)
TCR-282640-1 (Same Defendant)

Statistical Closures
08/21/1998 Dismissal

DATE — CASE ASSIGNMENT

Current Case Assignment

Case Number	MCR-311445-1
Court	Criminal
Date Assigned	02/10/1998
Judicial Officer	Superior Court, Judicial Officer
DMV Court Code	49100 Superior Court, Criminal

DATE — EVENTS & ORDERS OF THE COURT — INDEX

08/27/1998 Automated 8715 Report Issued
AUTOMATED 8715 REPORT ISSUED
Party: Defendant PIERUCCI, TAMMY MARIE

08/21/1998 **Possible Disposition** (8:30 AM) (Judicial Officer: Joy, Stephany)
POSSIBLE DISPOSITION
Resource: Bailiff CRESON, JACK
Resource: Courtroom Clerk CONNELLY, J
Resource: Location Courtroom 15
Held;
Held

08/21/1998 Case Dismissed - People's Motion
Case Dismissed - People's Motion
Party: Defendant PIERUCCI, TAMMY MARIE

08/21/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M15* ----------

Defendant present in custody
Counsel W. Rubenstein appearing
Case Dismissed - People's Motion
Party: Defendant PIERUCCI, TAMMY MARIE

CASE SUMMARY

CASE NO. MCR-311445-1

08/21/1998 **Disposition**
001. POSSESS HYPODERMIC NEEDLE/SYRINGE (ORIGINAL Complaint)
Dismissed
Charge #: 001 Allegation:

08/20/1998 **To Set** (8:30 AM) (Judicial Officer: Guynup, Gayle C)
TO SET
Resource: Court Reporter Capito, Julie
Resource: Bailiff CRESON, JACK
Resource: Courtroom Clerk CONNELLY, J
Resource: Location Courtroom 15
Held:
Held

08/20/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M15* ----------

Defendant present in custody
Counsel Rubenstein appearing
CONTINUED TO - 08/21/1998 at 8:30am M15 ,POSSIBLE DISPOSITION
Party: Defendant PIERUCCI, TAMMY MARIE

08/19/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M13* ----------

Defendant present
People vacate motion to dismiss - terminated from Drug Court
Warrant #5200144 Recalled in Court
Remanded into custody
Bail set at $7500
CONTINUED TO - 08/20/1998 at 8:30am M15 ,TO SET
Party: Defendant PIERUCCI, TAMMY MARIE

08/19/1998 Warrant #?W Recalled
Warrant #5200144 Recalled in Court
Party: Defendant PIERUCCI, TAMMY MARIE

08/13/1998 **To Trail** (2:00 PM) (Judicial Officer: Dale, Robert P)
TO TRAIL
Resource: Courtroom Clerk KRELL, K
Resource: Location Courtroom 13
Held:
Held

08/13/1998 B/W #? Issued In The Amount Of ? For Contempt For Failure To Appear
B/W #5200144 issued in the amount of $7,500 for Contempt for Failure to Appear
Party: Defendant PIERUCCI, TAMMY MARIE

08/13/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M13* ----------

Defendant not present
Do not cite out / OR
B/W #5200144 issued in the amount of $7,500 for Contempt for Failure to Appear
Party: Defendant PIERUCCI, TAMMY MARIE

08/06/1998 **To Trail** (2:00 PM) (Judicial Officer: Dale, Robert P)
TO TRAIL
Resource: Courtroom Clerk KRELL, K
Resource: Location Courtroom 13
Held:
Held

CASE SUMMARY

CASE NO. MCR-311445-1

08/06/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M13* ---------- *Defendant present* *CONTINUED TO - 08/13/1998 at 2:00pm M13 ,TO TRAIL* Party: Defendant PIERUCCI, TAMMY MARIE
08/05/1998	**To Trail** (2:00 PM) (Judicial Officer: Dale, Robert P) *TO TRAIL* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
08/05/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M13* ---------- *Defendant present in custody (not on this case)* *CONTINUED TO - 08/06/1998 at 2:00pm M13 ,TO TRAIL* Party: Defendant PIERUCCI, TAMMY MARIE
07/29/1998	**Clear Warrant** (2:00 PM) (Judicial Officer: Dale, Robert P) *CLEAR WARRANT* Resource: Courtroom Clerk GIOVANNONI, M K Resource: Location Courtroom 13 Held; *Held*
07/29/1998	Warrant #?W Recalled *Warrant #5199083 Recalled in Court* Party: Defendant PIERUCCI, TAMMY MARIE
07/29/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M13* ---------- *Defendant present* *Counsel J. Abrahams, Public Defender, appearing* *Remanded into custody* *Warrant #5199083 Recalled in Court* *Daily NA Meetings One on one with Counselor DEFENDANT TO BE RELEASED ON 7-31-98 AT 2:00PM* *CONTINUED TO - 08/05/1998 at 2:00pm M13 ,TO TRAIL* Party: Defendant PIERUCCI, TAMMY MARIE
07/29/1998	Continued To *CONTINUED TO - 07/29/1998 at 2:00pm M13 ,CLEAR WARRANT* Party: Defendant PIERUCCI, TAMMY MARIE
07/27/1998	**To Trail** (2:00 PM) (Judicial Officer: Dale, Robert P) *TO TRAIL* Resource: Courtroom Clerk GIOVANNONI, M K Resource: Location Courtroom 13 Held; *Held*
07/27/1998	B/W #? Issued In The Amount Of ? For Contempt For Failure To Appear *B/W #5199083 issued in the amount of NO BAIL for Contempt for Failure to Appear* Party: Defendant PIERUCCI, TAMMY MARIE
07/27/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M13* ----------

	Defendant not present *Counsel J. Abrahams, Public Defender, appearing* *Bench Warrant to issue for SNo bail* *B/W #5199083 issued in the amount of NO BAIL for Contempt for Failure to Appear* *DROPPED FROM CALENDAR - 07/29/1998 at 2:00pm M13 ,TO TRAIL* Party: Defendant PIERUCCI, TAMMY MARIE
07/27/1998	Continued To *CONTINUED TO - 07/27/1998 at 2:00pm M13 ,TO TRAIL* Party: Defendant PIERUCCI, TAMMY MARIE
07/22/1998	**To Trail** (2:00 PM) (Judicial Officer: Dale, Robert P) *TO TRAIL* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
07/22/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M13* ---------- *Defendant present* *CONTINUED TO - 07/29/1998 at 2:00pm M13 ,TO TRAIL* Party: Defendant PIERUCCI, TAMMY MARIE
07/15/1998	**Further Proceedings** (2:00 PM) (Judicial Officer: Dale, Robert P) *FURTHER PROCEEDINGS* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
07/15/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M13* ---------- *Defendant present* *Counsel J. Abrahams, Public Defender, appearing specially* *Complaint amended to PIERUCCI, Tammy Marie, true name* *People's motion to dismiss taken under submission until successful completion of Drug Court Program in MCR-311932* *CONTINUED TO - 07/22/1998 at 2:00pm M13 ,TO TRAIL* Party: Defendant PIERUCCI, TAMMY MARIE
07/15/1998	Own Recognizance Agreement To Appear - Filed *OWN RECOGNIZANCE AGREEMENT TO APPEAR FILED* Party: Defendant PIERUCCI, TAMMY MARIE
07/14/1998	**Further Proceedings** (2:00 PM) (Judicial Officer: Dale, Robert P) *FURTHER PROCEEDINGS* Resource: Courtroom Clerk KRELL, K Resource: Location Courtroom 13 Held; *Held*
07/14/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M13* ---------- *Defendant present in custody* *Motion for release on Own Recognizance Granted* *CONTINUED TO - 07/15/1998 at 2:00pm M13 ,FURTHER PROCEEDINGS* Party: Defendant PIERUCCI, TAMMY MARIE
07/09/1998	**Further Proceedings** (2:00 PM) (Judicial Officer: Ballinger, Raima)

FURTHER PROCEEDINGS
Resource: Courtroom Clerk KRELL, K
Resource: Location Courtroom 13
Held;
Held

07/09/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M13* ----------

Defendant present in custody
Defendant waives time
CONTINUED TO - 07/14/1998 at 2:00pm M13 ,FURTHER PROCEEDINGS
Party: Defendant PIERUCCI, TAMMY MARIE

07/09/1998 **Further Proceedings** (8:30 AM) (Judicial Officer: Guynup, Gayle C)
FURTHER PROCEEDINGS
Resource: Bailiff CRESON, JACK
Resource: Courtroom Clerk CONNELLY, J
Resource: Location Courtroom 15
Held;
Held

07/09/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M15* ----------

Defendant present in custody
Counsel Mark Retana not present W Rubenstein appearing
CONTINUED TO - 07/09/1998 at 2:00pm M13 ,FURTHER PROCEEDINGS
Party: Defendant PIERUCCI, TAMMY MARIE

07/06/1998 **Settlement Conference** (10:30 AM) (Judicial Officer: Guynup, Gayle C)
SETTLEMENT CONFERENCE
Resource: Bailiff CRESON, JACK
Resource: Courtroom Clerk CONNELLY, J
Resource: Location Courtroom 15
Held;
Held

07/06/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M15* ----------

Defendant present in custody
Counsel Mark Retana not present Rubenstein appearing
Defendant waives time
Settlement Conference Held
CONTINUED TO - 07/09/1998 at 8:30am M15 ,FURTHER PROCEEDINGS
Party: Defendant PIERUCCI, TAMMY MARIE

06/26/1998 **Warrant in Custody** (8:30 AM) (Judicial Officer: Guynup, Gayle C)
WARRANT IN CUSTODYS
Resource: Courtroom Clerk CONNELLY, J
Resource: Bailiff CRESON, JACK
Resource: Location Courtroom 15
Held;
Held

06/26/1998 Warrant #?W Recalled
Warrant #5193679 Recalled in Court
Party: Defendant PIERUCCI, TAMMY MARIE

06/26/1998 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in M15* ----------

Defendant present in custody

	Counsel Mark Retana appearing *Counsel appearing generally Retana* *Defendant handed copy of complaint* *Defendant handed copy of report* *Defendant duly arraigned, advised of charges/allegations* *Stipulates to arraignment* *Advised of constitutional rights* *Waives reading of complaint* *Waives further advisement of rights* *Warrant #5193679 Recalled in Court* *Bail set at $5000* *No time waiver* *Defendant pleads Not Guilty to count 1 BP 4140* *Settlement Conference Set - 07/06/1998 at 10:30am M15 ,SETTLEMENT CONFERENCE* Party: Defendant PIERUCCI, TAMMY MARIE
06/26/1998	Defendant advised of charges/allegations *Defendant duly arraigned, advised of charges/allegations*
06/26/1998	**Plea** *Defendant pleads Not Guilty to count 1 BP 4140* 001. POSSESS HYPODERMIC NEEDLE/SYRINGE (ORIGINAL Complaint) Not Guilty Charge #: 001 Allegation:
06/25/1998	Added To Calendar By Jail *ADDED TO CALENDAR BY JAIL - 06/26/1998 at 8:30am M15 ,WARRANT IN CUSTODYS* Party: Defendant PIERUCCI, TAMMY MARIE
06/17/1998	**Delay Reduction** (8:30 AM) (Judicial Officer: Guynup, Gayle C) *DELAY REDUCTION WARRANT* Resource: Bailiff CRESON, JACK Resource: Courtroom Clerk CONNELLY, J Resource: Location Courtroom 15 Held; *Held*
06/17/1998	---------- Courtroom Minutes ---------- ---------- *Courtroom Minutes in M15* ---------- *Defendant not present* *Counsel Rubenstein appearing* *Warrant to remain out* Party: Defendant PIERUCCI, TAMMY MARIE
06/15/1998	Calendared For Delay Reduction *CALENDARED FOR DELAY REDUCTION - 06/17/1998 at 8:30am M15 ,DELAY REDUCTION,WARRANT* Party: Defendant PIERUCCI, TAMMY MARIE
04/15/1998	**Cited to Appear/Warrant** (8:30 AM) (Judicial Officer: DeJung, Ted J) *CTA/WARRANT* Resource: Courtroom Clerk CONNELLY, J Resource: Bailiff CRESON, JACK Resource: Location Courtroom 15 Held; *Held*
04/15/1998	B/W #? Issued In The Amount Of ? For Failure To Appear On Citation Per Pc 853.7 *B/W #5193679 issued in the amount of $10,000 for Failure to Appear on Citation per PC 853.7* Party: Defendant PIERUCCI, TAMMY MARIE

	COMPLAINT FILED Party: Defendant PIERUCCI, TAMMY MARIE
02/11/1998	Continued To *CONTINUED TO - 02/18/1998 at 8:30am M15 ,FIRST APPEARANCE.CITED TO APPEAR,ARRAIGNMENT* Party: Defendant PIERUCCI, TAMMY MARIE

CRIMINAL

CASE SUMMARY

CASE NO. SCR-459973-1

PEO VS. BOWMAN §

Location: **Criminal**
Judicial Officer: **Superior Court, Judicial Officer**
DMV Court Code: **49100 Superior Court, Criminal**
Filed on: **03/18/2005**

CASE INFORMATION

Offense	Statute	Deg	Date
Jurisdiction: **County of Sonoma**			
001. DRIVING WHILE LICENSE SUSPENDED (ORIGINAL Complaint)	14601.1(a)	M	03/07/2005
002. NO REG:VEH/TRAILER/ETC (ORIGINAL Complaint)	4000(a)	I	03/07/2005
003. FAIL PROVE FIN RSP:PO REQ (ORIGINAL Complaint)	16028(a)	I	03/07/2005

Case Type: **Misdemeanor**

Statistical Closures
06/09/2005 Dismissal

DATE — CASE ASSIGNMENT

Current Case Assignment

Case Number	SCR-459973-1
Court	Criminal
Date Assigned	03/16/2005
Judicial Officer	Superior Court, Judicial Officer
DMV Court Code	49100 Superior Court, Criminal

DATE — EVENTS & ORDERS OF THE COURT — INDEX

06/09/2005 **Cited to Appear** (8:30 AM) (Judicial Officer: Joy, Stephany)
CITED TO APPEAR FIRST APPEARANCE ARRAIGNMENT
Resource: Courtroom Clerk HYLES, KAREN D
Resource: Location Courtroom 16
Held;
Held
Parties Present: Defendant BOWMAN, TAMMY MARIE

06/09/2005 ---------- Courtroom Minutes ----------
---------- *Courtroom Minutes in 16* ----------
CLK: KAREN D HYLES
Defendant present
Defendant advised of charges/allegations
Defendant advised of constitutional rights
Proof of license, registration and Insurance shown
Case Dismissed in the interest of justice
Party: Defendant BOWMAN, TAMMY MARIE

06/09/2005 Defendant advised of charges/allegations
Defendant advised of charges/allegations

06/09/2005 **Plea**
001. DRIVING WHILE LICENSE SUSPENDED (ORIGINAL Complaint)
No Plea
Charge #: 001 Allegation:

06/09/2005 **Plea**

Printed on 01/12/2023 at 9:40 A

CASE SUMMARY

CASE NO. SCR-459973-1

	003. FAIL PROVE FIN RSP:PO REQ (ORIGINAL Complaint) No Plea Charge #: 003 Allegation:
06/09/2005	**Plea** 002. NO REG:VEH/TRAILER/ETC (ORIGINAL Complaint) No Plea Charge #: 002 Allegation:
06/09/2005	**Disposition** 003. FAIL PROVE FIN RSP:PO REQ (ORIGINAL Complaint) Dismissed Charge #: 003 Allegation:
06/09/2005	**Disposition** 002. NO REG:VEH/TRAILER/ETC (ORIGINAL Complaint) Dismissed Charge #: 002 Allegation:
06/09/2005	**Disposition** 001. DRIVING WHILE LICENSE SUSPENDED (ORIGINAL Complaint) Dismissed Charge #: 001 Allegation:
03/18/2005	Complaint Filed *Complaint filed* Party: Defendant BOWMAN, TAMMY MARIE
03/18/2005	Continued To *CONTINUED TO - 06/09/2005 at 8:30am 16, CITED TO APPEAR, FIRST APPEARANCE, ARRAIGNMENT* Party: Defendant BOWMAN, TAMMY MARIE
03/07/2005	Cite Fee To Apply *CITE FEE TO APPLY* Party: Defendant BOWMAN, TAMMY MARIE

ASSIGNMENT OF MEMBERSHIP INTERESTS

This Assignment of Membership Interests ("Assignment"), dated as of April 30, 2025 (the "Execution Date"), is made by Vasta Consulting, Inc., a Florida corporation ("Assignor"), to SCOA Wellness Holdings, LLC, a Delaware limited liability company ("Assignee").

RECITALS

WHEREAS, this Assignment is being delivered pursuant to Section 2.08(h)(iv) of that certain Equity Purchase Agreement, dated as of March 22, 2024, by and among Assignor, Assignee and the other parties identified therein (as amended, restated, amended and restated, supplemented or otherwise modified from time to time, the "Purchase Agreement");

WHEREAS, Assignor owns 40.4434% of the issued and outstanding Membership Interests of the Target (the "Owned Interests"); and

WHEREAS, pursuant to the Purchase Agreement, Assignor has agreed to sell, convey, transfer, assign, and deliver to Assignee, free and clear of all Liens, and Assignee has agreed to accept and purchase from Assignor, 41.2099% of the Owned Interests, representing 16.6667% of the Fully Diluted Equity Interests in the Target on the date hereof (the "Assigned Interests").

NOW, THEREFORE, in consideration of the respective representations and agreements hereinafter set forth and other good and valuable consideration, the adequacy and receipt of which are hereby acknowledged, the parties agree as follows:

1. Definitions. All capitalized terms not otherwise defined herein have the respective meanings given to them in the Purchase Agreement.

2. Assignment. As of the Execution Date, Assignor hereby sells, conveys, transfers, assigns, and delivers to Assignee Assignor's rights, titles and interests in and to the Assigned Interests, free and clear of all Liens. Assignor represents that no certificates have been issued by the Target in respect of the Assigned Interests and therefore this instrument represents a valid assignment of the Assigned Interests which Assignor represents is free and clear of any and all security interests, liens, encumbrances, options, restrictions, claims and rights of others.

3. Acceptance by Assignee. Assignee hereby accepts the Assigned Interests as of the Execution Date and shall be deemed to have purchased, acquired and accepted the Assigned Interests as of the Execution Date.

4. Further Assurances. On and after the Execution Date, Assignor shall take any and all further actions, including, but not limited to, the execution of additional instruments or documents that may be reasonably requested in writing by Assignee to effectuate or evidence the sale, conveyance, transfer, assignment, and delivery of the Assigned Interests or the other actions expressly contemplated by this Assignment.

5. Miscellaneous. This Assignment shall be binding upon and inure to the benefit of Assignor and Assignee and their respective successors and assigns. The Assignment shall be governed by and construed in accordance with the laws of the State of New York, without giving effect to any conflict or choice of law provision that would result in the imposition of another state's law. This Assignment may be executed in counterparts, by facsimile or PDF signature, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

[*Signature Page Follows*]

IN WITNESS WHEREOF, this Assignment has been duly executed and delivered by the duly authorized representative of the parties as of the Execution Date.

ASSIGNOR:

Vasta Consulting, Inc.



By: _____
Name: Phil Vasta
Title: Authorized Person

[Signature Page to Assignment of Membership Interests]

ASSIGNEE:

SCOA Wellness Holdings LLC,
a Delaware limited liability company

By: Sumitomo Corporation of Americas
Its: Sole Member

Jeremy Yap

By: Jeremy Yap
Title: Senior Vice President, General Manager of Business Development Group

[Signature Page to Assignment of Membership Interests]

ASSIGNMENT OF MEMBERSHIP INTERESTS

This Assignment of Membership Interests ("Assignment"), dated as of April 30, 2025 (the "Execution Date"), is made by Gemini Consulting, LLC, a Florida limited liability company ("Assignor"), to SCOA Wellness Holdings, LLC, a Delaware limited liability company ("Assignee").

RECITALS

WHEREAS, this Assignment is being delivered pursuant to Section 2.08(h)(iv) of that certain Equity Purchase Agreement, dated as of March 22, 2024, by and among Assignor, Assignee and the other parties identified therein (as amended, restated, amended and restated, supplemented or otherwise modified from time to time, the "Purchase Agreement");

WHEREAS, Assignor owns 27.7233% of the issued and outstanding Membership Interests of the Target (the "Owned Interests"); and

WHEREAS, pursuant to the Purchase Agreement, Assignor has agreed to sell, convey, transfer, assign, and deliver to Assignee, free and clear of all Liens, and Assignee has agreed to accept and purchase from Assignor, 23.44598% of the Owned Interests, representing 6.50% of the Fully Diluted Equity Interests in the Target on the date hereof (the "Assigned Interests").

NOW, THEREFORE, in consideration of the respective representations and agreements hereinafter set forth and other good and valuable consideration, the adequacy and receipt of which are hereby acknowledged, the parties agree as follows:

1. Definitions. All capitalized terms not otherwise defined herein have the respective meanings given to them in the Purchase Agreement.

2. Assignment. As of the Execution Date, Assignor hereby sells, conveys, transfers, assigns, and delivers to Assignee Assignor's rights, titles and interests in and to the Assigned Interests, free and clear of all Liens. Assignor represents that no certificates have been issued by the Target in respect of the Assigned Interests and therefore this instrument represents a valid assignment of the Assigned Interests which Assignor represents is free and clear of any and all security interests, liens, encumbrances, options, restrictions, claims and rights of others.

3. Acceptance by Assignee. Assignee hereby accepts the Assigned Interests as of the Execution Date and shall be deemed to have purchased, acquired and accepted the Assigned Interests as of the Execution Date.

4. Further Assurances. On and after the Execution Date, Assignor shall take any and all further actions, including, but not limited to, the execution of additional instruments or documents that may be reasonably requested in writing by Assignee to effectuate or evidence the sale, conveyance, transfer, assignment, and delivery of the Assigned Interests or the other actions expressly contemplated by this Assignment.

5. Miscellaneous. This Assignment shall be binding upon and inure to the benefit of Assignor and Assignee and their respective successors and assigns. The Assignment shall be governed by and construed in accordance with the laws of the State of New York, without giving effect to any conflict or choice of law provision that would result in the imposition of another state's law. This Assignment may be executed in counterparts, by facsimile or PDF signature, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

[*Signature Page Follows*]

IN WITNESS WHEREOF, this Assignment has been duly executed and delivered by the duly authorized representative of the parties as of the Execution Date.

ASSIGNOR:

Gemini Consulting, LLC

By: Signed by: Adam Nadler BDC94D9A25A5448...
Name: Adam Nadler
Title: Authorized Person

[Signature Page to Assignment of Membership Interests]

ASSIGNEE:

SCOA Wellness Holdings LLC,
a Delaware limited liability company

By: Sumitomo Corporation of Americas
Its: Sole Member

Jeremy Yap

By: Jeremy Yap
Title: Senior Vice President, General Manager of Business Development Group

[Signature Page to Assignment of Membership Interests]

ASSIGNMENT OF MEMBERSHIP INTERESTS

This Assignment of Membership Interests ("Assignment"), dated as of April 30, 2025 (the "Execution Date"), is made by ZBS Management LLC, a Florida limited liability company ("Assignor"), to SCOA Wellness Holdings, LLC, a Delaware limited liability company ("Assignee").

RECITALS

WHEREAS, this Assignment is being delivered pursuant to Section 2.08(h)(iv) of that certain Equity Purchase Agreement, dated as of March 22, 2024, by and among Assignor, Assignee and the other parties identified therein (as amended, restated, amended and restated, supplemented or otherwise modified from time to time, the "Purchase Agreement");

WHEREAS, Assignor owns 6.8333% of the issued and outstanding Membership Interests of the Target (the "Owned Interests"); and

WHEREAS, pursuant to the Purchase Agreement, Assignor has agreed to sell, convey, transfer, assign, and deliver to Assignee, free and clear of all Liens, and Assignee has agreed to accept and purchase from Assignor, 26.828911% of the Owned Interests, representing 1.8333% of the Fully Diluted Equity Interests in the Target on the date hereof (the "Assigned Interests").

NOW, THEREFORE, in consideration of the respective representations and agreements hereinafter set forth and other good and valuable consideration, the adequacy and receipt of which are hereby acknowledged, the parties agree as follows:

1. Definitions. All capitalized terms not otherwise defined herein have the respective meanings given to them in the Purchase Agreement.

2. Assignment. As of the Execution Date, Assignor hereby sells, conveys, transfers, assigns, and delivers to Assignee Assignor's rights, titles and interests in and to the Assigned Interests, free and clear of all Liens. Assignor represents that no certificates have been issued by the Target in respect of the Assigned Interests and therefore this instrument represents a valid assignment of the Assigned Interests which Assignor represents is free and clear of any and all security interests, liens, encumbrances, options, restrictions, claims and rights of others.

3. Acceptance by Assignee. Assignee hereby accepts the Assigned Interests as of the Execution Date and shall be deemed to have purchased, acquired and accepted the Assigned Interests as of the Execution Date.

4. Further Assurances. On and after the Execution Date, Assignor shall take any and all further actions, including, but not limited to, the execution of additional instruments or documents that may be reasonably requested in writing by Assignee to effectuate or evidence the sale, conveyance, transfer, assignment, and delivery of the Assigned Interests or the other actions expressly contemplated by this Assignment.

5. Miscellaneous. This Assignment shall be binding upon and inure to the benefit of Assignor and Assignee and their respective successors and assigns. The Assignment shall be governed by and construed in accordance with the laws of the State of New York, without giving effect to any conflict or choice of law provision that would result in the imposition of another state's law. This Assignment may be executed in counterparts, by facsimile or PDF signature, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

[*Signature Page Follows*]

IN WITNESS WHEREOF, this Assignment has been duly executed and delivered by the duly authorized representative of the parties as of the Execution Date.

ASSIGNOR:

ZBS Management LLC

By: Signed by: Adam Handfinger
A4056E8427344A9...
Name: Adam Handfinger
Title: Authorized Person

[Signature Page to Assignment of Membership Interests]

ASSIGNEE:

SCOA Wellness Holdings LLC,
a Delaware limited liability company

By: Sumitomo Corporation of Americas
Its: Sole Member

Jeremy Yap

By: Jeremy Yap
Title: Senior Vice President, General Manager of Business Development Group

[Signature Page to Assignment of Membership Interests]

Board of Certification/Accreditation

Owings Mills, Maryland

Accredited Facility

Practice limited to DMEPOS supplier categories:
DM02, DM05, DM06, M01
Additional Product Categories 6/13/22:DM12, DM24

The Board of Certification/Accreditation attests that the Facility named below complies with all requirements for facility accreditation.

Quest Health Solutions LLC

1955 Cleveland Ave Ste 100
Santa Rosa, California 95401-4282

This accreditation is awarded for meeting the professional standards of BOC, together with all the honors, rights, privileges and responsibilities in pursuit of our mission to assure patients, physicians, professional organizations, the public-at-large, and government agencies and representatives of the competence and professionalism of BOC-Accredited Facilities.
In witness whereof, we have affixed the seal of the Board and subscribed our names in acknowledgment.

Matthew Gruskin, MBA, BOCO, BOCPD, CDME, Chief Operating Officer

Judi L. Knott, MA, MBA, President & CEO

S62672
Facility Number

May 31, 2025
Accredited Through

Accredited Since: February 10, 2022

BOC is a CMS deemed accrediting organization.

This accreditation is the property of BOC -- the certificate holder agrees to abide by the BOC and CMS standards.

0584

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Quest Health Solutions LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): MP03130

Physical Address: 1955 Cleveland Ave, STE 100

City: Santa Rosa State: CA Zip: 95401

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 707-843-7803 Website: www.questhealthsolutions.com

Licensing Company Email: qhscredentialing@questhealthsolutions.com

Section 2: Personal Information

First: Jeremy Middle: Last: Yap

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: jeremy.yap@sumitomocorp.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		09/00 - 06/04	
Address	**City**	**State**	**Zip**
633 Clark Street	Evanston	IL	60208
Diploma/Degree obtained, if any			
Bachelor's Degree			

School Name		From - To (MM/YY – MM/YY)	
Crescent School		09/92 - 06/00	
Address	**City**	**State**	**Zip**
2365 Bayview Avenue	Toronto, Ontario, Canada	Ontario	M2L 1A2
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/19 - Current	[redacted]	[redacted]	[redacted]	[redacted]
07/18 - 07/19				
07/14 - 07/18				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Sumitomo Corporation of Americas			07/13 - Current
Business Address	**City**	**State**	**Zip**
277 Park Avenue 15th Floor	New York	NY	10172
Phone	**Title**		
212 207 0700	SVP		
Description of Duties			
Evaluate new potential business			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JEREMY YAP

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/21/2025

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of New York.

I, JEREMY YAP, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/21/2025

Date

Subscribed and Sworn to before me this 21 day of April.

Notary Public Signature

MAKIKO HIROMI
NOTARY PUBLIC, STATE OF NEW YORK
Registration. No. 02HI0026284
Qualified in New York County
Commission Expires JUNE 28, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Quest Health Solutions LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): MP03130

Physical Address: 1955 Cleveland Ave, STE 100

City: Santa Rosa State: CA Zip: 95401

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 707-843-7803 Website: www.questhealthsolutions.com

Licensing Company Email: qhscredentialing@questhealthsolutions.com

Section 2: Personal Information

First: Adam Middle: Last: Handfinger

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: ahandfinger@questhealthsolutions.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Spanish River High School		1988-1992	
Address	**City**	**State**	**Zip**
5100 Jog Rd.	Boca Raton	FL	33496
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Florida		1992- 1996	
Address	**City**	**State**	**Zip**
1329 SW 16th St.	Gainesville	FL	32610
Diploma/Degree obtained, if any			
B.S. in Finance (Highest Honor - DOH)			

School Name		From - To (MM/YY – MM/YY)	
Emory University School of Law		1996-2000	
Address	**City**	**State**	**Zip**
1301 Clifton Rd.	Atlanta	GA	30322
Diploma/Degree obtained, if any			
JD/ MBA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2016 - Present	[redacted]	[redacted]	[redacted]	[redacted]
1/2012 - 12/ 2015				

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Peckar and Abraham, P.C.			10/2002 - present
Business Address	**City**	**State**	**Zip**
1 SE 3rd Ave. Suite 200	Miami	FL	33131
Phone	**Title**		
305-358-2600	Co Managing Partner		
Description of Duties			
Co managing partner, responsible for management of Miami office			

Business Name			From - To (MM/YY – MM/YY)
ZBS Management, LLC			9/2014 - present
Business Address	**City**	**State**	**Zip**
6000 NW 68th St.	Parkland	FL	33067
Phone	**Title**		
	Manager		
Description of Duties			
Run management and holding company.			

Business Name			From - To (MM/YY – MM/YY)
Document Crunch, Inc.			2020- present
Business Address	**City**	**State**	**Zip**
1 Glen Lake Parkway, NE suite 650	Atlanta	GA	30328
Phone	**Title**		
	Co- Founder and Chairman of Board		
Description of Duties			
Chairman without any day to day responsibilities.			

Business Name			From - To (MM/YY – MM/YY)
Quest Health Solutions LLC			07/16- present
Business Address	**City**	**State**	**Zip**
3301 N University Dr, Suite 310	Coral Springs	FL	33067
Phone	**Title**		
877-888-7050	Part Owner		
Description of Duties			
Part Owner and Advisor			

Business Name			From - To (MM/YY – MM/YY)
Nova Southeastern University			2020-present
Business Address	**City**	**State**	**Zip**
3301 College Ave.	Ft. Lauderdale	FL	33314
Phone	**Title**		
	Adjunct Professor		
Description of Duties			
Adjunct Professor			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)
Go Commando		2009- 2016
Business Address	**City / State / Zip**	
6000 NW 68th	Parkland / FL / 33067	
Phone	**Title**	
	Owner	
Description of Duties		
Owner		

Business Name		From - To (MM/YY – MM/YY)
Show Me Medical Equipment LLC		07/16- present
Business Address	**City / State / Zip**	
1208 Porter Wagoner Blvd Ste 3	West Plains / MO / 65775	
Phone	**Title**	
(417) 256-2526	Part Owner	
Description of Duties		
Part Owner		

Business Name		From - To (MM/YY – MM/YY)
Vast Medical Holdings LLC		07/16- present
Business Address	**City / State / Zip**	
7351 Landings Drive Suite 104	Coral Springs / FL / 33067	
Phone	**Title**	
877-888-7050	Part Owner	
Description of Duties		
Part Owner		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City / State / Zip**	
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City / State / Zip**	
Phone	**Title**	
Description of Duties		

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

In conjunction with a divorce proceeding Countrywide Home Loans filed a Mortgage Foreclosure Action against me and my ex-wife, Randi Handfinger. It was amicably resolved and dismissed with prejudice on 1/7/2013. There was no judgement entered against either of us and the property was not foreclosed on.

Original Signature (electronic, copies or stamps not accepted)

04/21/15
Date

Countrywide Home Loans Plaintiff vs. Adam P Handfinger, et al Defendant

Broward County Case Number: CACE08061770	**State Reporting Number:** 062008CA061770AXXXCE
Court Type: Civil	**Case Type:** Real Prop Homestead Res Fore =/>$250,000
Incident Date: N/A	**Filing Date:** 12/17/2008
Court Location: Central Courthouse	**Case Status:** Disposed
Magistrate Id / Name: N/A	**Judge ID / Name:** 11 Garcia-Wood, Marina

ADAM P. HANDFINGER A/K/A ADAM HANDFINGER, et al,

Defendant(s).

_____/

FILED FOR RECORD
BROWARD COUNTY, FLORIDA
CLERK OF CIRCUIT COURT
13 JAN -7 PM 3:06
CIRCUIT CIVIL-1

NOTICE OF VOLUNTARY DISMISSAL AND RELEASE OF LIS PENDENS

YOU ARE NOTIFIED that Plaintiff, Countrywide Home Loans Servicing LP, hereby dismisses this action without prejudice pursuant to Rule 1.420(a)(1). This case is being dismissed due to a short sale and there is no prevailing party in this action.
Notice shall serve as a release of the Lis Pendens recorded in connection with this action.

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished to all parties on the attached service list by mail or eService on this 4 day of ~~December, 2012.~~ January, 2013

Albertelli Law
P.O. Box 23028
Tampa, FL 33623
Phone: (813)221-4743
Fax: (813)221-9171
eService: servealaw@albertellilaw.com

By: _____
Amanda Nersesian, Esq.
Florida Bar No. 98988
Attorney for Plaintiff

LC-11-69939

Randi Handfinger
c/o Harry J. Ross, Esq.
6100 Glades Road, Suite 211
Boca Raton, FL 33434
E-Serve 1: hross@hjrlaw.com

National City Bank
c/o Melissa R. Rinaldi, Esq.
9204 King Palm Drive
Tampa, FL 33619
E-Serve 1: mrinaldi@kasslaw.com

Wyndham Lakes Central Homeowners Association, Inc.
C/O Steven Eastep, Officer
5107 NW 121st Drive
Coral Springs, FL 33076

Countrywide Home Loans Plaintiff vs. Adam P Handfinger, et al Defendant

Broward County Case Number: CACE08061770
State Reporting Number: 062008CA061770AXXXCE
Court Type: Civil
Case Type: Real Prop Homestead Res Fore =/>$250,000
Incident Date: N/A
Filing Date: 12/17/2008
Court Location: Central Courthouse
Case Status: Disposed
Magistrate Id / Name: N/A
Judge ID / Name: 11 Garcia-Wood, Marina

- Party(ies)

Total: 5

Party Type	Party Name	Address	Attorneys / Address ★ Denotes Lead Attorney
Defendant	**Handfinger, Adam P** *Also Known As* **Handfinger, Adam**		★ Ross, Harry Jay Retained Bar ID: 846228 Law Offices of Harry J. Ross 6100 Glades Road, Suite 211 Boca Raton, FL 33434 **Status: Active**
Defendant	**Handfinger, Randi**		★ Ross, Harry Jay Retained Bar ID: 846228 Law Offices of Harry J. Ross 6100 Glades Road, Suite 211 Boca Raton, FL 33434 **Status: Active**
Defendant	**Wyndham Lakes Central Ho Assn**		

Bar ID: 371300
L/O of Daniel C. Consuegra, LLC
9210 King Palm Dr.
Tampa, FL 33619-1328
Status: Active

			Retained Bar ID: 52092 Lloyd & McDaniel PLC P O Box 23200. Louisville, KY 40223 **Status: Active** Evans, Sara L Retained Bar ID: 68697 Albertelli Law P.O Box 23028 Tampa, FL 33623 **Status: Active** Renardo, Christie M., ESQ. Retained Bar ID: 60421 Albertelli Law P.O. Box 23028 Tampa, FL 33623 **Status: Active**

- Disposition(s)

Total: 1

Date	Statistical Closure(s)
01/07/2013	Dismissed Before Hearing - Other

Date	Disposition(s)	View	Page(s)
01/07/2013	**Notice of Voluntary Dismissal W/Out Prejudice** Comment (and Release of Lis Pendens)		

- Collection(s)

Total: 0

There is no Collection information available for this case.

01/07/2013	**Final Disposition Form**	Dismissed before hrg		
01/03/2013	**Notice of Cancellation**	of hearing 7/30/12, 8:45am, rm 518		
11/16/2012	**Notice of Hearing**	01/03/13 @ 8:45 Rm 518		
08/28/2012	**Motion for Enlargement of Time**	to respond to def's discovery request and comply w/ the court's 7/30/12 order Party: *Plaintiff* Countrywide Home Loans		
08/28/2012	**Motion**	plaintiff's motion to substitute party /attorney Sara Evans Esq		
08/24/2012	**Motion for Extension of Time**	to respond to Deft Discovery Request and Comply with the Court's July 30,2012 Order Party: *Plaintiff* Countrywide Home Loans		
08/24/2012	**Motion for Substitution of Party(S)**	US Bank Nat		
08/22/2012	**Mediator's**	report/ no agreement. impasse		
07/31/2012	**Notice of Service**	answers to interrogs Party: *Plaintiff* Countrywide Home Loans		
07/30/2012	**Order**	on motion to compel pltf to comply w/ discovery request propounded on 11/3/09/ pltf shall supply mor responsive answers to interrogs #1,2,6,8,9,12 & 13 filed by pltf on 7/27/12 within 30 hereof		

		Party: *Plaintiff* Countrywide Home Loans		
06/26/2012	**Notice of Hearing**	7/30/12 at 8:45 am room 518		
06/18/2012	**Order**	On Dfs' Adam P Handfinger and Randi Handfinger Motion to Amend Answer and Affirmative Defenses/Deeme Filed		
04/25/2012	**Motion to Amend Answer**	& affirm defense (exh A attached) Party: *Defendant* Handfinger, Adam P *Defendant* Handfinger, Randi		
04/25/2012	**Motion to Compel**	pl to comply w/ disc req propounded on Nov. 3, 2009 Party: *Defendant* Handfinger, Adam P *Defendant* Handfinger, Randi		
01/30/2012	**Notice of Mediation**	03/26/2012 at 3:00pm		
03/10/2011	**Notice of Appearance**	CHRISTIE M. RENARDO, ESQ., OF ALBERTELLI LAW AS CO-COUNSEL FOR PLAINTIFF Party: *Plaintiff* Countrywide Home Loans		
02/17/2011	**Notice of Lack of Prosecution**			
12/01/2009	**Motion for Extension of Time**	TO RESPOND TO REQ'T TO PRODUCE/ PLTF COUNTRYWIDE HOME LOANS INC		
11/06/2009	**Interrogatories**	(FIRST SET) Party: *Defendant* Handfinger, Adam P		

		Handfinger, Randi		
08/31/2009	**Notice of Change of Address**	/Miguel A. Gonzalez Esq		
07/07/2009	**Order Granting Motion**	Order Granting Motion For Mediation 60 Days Of The Date Of This Order (Bdw)		
06/23/2009	**Re-Notice of Hearing 8:45**	Re-Notice Of Hrg 8:45 7-6-09 Rm 1020b (Txb)		
06/12/2009	**Notice of Hearing**	06/22/09 At 08:45 Rm 1020b-Notice Of Hearing (Dob)		
06/09/2009	**Motion**	Motion For Mediation/deft Adam And Randi (Tdc)		
05/01/2009	**Answer to Complaint**	Answer To Pl'S Complaint To Foreclosure Mtg And To Enforce Lost Loan Docs/df Adam And Randi (Txb)		
03/30/2009	**Stipulation & Order for Substitution of Counsel**	Stip & Order For Substitution Of Counsel For Df Adam And Randi (Fbn 846228)/granted (Txb)		
03/23/2009	**Notice of Appearance**	Not Of Appearance And Reqt For Docs Harry J Ross Esq As Counsel For The Df Adam P Handfinger And Ran i Handfinger (Sen)		
02/09/2009	**Request for Production**	Request For Production To Pltf/deft National City Bank (Moc)		
02/09/2009	**Answer**	Answer/deft National City Bank (Moc)		
02/09/2009	**Notice of Appearance**	Notice Of Appearance/atty For Deft National City Bank (Moc)		

		Handfinger And Randi Handfin er (9jj)		
01/21/2009	**Notice of Appearance**	Notice Of Appearance As Atty For Randi Handfinger (Cxp)		
01/20/2009	**Motion for Extension of Time**	Df Adam Handfinger'S Mo For Extension Of Time To Respond To The Complaint (Sen)		
01/20/2009	**Notice of Appearance**	Notice Of Appearance Of Ronald E D'Anna Of The Law Firm Of McClosky D'Anna & Dieterle Llp As Atty Fo The Df Adam P Handfinger Aka Adam Handfinger (Sen)		
01/15/2009	**Summons Returned Unserved**	Sums Retd Unsrvd John Doe (Mxb)		
01/15/2009	**Summons Returned Unserved**	Sums Retd Unsrvd Jane Doe (Mxb)		
01/15/2009	**Summons Returned Served**	Sums Retd Srvd 01.01.09 Randi Handfinger (Mxb)		
01/15/2009	**Summons Returned Served**	Sums Retd Srvd 01/05/09 Wyndham Lakes Central Homeowners Assn Inc (Mxb)		
01/15/2009	**Summons Returned Served**	Sums Retd Srvd 12/22/08 National City Bank (Mxb)		
01/15/2009	**Summons Returned Served**	Sums Retd Srvd 12/29/08 Adam P Handfinger Aka Adam Handfinger (Mxb)		
12/17/2008	**Random Assignment**	Random Assignment Subd:25 (Axr)		
12/17/2008	**Clock In Date of Case**	12/17/08 Is Clock-In Date Of Case (Kxj)		
12/17/2008	**Summons Issued**	Summons Issued-6 (Kxj)		

12/17/2008	**Petition**	Petition: Fld (Axr)		
12/17/2008	**Filing Fee**	Filing Fee Paid (Kxj)		

- Hearing(s)

Total: 0

There is no Disposition information available for this case.

- Related Case(s)

Total: 0

There is no related case information available for this case.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Go Commando, LLC filed a trademark infringement action against Kimberly Clark in Federal Court. The matter was amicably resolved under confidential terms

Original Signature (electronic, copies or stamps not accepted)

09/21/15
Date

GO COMMANDO, LLC,

Plaintiff,

v.

KIMBERLY-CLARK CORPORATION,

Defendant.
_____/

ORDER OF DISMISSAL WITH PREJUDICE

THIS CAUSE is before the Court upon the parties' Joint Stipulation of Dismissal with Prejudice, ECF No. [42] ("Stipulation"), filed on December 23, 2015. The Stipulation resolves all claims between Plaintiff Go Commando, LLC ("Plaintiff"), and Defendant Kimberly-Clark Corporation ("Defendant"), pursuant to the terms of a Confidential Settlement Agreement ("Agreement"). *See id.* The Court has carefully reviewed the Stipulation, the record, and is otherwise fully advised in the premises.

Accordingly, it is **ORDERED AND ADJUDGED** as follows:

1. The Stipulation, **ECF No. [42]**, is **GRANTED**;
2. The above-styled case is hereby **DISMISSED WITH PREJUDICE**;
3. Each party shall bear its own attorneys' fees and costs; and
4. Per the parties' request, the Court shall retain jurisdiction for the sole purpose of enforcing the terms of the Agreement, which terms are incorporated herein.

BETH BLOOM
UNITED STATES DISTRICT JUDGE

cc: counsel of record

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam Handfinger
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/21/25
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Adam Hanfinger, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/21/25
Date

Subscribed and Sworn to before me this 21st day of April 2025

Notary Public Signature

Notary Public State of Florida
Ashley Beall
My Commission HH 609277
Expires 11/3/2028

(Seal)

4L

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	■ Yes	☐ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: TenderHeart Health Outcomes, Inc.

MDEG Physical Address: 1701 Directors Blvd, Ste 520

City: Austin State: TX Zip: 78744-1105

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (877) 394-1860 Website: https://www.tenderheart.com

Email: orders@tenderheart.com

Name of MDEG Administrator (NAC 639.694): Jennifer Roy

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	■ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	■ Others: incontinence items, breast pump, sensory products
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8am-5pm CST	■ Tue: 8am-5pm CST	■ Wed: 8am-5pm CST	■ Thurs: 8am-5pmCST	■ Fri: 8am-5pm CST
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare PTAN: 5376910001
Medicaid: MI- 1972583078; MN- 7981147; OH- 24301; PA- 104019424-0001, 104019424-0002, 104019424-0003;
RI-1972583078, TX- 174927702, WY- 230083400

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): _____

Corporation/Organization Name: TenderHeart Health Outcomes, Inc.

Mailing Address: 1701 Directors Blvd, Ste 520

City: Austin State: TX Zip: 78744-1105

Telephone: (737) 931-0559 Email: credentialing@tenderheart.com

Contact Person Name: Jenny Roy

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of all Officers and Directors.	✓	✓		
• List of all general and limited partner names and their percent ownership (NAC 639.6942).			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Medical products provider located** outside of this State **must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer Roy

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/7/2025

Date

Board Use Only	Date Received: 5/14/25	Amount: $500 ck 002918

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/10/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 2850 Golf Rd Rolling Meadows IL 60008	CONTACT NAME: PHONE (A/C, No, Ext): 630-773-3800 FAX (A/C, No): 630-285-4006 E-MAIL ADDRESS:
INSURED RGCLHHO-02 TenderHeart Health Outcomes, Inc., a Texas Corporation 1701 Directors Blvd. Suite 520 Austin TX 78744	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Continental Insurance Company — 35289 INSURER B : Continental Casualty Company — 20443 INSURER C : Valley Forge Insurance Company — 20508 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 285635964 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			7012266039	2/8/2025	2/8/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 500,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ $
C	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X Comp $1,000 SCHEDULED AUTOS X NON-OWNED AUTOS ONLY X Coll $1,000			7012266073	2/8/2025	2/8/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			7012266042	2/8/2025	2/8/2026	EACH OCCURRENCE AGGREGATE $	$ 5,000,000 $ 5,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
B	Product Liability			ADT7012036341	2/8/2025	2/8/2026	Aggregate Each Claim Ded	$5,000,000 $5,000,000 $50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Evidence of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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TEXAS
Health and Human Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Commissioner

February 19, 2025

Jenny Roy
Tenderheart Health Outcomes
credentialing@tenderheart.com

CFN: 0099389
Lic.: 1001909
Type: 2501
File: 5821

Re: License Verification

Dear Jenny Roy:

This letter shall serve as a verification of licensure for the following firm:
TENDERHEART HEALTH OUTCOMES INC
1701 DIRECTORS BLVD STE 520
AUSTIN, TX 78744

License No.	1001909
Type of license:	Multiple Products
Status of license:	Current
Date license issued:	11/07/2023
Date license expires:	12/09/2025
Disciplinary action:	None

The firm is in good standing as of the date of this letter.

If you have questions or need additional information, please contact me at 512-834-4503, via fax at (512) 834-6759, or email me at *justin.arnold@dshs.texas.gov*.

Sincerely,

Justin Arnold, MBA, RS
Medical Research Specialist
Drugs and Medical Devices Unit
Consumer Protection Division

Mailing address:
Justin Arnold
Drugs and Medical Devices Unit, MC 1987
PO Box 149347
Austin, TX 78714-9347

TenderHeart Health Outcomes: Officers and Directors

Name	Title	Ownership
James Whittenburg	Chief Executive Officer	6.664%
Lawrence C. Wadle	Chief Operating Officer	0%
Jason Wells	Chief Financial Officer	0%
Roger Brown	Chief Growth Officer	0%
Don Doll	Director of Operations	0%
Arjun Adapalli	Director of Strategic Business Analysis	0%
Michael Brennan	Director of Information Technology	0%
Brenda Hopkin	Director of Human Resources	0%
Thomas Kent	Director of Revenue Cycle	0%
Jordan Kirchoff	Director of Business Development	0%
Anice Melia	Director of Communications	0%

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

TENDERHEART HEALTH OUTCOMES INC
1701 DIRECTORS BLVD STE 250
AUSTIN TX 78744

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

TENDERHEART HEALTH OUTCOMES INC

1701 DIRECTORS BLVD STE 520
AUSTIN, TX 78744

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

FOOD WHOLESALER & DEVICE DISTRIBUTOR

License # 1001909
Expires: December 9, 2025

NON-TRANSFERABLE

Commissioner

514057

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Tenderheart Health Outcomes, Inc. MDEG License # (if applicable): _____

Physical Address: 1701 Directors Blvd, Ste 520

City: Austin State: TX Zip: 78744-1105

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (877) 394-1860 Website: https://www.tenderheart.com

Licensing Company Email: credentialing@tenderheart.com

Section 2: Personal Information

First: Jennifer Middle: Marissa Last: Roy

Alias(es, nicknames, name changes, etc.): Jenny, Foust, Glowka

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: jroy@tenderheart.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Texas at Austin		8/1997-12/2005	
Address	City	State	Zip
101 E 21st St	Austin	TX	78712
Diploma/Degree obtained, if any			
NA			

School Name		From - To (MM/YY – MM/YY)	
Science Academy at LBJ High School		8/1992-5/1997	
Address	City	State	Zip
7309 Lazy Creek Dr	Austin	TX	78724
Diploma/Degree obtained, if any			
diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/2023-present	[redacted]	[redacted]	[redacted]	[redacted]
2/2015-4/2023				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
TenderHeart Health Outcomes			8/2024-present	
Business Address		**City**	**State**	**Zip**
1701 Directors Blvd, Ste 520		Austin	TX	78744
Phone	**Title**		**Number of Employed Hours**	
(877) 394-1860	Licensing and Contract Administration Manager		1536	
Description of Duties				
licensing and credentialing with Medicare and Medicaid plans, configure billing system with appropriate information				

Business Name			From - To (MM/YY – MM/YY)	
TenderHeart Health Outcomes			12/2018-7/2024	
Business Address		**City**	**State**	**Zip**
1701 Directors Blvd, Ste 520		Austin	TX	78744
Phone	**Title**		**Number of Employed Hours**	
(877) 394-1860	Revenue Cycle Manager		11,787	
Description of Duties				
managed DME billing team, worked with payers to resolve payment disputes, created and updated processes to streamline DME billing				

Business Name			From - To (MM/YY – MM/YY)	
Longhorn Health Solutions			11/2014-12/2018	
Business Address		**City**	**State**	**Zip**
11310 W Hwy 290		Austin	TX	78737
Phone	**Title**		**Number of Employed Hours**	
(877) 394-1860	Intake Manager		8320	
Description of Duties				
managed DME order intake team, managed projects for program implementations with contracted payers, created and updated processes to streamline DME ordering				

Business Name			From - To (MM/YY – MM/YY)	
Longhorn Health Solutions			10/2012-11/2014	
Business Address		**City**	**State**	**Zip**
11310 W Hwy 290		Austin	TX	78737
Phone	**Title**		**Number of Employed Hours**	
(877) 394-1860	Authorizations Manager		4160	
Description of Duties				
managed DME authorizations team, created and updated processes to streamline DME authorizations requests and logging for billing				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Please see attached following pages.

Original Signature (electronic, copies or stamps not accepted)

5/7/2025
Date

I, Jennifer Roy, certify that as the MDEG Administrator for

TenderHeart Health Outcomes, Inc.,

that I (initial that you have read and meet the following requirements):

1. JR Have a high school diploma or its equivalent;
2. JR Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JR Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer Roy
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/7/2025
Date

Board Use Only	Date Received:

6/5/2025

TO: Nevada State Board of Pharmacy
RE: MDEG Administrator application
Jennifer Marissa Roy
TenderHeart Health Outcomes, Inc.

Please find below an expanded overview of my relevant experience with the products provided by TenderHeart Health Outcomes, Inc. While this experience is primarily drawn from my role as Intake Manager at Longhorn Health Solutions, I have consistently carried out these responsibilities across all management positions held at both TenderHeart Health Outcomes and Longhorn Health Solutions:

- **Led the development and ongoing maintenance** of a comprehensive product formulary to ensure patients received the most appropriate medical supplies based on their individual needs.
- **Designed and implemented standardized procedures** for item selection, promoting operational consistency and efficiency.
- **Handled product-related escalations**, effectively resolving patient concerns by identifying and transitioning them to more suitable medical supply options.

Please don't hesitate to reach out if you have any questions or need further details.

Thank you,

Jenny Roy
Licensing and Contract Administration Manager
Tenderheart Health Outcomes
credentialing@tenderheart.com
Direct Phone: 737-931-0559
www.tenderheart.com

County Court at Law #6

Case Summary

Case No. C-1-CR-00-565192

ST v GLOWKA,JENNIFER MARISSA:A

§ Location: **County Court at Law #6**
§ Judicial Officer: **County Court at Law, #6**
§ Filed on: **01/01/1900**

Case Information

Offense	Degree	Offense Date	Filed Date
1. THEFT BY CHECK $20 TO $500	MB	11/15/1999	01/01/1900

Case Type: Misdemeanor
Subtype: CRIMINAL OTHER
Case Status: **01/20/2006 Dismissed**

Statistical Closures

01/20/2006 DISMISSED

Party Information

Plaintiff **STATE OF TEXAS**

Defendant **FOUST, JENNIFER MARISSA**

Case Events

08/04/2000 CNV:ORIGINAL C and I DOC FILED

01/20/2006 DSP:DISMISSED
01-20-06 DISM-RESTITUTION MADE//JUDGE CRAIN//BC

01/14/2007 CNV:WARRANT RECALLED
1/25/06 WRT RECALLED//NR

Dispositions

01/20/2006 **Disposition** (Judicial Officer: County Court at Law, #6)
1. THEFT BY CHECK $20 TO $500
DISMISSED

Printed on 04/18/2025 at 11:47 AM

County Court at Law #5

Case Summary

Case No. C-1-CR-08-300170

ST v GLOWKA,JENNIFER MARISSA

§ Location: **County Court at Law #5**
§ Judicial Officer: **County Court at Law, #5**
§ Filed on: **01/22/2008**

Case Information

Offense	Degree	Offense Date	Filed Date
1. THEFT BY CHECK $20 TO $500	MB	11/19/2006	01/22/2008

Arrest Date: 08/10/2008

Case Type: Misdemeanor
Subtype: HOT CHECKS
Case Status: **01/09/2009 Dismissed**

Statistical Closures

01/09/2009 DISMISSED

Party Information

Plaintiff **STATE OF TEXAS**

Defendant **FOUST, JENNIFER MARISSA**

Case Events

02/01/2008	PRE-FILL FROM PROSECUTOR *CASE CREATED DURING PROS. PREFILL*
02/01/2008	HOT CHECK CASE
02/01/2008	COMPLAINT AND INFORMATION RECEIVED
02/07/2008	SUMMONS ISSUED - HOT CHECK *SUMMONS ISSUED FOR 04-10-08*
04/10/2008	CAL:ANNOUNCEMENT *Calendar Posting on 02-08-2008*
04/10/2008	CAL:BOND FORFEITURE *Calendar Posting on 04-10-2008 Result Desc: BOND FORFEITED*
04/23/2008	WARRANT ISSUED-NO BOND IN FILE-SUMMONS ISSUED *1000 NBIF SUMMONS...*
08/10/2008	EXECUTED WARRANT - TRAVIS COUNTY SHERIFF'S OFFICE
08/11/2008	POSTED PERSONAL BOND *Adjmt Amount: 1000.00*
08/12/2008	CAL:SET ON DOCKET
08/25/2008	CAL:FIRST APPEAR; FIRST SET *Calendar Posting on 08/12/2008*
10/07/2008	CAL:ANNOUNCEMENT *Calendar Posting on 08-20-2008*
12/01/2008	CAL:ANNOUNCEMENT *Calendar Posting on 10-07-2008*
01/09/2009	CAL:ANNOUNCEMENT

Case Summary

Case No. C-1-CR-08-300170

Calendar Posting on 12-01-2008

01/09/2009 CAL:OFF DOCKET
Calendar Posting on 01-09-2009 Result Desc: DISMISSED

01/09/2009 DSP:DISMISSED
DISM-RESTITUTION MADE//JUDGE HOHENGARTEN

Dispositions

01/09/2009 **Disposition** (Judicial Officer: HOHENGARTEN, NANCY W)
1. THEFT BY CHECK $20 TO $500
DISMISSED
TRN: 9073023718
TRS: A001

County Court at Law #3

Case Summary

Case No. C-1-CR-11-209215

ST v FOUST,JENNIFER MARISSA	§	Location: **County Court at Law #3**
	§	Judicial Officer: **County Court at Law, #3**
	§	Filed on: **06/02/2011**

Case Information

Offense	Degree	Offense Date	Filed Date	
1. DRIVING W/LIC INV W/PREV CONV/SUSP/W/O FIN RES	MB	05/31/2011	06/02/2011	Case Type: Misdemeanor Subtype: WARRANTLESS ARREST Case Status: **06/26/2013 Dismissed**

Arrest Date: 05/31/2011

Statistical Closures

06/26/2013 DISMISSED

Party Information

Plaintiff	**STATE OF TEXAS**	
Defendant	**FOUST, JENNIFER MARISSA**	**PHIPPS, DREW B.** ***Court Appointed***

Case Events

05/31/2011	POSTED PERSONAL BOND *Adjmt Amount: 1000.00*
06/02/2011	PRE-FILL/JAIL-DOCU RECD *Case created during Jail pre-fill.*
06/02/2011	PI COURT ASSIGNMENT *PI3*
06/03/2011	CAL:SET ON DOCKET
06/08/2011	INDIGENCY FORM RECEIVED
06/14/2011	CAL:FIRST APPEAR; FIRST SET *Calendar Posting on 06/03/2011*
06/22/2011	INDIGENCY FORM RECEIVED
06/23/2011	COMPLAINT AND INFORMATION RECEIVED
06/28/2011	CAL:ANNOUNCEMENT *Calendar Posting on 06-10-2011*
06/28/2011	CAL:PRE-TRIAL CONFERENCE *Calendar Posting on 06-14-2011*
08/24/2011	CAL:PRE-TRIAL CONFERENCE *Calendar Posting on 06-28-2011*
10/24/2011	CAL:PLEA *Calendar Posting on 08-24-2011*

Case Summary

Case No. C-1-CR-11-209215

11/22/2011	CAL:PLEA *Calendar Posting on 10-24-2011*
01/13/2012	CAL:PLEA *Calendar Posting on 11-22-2011*
02/13/2012	CAL:PLEA *Calendar Posting on 01-13-2012*
03/23/2012	CAL:PLEA *Calendar Posting on 02-13-2012*
04/18/2012	CAL:PLEA *Calendar Posting on 03-23-2012*
05/16/2012	CAL:PLEA *Calendar Posting on 04-18-2012*
06/21/2012	CAL:PLEA *Calendar Posting on 05-16-2012*
07/20/2012	CAL:PLEA *Calendar Posting on 06-21-2012*
08/22/2012	CAL:PLEA *Calendar Posting on 07-20-2012*
09/27/2012	CAL:PLEA *Calendar Posting on 08-22-2012*
11/01/2012	CAL:PLEA *Calendar Posting on 09-27-2012*
12/06/2012	CAL:PLEA *Calendar Posting on 11-01-2012*
01/11/2013	CAL:PLEA *Calendar Posting on 12-06-2012*
02/26/2013	CAL:PLEA *Calendar Posting on 01-11-2013*
04/03/2013	CAL:PLEA *Calendar Posting on 02-26-2013*
05/09/2013	CAL:PLEA *Calendar Posting on 04-03-2013*
06/26/2013	DSP:DISMISSED *DISM-DEFENDANT HAS CLEAR DL+INSURANCE//JUDGE LIPSCOMBE*
06/27/2013	CAL:PLEA *Calendar Posting on 05-09-2013*
06/27/2013	CAL:OFF DOCKET *Calendar Posting on 06-27-2013 Result Desc: DISMISSED*
07/17/2013	REQUEST PAYMENT/ATTORNEY VOUCHER
07/29/2013	BOND EXONERATED *Adjmt Amount: 1000.00*

Dispositions

06/26/2013 **Disposition** (Judicial Officer: LIPSCOMBE, JOHN H)
1. DRIVING W/LIC INV W/PREV CONV/SUSP/W/O FIN RES
DISMISSED
TRN: 9074013139
TRS: A001

County Court at Law #3

Case Summary

Case No. C-1-CR-13-150338

ST v FOUST,JENNIFER M

§ Location: **County Court at Law #3**
§ Judicial Officer: **County Court at Law, #3**
§ Filed on: **01/28/2013**

Case Information

Offense	Degree	Offense Date	Filed Date	
1. DRIVING W/LIC INV W/PREV CONV/SUSP/W/O FIN RES	MB	12/29/2012	01/28/2013	Case Type: Misdemeanor Subtype: FIELD RELEASE Case Status: **06/27/2013 Dismissed**

Arrest Date: 01/25/2013

Statistical Closures

06/27/2013 DISMISSED

Party Information

Plaintiff **STATE OF TEXAS**

Defendant **FOUST, JENNIFER MARISSA** **PHIPPS, DREW B.**
Court Appointed

Case Events

12/29/2012	FIELD RELEASE *AGENCY:APD*
01/25/2013	POSTED PERSONAL BOND *Adjmt Amount: 2000.00*
01/28/2013	PRE-FILL/JAIL-DOCU RECD *Case created during Jail pre-fill.*
01/30/2013	PI COURT ASSIGNMENT *PI3*
01/30/2013	CAL:SET ON DOCKET
02/04/2013	INDIGENCY FORM RECEIVED
02/08/2013	CAL:FIRST APPEAR; FIRST SET *Calendar Posting on 01/30/2013*
02/08/2013	INDIGENCY FORM RECEIVED
02/26/2013	CAL:ANNOUNCEMENT *Calendar Posting on 02-06-2013*
02/26/2013	COMPLAINT AND INFORMATION RECEIVED
04/03/2013	CAL:PRE-TRIAL CONFERENCE *Calendar Posting on 02-26-2013*
04/03/2013	CAL:PRE-TRIAL CONFERENCE *Calendar Posting on 03-11-2013*

Printed on 04/18/2025 at 11:44 AM

Case Summary

Case No. C-1-CR-13-150338

05/09/2013 CAL:PRE-TRIAL CONFERENCE
Calendar Posting on 04-03-2013

06/27/2013 CAL:PLEA
Calendar Posting on 05-09-2013

06/27/2013 CAL:OFF DOCKET
Calendar Posting on 06-27-2013 Result Desc: DISMISSED

06/27/2013 DSP:DISMISSED
DISM-DEFENDANT HAS CLEAR DL+INSURANCE//JUDGE LIPSCOMBE

07/11/2013 INDIGENCY FORM RECEIVED

08/06/2013 BOND EXONERATED
Adjmt Amount: 2000.00

Dispositions

06/27/2013 **Disposition** (Judicial Officer: LIPSCOMBE, JOHN H)
1. DRIVING W/LIC INV W/PREV CONV/SUSP/W/O FIN RES
DISMISSED
TRN: 9074551823
TRS: A001

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	■ Out-of-State
[a]**Is the business also a wholesaler? (NRS 639.016)**	☐ Yes	■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
■ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*	M _____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Zida LLC

MDEG Physical Address: 7420 Heritage Village Pl SUITE 101

City: Gainesville State: VA Zip: 20155

Mailing Address (if different from physical address): 5663 Lick River Lane

City: Gainesville State: VA Zip: 20155

Telephone: 571-486-5548 Website: livezida.com

Email: isaac@livezida.com

Name of MDEG Administrator (NAC 639.694): Lee Oppenheim

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	■ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Shea Harling
	Telephone: 877-203-1580

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9 AM to 3 PM	■ Tue: 9 AM to 3 PM	■ Wed: 9 AM to 3 PM	■ Thurs: 9 AM to 3 PM	■ Fri: 9 AM to 3 PM
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
PTAN 8323960001

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: Zida LLC

Mailing Address: 5663 Lick River Lane

City: Gainesville State: VA Zip: 20155

Telephone: 571-486-5548 Email: isaac@livezida.com

Contact Person Name: Isaac Oppenheim

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LEE OPPENHEIM

Print Name of Authorized Person Submitting Application

Lee Oppenheim

Original signature of Authorized Person (copies or stamps not accepted)

19 MAY 2025

Date

Board Use Only	Date Received: 5/22/25	Amount: $500cc



Calm.
Confidence.
Control.

05/15/2025

Lee Oppenheim is the sole officer for Zida LLC and owns 100% of Zida LLC.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Zida LLC — MDEG License # (if applicable): _____

Physical Address: 7420 Heritage Village Pl Suite 101

City: Gainesville — State: VA — Zip: 20155

Mailing Address (if different from physical address): 5663 Lick River Lane

City: Gainesville — State: VA — Zip: 20155

Telephone: 571-486-5548 — Website: livezida.com

Licensing Company Email: isaac@livezida.com

Section 2: Personal Information

First: Lee — Middle: Barry — Last: Oppenheim

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] — State: [redacted] — Zip: [redacted]

Telephone: [redacted] — Email: isaac@livezida.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Millford Mill High School		09/1964 to 06-1968	
Address	**City**	**State**	**Zip**
3800 Washington Ave	Windsor Mill	MD	21244
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
University of Maryland		08/1968 to 06/1972	
Address	**City**	**State**	**Zip**
7901 Regents Drive	College Park	MD	20742
Diploma/Degree obtained, if any			
BS Biochemistry			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2002 - Current	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Zida LLC			01/2022 to present
Business Address	**City**	**State**	**Zip**
7420 Heritage Village Pl	Gainesville	VA	20155
Phone	**Title**	**Number of Employed Hours**	
571-486-5548	Operations	4,640	

Description of Duties

Lee Oppenheim serves as the Operations Manager and oversees the end-to-end operations of durable medical equipment services, including logistics, inventory, staff management, and patient coordination, while ensuring compliance with Medicare, HIPAA, FDA, and accreditation standards. This role drives efficiency, regulatory adherence, and patient satisfaction through strategic leadership, team development, and process optimization.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Lee Oppenheim, **certify that as the MDEG Administrator for**

Zida LLC,

that I (initial that you have read and meet the following requirements):

1. X Have a high school diploma or its equivalent;
2. X Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. X Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LEE OPPENHEIM
Print Name (First, Last)

Lee Oppenheim
Original Signature (electronic, copies or stamps not accepted)

19 MAY 2025
Date

Board Use Only	Date Received: 5/22/25

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Zida LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 7420 Heritage Village Pl Suite 101

City: Gainesville State: VA Zip: 20155

Mailing Address (if different from physical address): 5663 Lick River Lane

City: Gainesville State: VA Zip: 20155

Telephone: 571-486-5548 Website: livezida.com

Licensing Company Email: isaac@livezida.com

Section 2: Personal Information

First: Lee Middle: Barry Last: Oppenheim

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: isaac@livezida.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Millford Mill High School		09-1964 to 06/1968	
Address	**City**	**State**	**Zip**
3800 Washington Ave	Windsor Mill	MD	21244
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Univerity of Maryland		08/1968 to 06/1972	
Address	**City**	**State**	**Zip**
7901 Regents Drive	College Park	MD	20742
Diploma/Degree obtained, if any			
B.S. BIOCHEMISTRY			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2002 - Current	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Zida LLC			01/2022- present
Business Address	**City**	**State**	**Zip**
7420 Heritage Village Pl	Gainesville	VA	20155
Phone	**Title**		
571-486-5548	Operations		

Description of Duties

Management and operation of Zida LLC operations.

Business Name			From - To (MM/YY – MM/YY)
Defense Logistics Agency, ENERGY			05/1976 03/2018
Business Address	**City**	**State**	**Zip**
8725 John J Kingman Rd	Ft. Belvoir	VA	22060
Phone	**Title**		
571-352-2255	Deputy Director Quality Technical Support Office		

Description of Duties

Lead the quality assurance and product technology and standardization teams in support of DLA Energy end-to-end mission.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LEE OPPENHEIM

Print Name (First, Last)

Lee Oppenheim — 19 May 2025

Original Signature (electronic, copies or stamps not accepted) — Date

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Please have this section completed in the presence of a Notary Public.

State of VIRGINIA, ss. County of PRINCE WILLIAM

I, LEE OPPENHEIM, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Lee Oppenheim — 19 May 2025

Original Signature — **Date**

Subscribed and Sworn to before me this 19 day of May, 2025

Adam A. Shreiner

Notary Public Signature

Adam A. Shreiner
Notary Public
Commonwealth of Virginia
#7500089 Comm. Exp. 03/31/2027

(Seal)

Kinsale Insurance Company

A.M. Best Company Rating: A (Excellent)
Financial Size Category: XIII

BINDER

Zida LLC
5663 Lick River Lane
Gainesville, VA 20155

Policy: 0100287208-1
Date: 01/14/2025
Renewal of Policy: 0100287208-0

This binder contains an outline of coverage and does not include all the terms, conditions and exclusions of the policy that may be issued. The policy contains the full and complete agreement with regards to coverage. Please review this binder thoroughly and notify the Company immediately of any inaccuracies or discrepancies.

Company: Kinsale Insurance Company
Coverage Form: Life Sciences General Liability - Claims Made
Description of Operations: Distributor of Zida Control Sock for Incontinence

Policy Term: 03/04/2025 - 03/04/2026
Retro Date:03/04/2024

Limits:	
GENERAL LIABILITY	
Each Claim Limit	$1,000,000
Damage to Premises Rented to You Limit	$100,000
General Aggregate Limit	$2,000,000
Products / Completed Operations Aggregate Limit	$2,000,000
Personal & Advertising Injury Limit	$1,000,000
Deductible:	
Each Claim Deductible	$5,000
Additional Coverages:	
Products Recall Expense Reimbursement ($5K Ded, 0 %Participation, Cut-Off 03/04/2024)	$50K

KINSALE® INSURANCE

Zida LLC

Policy period

03/04/2025 - 03/04/2026

01/14/2025

NO FLAT CANCELLATIONS ONCE COVERAGE IS BOUND

Data Breach Expense Reimbursement ($5K Ded)	$50K
Base Premium	$ 2,500.00
Company Fees	$ 300.00
Agent Fee	$ 100.00
Broker Fee	$ 225.00
SL Filing Fee	$ 55.00
VA Maintenance Assessment Fee	$ 0.80
VA Surplus Lines Tax	$ 71.55
Total Due at Inception	**$ 3,252.35**

Minimum Earned Premium	25.00%
Minimum Deposit Premium	100.00%

Company Fees are fully earned

Premium is 100.00% minimum and deposit

Taxes, fees and surcharges are the responsibility of the broker.

Policy Subject to Annual Audit.

If this binder indicates the policy is subject to audit, then the initial premium payable at inception is considered an estimated and deposit premium only; we may conduct a premium audit on or about the cancellation or expiration date of the policy to determine the actual earned premium based on the amount of risk exposure during the policy term. Any refusal or failure by you to maintain, provide records, or to allow us to conduct an audit of such records, will result in the application of the Audit Noncompliance Charge Factor (if listed on this binder), or our calculating a final audit premium based on information available to us.

Class Description	Exposure Base	Exposure Units	Rate
Medical, Dental, Hospital or Surgical Equipment or Supplies Mfg. - nonexpendable	per $1,000 Gross Sales	500,000	5.00

Locations:

1. 7420 Heritage Village Plaza, Suite 101, Gainesville, VA 20155

Policy Terms and Conditions - please review policy for complete details

Annual Aggregate Deductible (Capped at 5x)

Data Breach Expense Reimbursement

Waiver of Subrogation - Blanket for Vendors

Primary and Non-Contributory - Blanket for Vendors

True Worldwide Coverage

Limited Product Recall Sublimit

Contingencies:

This binder is conditioned on our receipt and approval of the materials listed below. We may rescind this binder if we do not receive, review and approve in writing these materials. Further, this binder is strictly conditioned upon there being no material change in the risk between the date of the binder and the effective date of the policy. If we determine that a material change has occurred, we may modify the terms of this binder, including rescinding it altogether.

Subject to favorable review prior to binding.

Comments:

Policy Subject to 25% Audit Noncompliance Charge Factor.

*** Our Recall Division can offer Stand-Alone Product Recall coverage for this and a variety of Life Science accounts. Minimum Premium starts at $1,500 and limits up to $1,000,000. If you are interested in a Recall quote please forward a complete submission to RC@kinsaleins.com or contact Craig Philp at craig.philp@Kinsaleins.com. ***

The schedule of Named Insureds will include only the entities listed on this quote (and will not include entities requested in the submission, but not listed in this quote). Any adjustments to this schedule will be made effective no earlier than the date a request to amend the schedule is received by Kinsale.

Policy Form and Endorsements -Policy Forms & Endorsements correspond to the included Terms & Conditions of OPTION 1 (please consult with your underwriter should you need specimens of optional terms and conditions)

LSC1002-0521 - Declarations - Life Sciences General Liability - Claims Made

ADF9013-0524 - Notice - Where to Report a Claim

ADF4001-0110 - Schedule of Forms

LSC0001-0524 - Life Sciences General Liability Coverage Form - Claims Made

ADF2000-0622 - Policy Amendment - Extrinsic Evidence

LSC2001-0110 - Limitation - Designated Products (Zida Control Sock for Incontinence)

LSC2010-0111 - Limited Product Recall Expense Endorsement

LSC2043-0920 - Amendment of Coverage Territory- Worldwide Coverage

LSC2048-0121 - Annual Aggregate Deductible

LSC4001-0921 - Life Sciences - Composite Rate Endorsement

LSC4008-0217 - Waiver of Transfer of Rights of Recovery Against Vendors to Us

LSC4013-0920 - Data Breach Expense Reimbursement Endorsement

LSC4014-1121 - Additional Policy Provisions - Premium

ADF3011-0115 - Exclusion of Other Acts of Terrorism Committed Outside the United States; Exclusion of Punitive Damages Related to a Certified Act of Terrorism; Cap on Losses from Certified Acts of Terrorism

ADF3017-0622 - Exclusion - Biometric Information Privacy Laws

LSC3001-1119 - Additional Exclusions- Life Sciences

LSC3019-0815 - Exclusion - Business Conduct

LSC3024-0524 - Exclusion - Pathogen and Related Hazards

LSC3031-1121 - Exclusion - Water Hazard

LSC3038-0322 - Absolute Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)

LSC5005-0922 - Additional Insured As Required By Written Contract - Vendors (Blanket)

LSC5006-0822 - Additional Insured As Required By Written Contract - Trade Event - Primary And Non-Contributory

LSC5012-0922 - Additional Insured As Required By Written Contract - Vendors (Blanket) - Primary And Non-Contributory

LSC5014-0822 - Additional Insured As Required By Written Contract - Managers Or Lessors Of Premises

ADF9010-0321 - Notice of Terrorism Insurance Coverage

IL0985-1220 - Disclosure Pursuant to Terrorism Risk Insurance Act

ADF9004-0110 - Signature Endorsement

ADF9009-0110 - U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders

This binder is in effect until it is replaced by a policy issued by the Company or it is cancelled in accordance with the policy conditions.
FLAT CANCELLATION OF THIS BINDER IS NOT PERMITTED. Once bound, a survey of your premises may be conducted by a representative of Kinsale. By requesting this coverage bound, you consent to this survey.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZIDA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZIDA LLC" WAS FORMED ON THE FOURTEENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.





7419098 830

SR# 2024368797

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 20439292

Date: 04-15-25

CAREFULLY DETACH CARD HERE

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Medical Equipment Supplier
Number 0206010143
Zida LLC

To verify the current status of any license, permit or registration, visit our website at www.dhp.virginia.gov.

Any name or address change requires the submission of a new application. Please visit our website at www.dhp.virginia.gov/pharmacy.

FOLD, CREASE AND TEAR ALONG PERFORATION

Renewal instructions will be furnished via email approximately 60 days in advance of expiration. Please refer to the Regulations for standards of practice.

To verify the current status and expiration date of this permit, visit our website at www.dhp.virginia.gov.

PLEASE NOTE: This copy of your permit contains no expiration date and should be maintained, carried, or posted, in accordance with applicable laws and regulations, for the duration of your practice. You will not receive another paper permit at renewal.

LISTING OF SECURITY FEATURES ON REVERSE SIDE

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Arne W. Owens, Director

Caroline D. Juran
Executive Director
(804) 367-4456

BOARD OF PHARMACY

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/pharmacy

Medical Equipment Supplier Permit

Zida LLC

Andrew Oppenheim
7420 Heritage Village Plaza, Unit 101
Gainesville VA 20155

Number
0206010143

To verify the status of this permit, visit our website www.dhp.virginia.gov, which is a primary source verification of the credential issued by the Commonwealth of Virginia. To File a Complaint About a Licensee, Call: 1-800-533-1560.

Virginia Department of Health Professions
An official website Here's how you know

Find a Commonwealth Resource

Virginia Department of Health Professions
License Lookup

Current as of 05/15/2025 05:33

License Information

License Number	0206010143
Occupation	Medical Equipment Supplier
Name	Zida LLC
Address	Andrew Oppenheim 7420 Heritage Village Plaza, Unit 101 Gainesville, VA 20155
Initial License Date	05/14/2024
Expire Date	02/28/2026
License Status	Current Active
Additional Public Information*	No

Back to License Lookup Result

This serves as primary source verification of the credential issued by the Commonwealth of Virginia and meets the requirements of the Joint Commission.

* *"Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.H of the Code of Virginia; please note that this may also include proceedings in which a finding of "no violation" was made. For additional information click on the "Yes" link above. "No" means no documents are available.*

Back to License Lookup

4N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03400	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Vantive US Healthcare LLC

Physical Address: 7511 114th Avenue North

City: Largo State: FL Zip: 33773

Mailing Address (if different from physical address):

City: Dublin State: OH Zip: 43017

Telephone: 727-541-6411 Website:

Name of Designated Representative (DR): Michele Preston

Licensing Company Email: licensure@cardinalhealth.com DR Email: Michele-Womble@baxter.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☒ Pharmacies	☐ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Please see attached.

K [signature]
Original Signature (electronic, copies or stamps not accepted)

01/09/2025
Date

Vantive US Healthcare, LLC Disclosures

There are no relevant disciplinary actions taken against the applicant corporation Vantive US Healthcare, LLC ("Vantive US") or the facility related to the license. Vantive US is a subsidiary of Baxter Healthcare Corporation, which in turn is a subsidiary of Baxter International Inc., a publicly traded company listed on the New York Stock Exchange with tens of thousands of employees world-wide. For purposes of transparency, we are providing disclosures pertaining to state disciplinary actions and charges against Baxter Healthcare Corporation. Additional information regarding specific Vantive US or Baxter Healthcare Corporation facilities (e.g., inspection history) can be found on the FDA website.

State Pharmacy License Disciplinary Actions

Utah, License # 12435996-1710, 2023

On February 17, 2023, The Utah Board of Pharmacy issued a citation for failure to timely notify the Board of the change in designated representative at the Baxter Byhalia, MS location. Baxter paid the fine and is waiting for the final signed order.

Utah, Pharmacy Class C License # 9451291-1710, 2022

On May 31, 2022, The Utah Department of Commerce issued a Citation and Order due to a failure to file a timely notification of the change in the designated representative at the Baxter - Hayward (W. Winton) location. Baxter resolved the matter and paid a reduced fine.

Idaho, Out of State Mail Service Pharmacy License # 36855MS, 2022

On March 3, 2022, The Idaho Board of Pharmacy issued an Order and Stipulation for violations stemming from an expired non-resident PIC registration. The registration has since been approved by the Board. Baxter has signed the Stipulation and paid the required fine.

Alabama, Permit #194460, 2022

On May 3, 2022, The Alabama Board of Pharmacy issued a citation for failure to notify the Board of the change in designated representative at the Baxter – Hayward (W. Winton location). Baxter resolved the matter and paid the required fine.

Georgia, Wholesaler Pharmacy License # PHWH001754, 2017

In January 2017, Baxter Healthcare Corporation (Baxter) agreed to resolve claims with the U.S. Department of Justice related to quality and manufacturing practices at Baxter's manufacturing facility in Marion, North Carolina in 2011-2012. Specifically, the government charged that between July 2011 and November 2012, Baxter did not follow cGMP requirements under the Federal Food, Drug, and Cosmetic Act (FDCA) when manufacturing certain large volume intravenous (IV) solutions. Briefly, a Baxter employee reported to plant personnel the presence of mold on HEPA filters installed in the ceiling,

and Baxter continued to manufacture IV solutions while those filters remained in place. There was no evidence of any impact on the IV solutions. Copies of the settlement documents, which include a deferred prosecution agreement to resolve a single misdemeanor count of noncompliance with the FDCA, are available on the U.S. Department of Justice's website at https://www.justice.gov/opa/pr/baxter-healthcare-corporation-pay-more-18-million-resolve-criminal-and-civil-liability. The deferred prosecution agreement expired in July 2019, and the misdemeanor charge was dismissed with prejudice. This issue is unrelated to Baxter's pharmacy or wholesale activities.

Baxter disclosed this issue on a renewal application for a Georgia wholesale license for its Marion, NC facility, and in October 2017, the state of Georgia issued a disciplinary order against that license (PHWH001754) based on the disclosure.

Please note that this issue is unrelated to Baxter's pharmacy or wholesale activities.

Iowa, Nonresident Pharmacy License # 4127, 2014

The Iowa Board of Pharmacy (the "Iowa Board") issued a Stipulation for Baxter's Omaha, Nebraska pharmacy due to improperly delegating final verification of prescriptions for peritoneal dialysis solutions to a pharmacy technician. The Omaha facility is licensed in Nebraska under a Delegated Dispensing Permit, and utilized multiple quality checks, including retrospective pharmacist review, to ensure proper dispensing of peritoneal dialysis products to patients. Upon request by the Iowa Board, Baxter promptly modified its operations to ensure pharmacist verification of all orders. Baxter has signed the Stipulation and paid the required fine.

Montana, License #2152, 2010

The Montana Board of Pharmacy (the "Montana Board") issued a Stipulation for violations stemming from the failure of Baxter to notify the Montana Board in the requisite time frame of a change in the designated Person-in-Charge for the Waukegan, IL facility. Baxter has signed the Stipulation and paid the required fine.

Alabama, License #191639, 2009

The Alabama Board of Pharmacy found the Buford, GA facility was in violation of Code of Alabama (1975) Section 34-23-32. The facility continued distribution operations during the time between the valid license expired and when the expired license was renewed. Baxter Healthcare renewed the license, signed a Consent Order and paid the applicable fine.

Florida, Non-Resident Drug Manufacturer Permit No.: 26:4672, 2009

The Florida Department of Health (the "Florida Department") alleged that Baxter (Memphis, TN) sold prescription drugs to an unpermitted facility in Florida in violation of Section 499.005(15), F.S. Specifically, the Florida Department alleged that Baxter sold prescription drugs to Invivo at an unpermitted location. Baxter entered into a settlement agreement, whereby it neither admitted nor denied the allegations, and paid a fine.

Louisiana, License #3691, 2008

Louisiana Board of Wholesale Drug Distributors conducted a routine inspection of the facility operated by Baxter's third party logistics provider. Inspectors concluded Baxter (Round Lake, IL) violated Louisiana Administrative Code 46:XCI.311.D, which requires a licensee to maintain copies of current licenses for its customers who are authorized to obtain and possess legend drugs and devices. Baxter obtained customer licenses, signed a Consent Order, and paid the applicable fine.

Missouri, License #2005002668, 2005

The Missouri Board of Pharmacy (the "Missouri Board") issued a restricted drug distributor license to the facility located in Memphis, TN. The Missouri Board determined the facility violated Section 338.333.1 and 338.337.1 RSMo because the facility shipped legend drugs and/or medical devices into the state without being properly licensed. The proper license was obtained. The probationary period was successfully completed on October 21, 2007 and the restriction on the license was removed.

State Non-Disciplinary Settlements for Memphis Facility

Florida, License #s 26:506 (Memphis, TN) and 26:384 (Marion, NC), 2015

In June 2015, the Florida Department of Business and Professional Regulation (the "Department") sent Notices of Violation to Baxter alleging the shipment of prescription drugs to a Baptist Health South Florida, Inc. ("Baptist"), prior to Baptist receiving its permit to operate as a restricted prescription drug distributor – health care entity. Baxter had shipped products to the Baptist address under the valid medical license of the Medical Director, in reliance on a document evidencing the Medical Director's intent that he serve as the purchaser of the product. In August 2015, Baxter and the Department resolved this matter via a non-disciplinary settlement.

Other Actions: Dismissed Charge of Drug Law Violation

In January 2017, Baxter Healthcare Corporation (Baxter) agreed to resolve claims with the U.S. Department of Justice related to quality and manufacturing practices at Baxter's manufacturing facility in Marion, North Carolina in 2011-2012. Specifically, the government charged that between July 2011 and November 2012, Baxter did not follow cGMP requirements under the Federal Food, Drug, and Cosmetic Act (FDCA) when manufacturing certain large volume intravenous (IV) solutions. Briefly, a Baxter employee reported to plant personnel the presence of mold on HEPA filters installed in the ceiling, and Baxter continued to manufacture IV solutions while those filters remained in place. There was no evidence of any impact on the IV solutions. Copies of the settlement documents, which include a deferred prosecution agreement to resolve a single misdemeanor count of noncompliance with the FDCA, are available on the U.S. Department of Justice's website at https://www.justice.gov/opa/pr/baxter-healthcare-corporation-pay-more-18-million-resolve-criminal-and-civil-liability. The deferred prosecution agreement expired in July 2019, and the misdemeanor charge was dismissed with prejudice.

Please note that this issue is unrelated to Baxter's pharmacy or wholesale activities, or the facility that is the subject of this application.

Officer Disclosure

The Vice President and Secretary of Baxter Healthcare Corporation had a misdemeanor DUI conviction in December 2000, in Austin, Texas.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Please see attached.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (If any): Vantive Health LLC

Corporation Name: Vantive US Healthcare LLC

Mailing Address: One Baxter Parkway

City: Deerfield State: IL Zip: 60015

Telephone: 224.948.2000 Email: licensure@cardinalhealth.com

Contact Person Name: LaTayia Martin

Date of SEC Registration: ~~10/18/19~~ | SEC Registration Number: | Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (If any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Vantive US Healthcare LLC
Facility Name

Keegan Chamberlain
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

01/09/2025
Date

Board Use Only	Date Received: 3/4/25	Amount: $1000 ✓

Section# 3.

Benchmark
56 S. Rockford Dr.
Temple, AZ 85288
1.833.236.2400

Baxter Healthcare SA
2 Woodlands Industrial Park D, Street 2
Singapore, 737778
65.3636855555

Leoch Battery
Unit C, 33/F, TML Tower, No. 3 Hoi
Shing Road, Tsuen Wan, N.T., H.K.
852.2117.0016

Elk Grove Graphics
2451 Lively Blvd.
Elk Grove Village, IL, 60007-6726
651.228.2200

Image not found or type unknown
Cardinal Health

7511 114th Avenue North
Largo, Florida 33773

Officer Name	Title	Percentage of Ownership
Karen L. Leets	Vice President and Treasurer	0%
James William Borzi	EVP, Chief Supply Chain Officer	0%
Ellen K. Bradford	SVP and Corporate Secretary	0%
Daniel James Speciale	VP, Controller – Kidney Care	0%
Christopher Martin Jones	Vice President and Chief Financial Officer	0%

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Vantive US Healthcare LLC

1 Baxter Parkway, Building 6
Deerfield IL
1-800-333-0887

November 12, 2024

Dave Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV, 89521

RE: Notification of Pending Ownership Changes for Vantive US Healthcare LLC
Wholesaler – License Number WH03400

Dear Sir/Madam:

This letter is intended to notify you of two upcoming changes in the ownership of Vantive US Healthcare LLC ("VH-US"), which currently holds the following license(s) issued by Nevada State Board of Pharmacy:

- Wholesaler – License Number WH03400

These upcoming ownership changes, which are further described below, are anticipated to happen in close succession. As such, we would like to request that the two changes (i) be treated as a single change of ownership for licensing purposes, (ii) be processed through the submission of a single change of ownership application (for each license referenced above), and (iii) upon approval, result in the issuance of a single new license to VH-US or continuation of existing VH-US license.

In support of these requests, we have provided below specific details regarding the two planned ownership changes as well as relevant background information.

Background

The upcoming ownership changes that are the focus of this letter follow certain corporate changes involving VH-US that have occurred over the last year. These changes are illustrated by the corporate structure charts included in Attachment A (See **Charts A and B**). In summary:

- In early 2023, Baxter International Inc. ("BII"), the parent company of Baxter Healthcare Corporation ("BHC"), publicly announced its intention to separate its Kidney Care (renal and acute therapies) business into a new, independent publicly traded company.

- In executing this separation, two new legal entities were formed: (i) Vantive Health LLC ("VH"), which was established as a direct subsidiary of BII, and (ii) VH-US, which was established as a direct subsidiary of BHC.

- Steps were then initiated to transfer all relevant state licenses previously held by BHC to VH-US, which is the current license holder.

Details of Upcoming Ownership Changes

Two ownership changes involving VH-US are now contemplated:

- Ownership Change #1 (direct change): On or around December 31, 2024, VH-US (which is currently a direct subsidiary of BHC) will become a direct subsidiary of VH (**See Chart C** in Attachment A). Accordingly, VH will be the new "parent" of VH-US, with BII remaining the "grandparent" of VH-US.

- Ownership Change #2 (indirect change): While the initial plan (as noted above) was for BII's Kidney Care business to be a public spin-off, in August 2024, BII announced that it had executed a definitive agreement to sell the Kidney Care business to funds affiliated with the global investment firm, The Carlyle Group. As a result of this transaction, which is expected to close by the end of 2024 or early 2025, Spruce Bidco, II, Inc. ("SB"), a Delaware corporation that is part of The Carlyle Group , will obtain 100% ownership in VH, thus replacing BII as the "grandparent" (i.e., indirect owner) of VH-US (**See Chart D** in Attachment A).

Of note, VH-US, the current license holder, will remain the license holder following Ownership Changes #1 and #2. In addition, these upcoming changes will not result in any change to the EIN of VH-US, nor will there be any changes to VH-US's day-to-day facility operations or the products/services currently provided.[43]

Request

Given that these upcoming ownership changes are expected to occur in close succession, we request that the two changes (i) be treated as a single change of ownership for licensing purposes, (ii) be processed through the submission of a single change of ownership application (for each license referenced above), and (iii) upon approval by Nevada State Board of Pharmacy, result in the issuance of a single new license to VH-US.

We plan to begin the license application submission process in the next ten (10) days. We therefore respectfully request that you let us know at your earliest convenience—within the next ten (10) days—if you have any concerns granting these requests, or if you require any additional information regarding the proposed ownership changes to make such determination. Otherwise, we will proceed with filing the necessary licensing application(s) and supporting document(s), as applicable, in accordance with the applicable deadlines.

[43] Although occasional and periodic changes in the VH-US Officers slate may occur, VH-US will notify Nevada State Board of Pharmacy of any such changes in accordance with the requisite state notification process.

****

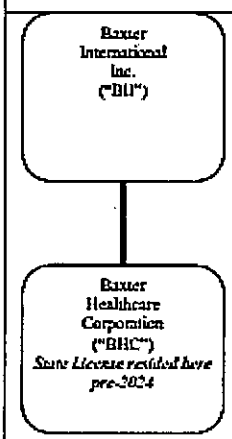
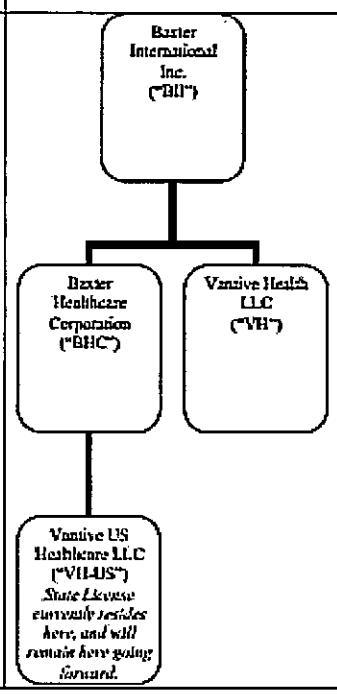
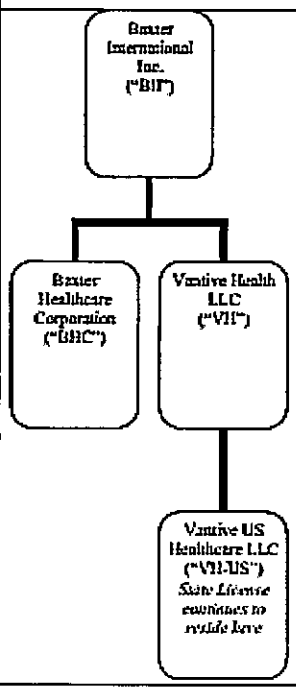
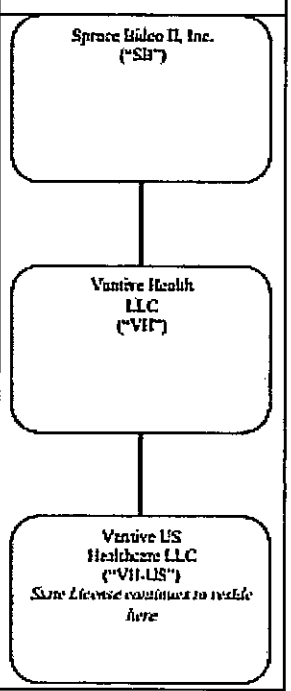
We are committed to ensuring compliance with applicable statutory and regulatory licensing requirements, and look forward to aligning on our proposed approach to handling the ownership changes described in this letter. To the extent any of the timelines noted above are materially delayed and/or there is a material change to the anticipated transaction structure outlined above (and in Attachment A), we will promptly update you.

Thank you in advance for your consideration of our requests. Please do not hesitate to contact me if there are any questions or concerns.

Sincerely,

LaToyia M. Martin
Manager, Quality Compliance

ATTACHMENT A

CHART A	CHART B	CHART C	CHART D
Previous Corporate Structure (pre-Feb. 2024)	Current Corporate Structure (as of November 1, 2024)	Corporate Structure Planned On or Around December 31, 2024. NOTE: VH-US becomes a direct subsidiary of VH; however, BII continues to be the ultimate owner as the 'grandparent' company	Final Corporate Structure. NOTE: VH-US continues to be a direct subsidiary of VH; however, there is now a complete corporate separation from all Baxter entities at this stage. This marks the final separation of Vantive from Baxter.
			

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VANTIVE US HEALTHCARE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VANTIVE US HEALTHCARE LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2462830 8300

SR# 20244426062

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205068039

Date: 12-09-24

Select Year: 2023 Go

The 2023 Florida Statutes

Title XXXIII
REGULATION OF TRADE, COMMERCE, INVESTMENTS, AND SOLICITATIONS

Chapter 499
FLORIDA DRUG AND COSMETIC ACT

View Entire Chapter

499.015 Registration of drugs and devices; issuance of certificates of free sale.—

(1)(a) Except for those persons exempted from the definition of manufacturer in s. 499.003, any person who manufactures, packages, repackages, labels, or relabels a drug or device in this state must register such drug or device biennially with the department; pay a fee in accordance with the fee schedule provided by s. 499.041; and comply with this section. The registrant must list each separate and distinct drug or device at the time of registration.

(b) The department may not register any product that does not comply with the Federal Food, Drug, and Cosmetic Act, as amended, or Title 21 C.F.R. Registration of a product by the department does not mean that the product does in fact comply with all provisions of the Federal Food, Drug, and Cosmetic Act, as amended.

(2) The department may require the submission of a catalog and specimens of labels at the time of application for registration of drugs or devices packaged and prepared in compliance with the federal act, which submission constitutes a satisfactory compliance for registration of the products. With respect to all other drugs and devices, the department may require the submission of a catalog and specimens of labels at the time of application for registration, but the registration will not become effective until the department has examined and approved the label of the drug or device. This approval or denial must include written notification to the manufacturer.

(3) Except for those persons exempted from the definition of manufacturer in s. 499.003, a person may not sell any product that he or she has failed to register in conformity with this section. Such failure to register subjects such drug or device to seizure and condemnation as provided in s. 499.062, and subjects such person to the penalties and remedies provided in this part.

(4) Unless a registration is renewed, it expires 2 years after the last day of the month in which it was issued. Any product registration issued or renewed on or after July 1, 2016, shall expire on the same date as the manufacturer or repackager permit of the person seeking to register the product. If the first product registration issued to a person on or after July 1, 2016, expires less than 366 days after issuance, the fee for product registration shall be $15. If the first product registration issued to a person on or after July 1, 2016, expires more than 365 days after issuance, the fee for product registration shall be $30. The department may issue a stop-sale notice or order against a person that is subject to the requirements of this section and that fails to comply with this section within 31 days after the date the registration expires. The notice or order shall prohibit such person from selling or causing to be sold any drugs or devices covered by this part until he or she complies with the requirements of this section.

(5) A product regulated under this section which is not included in the biennial registration may not be sold until it is registered and complies with this section.

(6) The department may issue a certificate of free sale for any product that is required to be registered under this part.

(7) A product registration is valid only for the company named on the registration and located at the address on the registration. A person whose product is registered by the department under this section must

notify the department before any change in the name or address of the establishment to which the product is registered. If a person whose product is registered ceases conducting business, the person must notify the department before closing the business.

(8) Notwithstanding any requirements set forth in this part, a manufacturer of medical devices that is registered with the federal Food and Drug Administration is exempt from this section and s. 499.041(6) if:

(a) The manufacturer's medical devices are approved for marketing by, or listed with the federal Food and Drug Administration in accordance with federal law for commercial distribution; or

(b) The manufacturer subcontracts with a manufacturer of medical devices to manufacture components of such devices.

(9) However, the manufacturer must submit evidence of such registration, listing, or approval with its initial application for a permit to do business in this state, as required in s. 499.01, and any changes to such information previously submitted at the time of renewal of the permit. Evidence of approval, listing, and registration by the federal Food and Drug Administration must include:

(a) For Class II devices, a copy of the premarket notification letter (510K);

(b) For Class III devices, a federal Food and Drug Administration premarket approval number;

(c) For a manufacturer who subcontracts with a manufacturer of medical devices to manufacture components of such devices, a federal Food and Drug Administration registration number; or

(d) For a manufacturer of medical devices whose devices are exempt from premarket approval by the federal Food and Drug Administration, a federal Food and Drug Administration registration number.

History.—s. 34, ch. 82-225; s. 110, ch. 83-218; s. 1, ch. 83-265; s. 3, ch. 84-115; ss. 20, 52, ch. 92-69; s. 587, ch. 97-103; s. 36, ch. 98-151; s. 1, ch. 99-165; s. 41, ch. 2000-242; s. 12, ch. 2000-326; s. 18, ch. 2001-63; s. 33, ch. 2001-89; s. 88, ch. 2004-5; s. 18, ch. 2008-207; s. 63, ch. 2009-21; s. 36, ch. 2014-89; s. 10, ch. 2016-212; s. 33, ch. 2017-3; s. 1, ch. 2017-51; s. 8, ch. 2019-99.

[1]**Note.**—

A. Section 11, ch. 2019-99, provides in part that "[i]mplementation of sections 2 through 10 of this act is contingent upon authorization granted under federal law, rule, or approval." Section 11, ch. 2019-99, was codified as s. 499.02851. Section 12, ch. 2019-99, provides that "[t]his act shall take effect July 1, 2019."

B. Subject to the contingency as to implementation in s. 11, ch. 2019-99, s. 8, ch. 2019-99, amends subsection (1), to read:

(1)(a) Except for those persons exempted from the definition of manufacturer in s. 499.003, any person who manufactures, packages, repackages, labels, or relabels a drug or device in this state must register such drug or device biennially with the department; pay a fee in accordance with the fee schedule provided by s. 499.041; and comply with this section. The registrant must list each separate and distinct drug or device at the time of registration.

(b) The department may not register any product that does not comply with the Federal Food, Drug, and Cosmetic Act, as amended, or Title 21 C.F.R. Registration of a product by the department does not mean that the product does in fact comply with all provisions of the Federal Food, Drug, and Cosmetic Act, as amended.

(c) Registration under this section is not required for prescription drugs imported under the International Prescription Drug Importation Program established in s. 499.0285.

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DIVISION OF DRUGS, DEVICES AND COSMETICS – FAQS

Drugs, Devices & Cosmetics FAQs

To obtain an interpretation of statute or rule from an agency requires the submission of a Petition for Declaratory Statement that is authorized by Chapter 120, Florida Statutes and an agency cannot provide an informal legal opinion. The responses to the frequently asked questions are not intended to be legal opinions or statements of agency policy and you are strongly encouraged to seek the guidance of a regulatory consultant to assist you regarding the interpretation and application of Florida Statutes and rules.

Definitions:

- "DBPR" or the "department" or refers to the Florida Department of Business and Professional Regulation.
- "DEA" refers to the U.S. Drug Enforcement Administration.
- "ARCOS" refers to the Automation of Reports and Consolidated Orders System operated by DEA.
- "CSR" refers to Florida's state analogue to ARCOS, the Controlled Substance Reporting system.
- "E-FORCSE (https://florida.pmpaware.net/login)" refers to Florida's "Electronic-Florida Online Reporting of Controlled Substances Evaluation", aka the "Prescription Drug Monitoring Program" or "PDMP". For more information visit the E-FORCSE homepage at https://www.floridahealth.gov/statistics-and-data/e-forcse

/index.html (https://www.floridahealth.gov/statistics-and-data/e-forcse/index.html).

dbpr Florida Department of Business & Professional Regulation
Florida Online Transfer Protocol
(http://www.myfloridalicense.com/DBPR/)

Division of Drugs, Devices and Cosmetics

Does my company need a permit?

DDC permitting requirements as regards drugs, (medical) devices and cosmetics fall into two main categories:(a) manufacturing and repackaging of drugs, medical devices and cosmetics conducted in Florida, and (b) distributing drugs, medical devices and cosmetics in and into Florida.

Activity Description	Location	Permit (Generally) Required under Chapter 499?
Manufacturing a Drug, Device or Cosmetic	In Florida	Yes
Repackaging a Drug, Device or Cosmetic	In Florida	Yes
Distributing a Prescription Drug	In or Into Florida	Yes
Distributing an Over-the-Counter Drug	In or Into Florida	No
Distributing a Device	In or Into Florida	No
Distributing a Cosmetic	In or Into Florida	No

- What is a "drug", "device", or "cosmetic"?

Refer to Section 499.003, Florida Statutes: http://www.leg.state.fl.us/statutes /index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0499/Sections /0499.003.html (http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute& Search_String=&URL=0400-0499/0499/Sections/0499.003.html) Please note that "drug"

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 30235006

Application/License No. _____

VANTIVE US HEALTHCARE LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 7511 114th Avenue North Largo, FL 33773 (Address of Applicant/Principal), as PRINCIPAL, and WESTERN SURETY COMPANY (Surety Company), a corporation organized under the laws of the state of SD (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 151 N. Franklin Street Chicago, IL 60606 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on February 20, 2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 20th day of February, 2025.

APPLICANT/PRINCIPAL
VANTIVE US HEALTHCARE LLC

COMPANY

Vantive US Healthcare LLC LIMITED LIABILITY COMPANY SEAL Delaware 2023

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY
WESTERN SURETY COMPANY

Surety Company's Representative

Tara A. Maquinto, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Dafonya Wright

Witness K. Hannigan

Countersigned by:

Nevada Resident Agent Christina L. Sandoval, Non-Resident Nevada Agent

Posted February 20, 2020

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Sandra M Winsted, Jennifer L Jakaitis, Christopher P Troha, Derek J Elston, Susan A Welsh, Christina L Sandoval, Judith A Lucky-Eftimov, Bartlomiej Siepierski, Aerie Walton, Nicholas Pantazis, Kristin L Hannigan, Samantha Chierici, Richard Casas, Corinne Chapman, Nicholas Kertesz, Roger Paraison, Jean Torres, Dartonya Wright, Tara A Maquinto, George F Douaire V, Individually

of Chicago, IL, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the Authorizing By-Laws and Resolutions printed at the bottom of this page, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 10th day of September, 2024.

WESTERN SURETY COMPANY

Larry Kasten, Vice President

State of South Dakota }
County of Minnehaha } ss

On this 10th day of September, 2024, before me personally came Larry Kasten, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is a Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires
March 2, 2026

M. BENT
NOTARY PUBLIC
SOUTH DAKOTA

M. Bent, Notary Public

CERTIFICATE

I, Paula Kolsrud, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law and Resolutions of the corporation printed below this certificate are still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 20th day of February, 2025.

WESTERN SURETY COMPANY

Paula Kolsrud, Assistant Secretary

Authorizing By-Laws and Resolutions

ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

This Power of Attorney is signed by Larry Kasten, Vice President, who has been authorized pursuant to the above Bylaw to execute power of attorneys on behalf of Western Surety Company.

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 27th day of April, 2022:

"RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the Company."

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY): 04/25/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Central, Inc.
Philadelphia PA Office
100 North 18th Street
16th Floor
Philadelphia PA 19103 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 | FAX (A/C. No.): (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	ACE American Insurance Company	22667
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Vantive US Healthcare LLC
1 Baxter Parkway
Building 6
Deerfield IL 60015 USA

COVERAGES **CERTIFICATE NUMBER:** 570112264092 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			XSLG48932629	01/31/2025	01/31/2026	EACH OCCURRENCE	$1,900,000
	X CLAIMS-MADE ☐ OCCUR			SIR applies per policy terms & conditions			DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,900,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,900,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$4,000,000
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	Excluded
	OTHER:							
A	AUTOMOBILE LIABILITY			ISA H11355122	01/31/2025	01/31/2026	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	
	☐ DED ☐ RETENTION							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WLRC72616443	01/31/2025	01/31/2026	X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A					E.L. EACH ACCIDENT	$1,000,000
	(Mandatory In NH)						E.L. DISEASE-EA EMPLOYEE	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance.

CERTIFICATE HOLDER

Vantive US Healthcare, LLC
7511 114th Avenue North
Largo FL 33773 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central, Inc.

Holder Identifier :

Certificate No : 570112264092

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Vantive US Healthcare LLC. MDEG License # (if applicable) N/A
Physical Address 7511 114th Avenue North
City Largo State FL Zip 33773
Mailing Address (if different from physical address) 7000 Cardinal Pl. Attn: QRA
City Dublin State OH Zip 43017
Telephone 614.757.8789 Website N/A
Licensing Company Email licensure@cardinalhealth.com

Section 2: Personal Information

First Michele Middle Lynn Last Preston
Alias(es, nicknames, name changes, etc.) Womble
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X
Mailing Address [redacted]
City [redacted] State [redacted] Zip 33714
Telephone [redacted] Email Michele-Womble@baxter.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name See Attached			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY) 12/18 - Present	[redacted]	[redacted]	[redacted]	Zip 33714
From - To (MM/YY – MM/YY) 09/18 - 12/18				Zip 33704
From - To (MM/YY – MM/YY) 11/04 - 09/18				Zip 33713
From - To (MM/YY – MM/YY)				Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)
Vantive US Healthcare LLC (formerly Baxter)		12/07 - Present
Business Address	**City**	**State / Zip**
7511 114th Ave. North	Largo	FL 33773
Phone	**Title**	**Number of Employed Hours**
727.541.6411	Multiple	Approx. 35,000
Description of Duties		
See Attached Resume		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Continue on next page if additional space is needed.

Michele Preston

[redacted]

Education: AA, University of Florida, 1993
BS, Animal Science, University of Florida, 1996
Project Management Certification, St Petersburg College, 2020

Experience: **Baxter Healthcare, Largo, FL** (2024-present)
Manager II, Quality, QMR

- Manages the activities of several sections or departments in the Quality organization with responsibility for results in terms of compliance and/or product quality.
- Implements the quality systems procedures in several sections or departments and manages compliance.
- Understands and ensures conformance to regulations applicable to several sections or departments.
- May participate in or manage quality assessments of internal operations and suppliers to analyze compliance and assess risk.
- Interacts frequently with internal subordinate supervisors, functional peer and senior group managers.
- Manages interactions with regulators and auditors (FDA, Health Canada, ISO, Baxter internal/corporate) and customers to represent the company products and processes.
- Identifies and manages continuous improvement projects with the objective of achieving quality, reliability and cost improvements.
- Develops budget for several sections or departments and ensures adherence to the budget.
- Manages coaching, training and development of direct reports and team.
- Adheres to all environmental, health and safety SOP's, equipment, policies and procedures, including any department specific requirements.
- Performs other duties as assigned.
- Support commercial entities in knowledge and navigation of Quality requirements specifically as it related to the Service Organization.
- Participation/Oversite in new product launches and transfer of operations to Service

Baxter Healthcare, Largo, FL (2018-2024)
Quality Lead for U.S. Field Services

- Responsibilities include guiding the US Field team for Quality compliance.
- Monitoring training, complaint evaluations, PM timeliness, FA timeliness, Hold management, complaint trending, & management review metrics.
- Initiating and participating in projects that streamline the processes used in the field for simplification and compliance. Quality representative for new project initiatives and new product launches.
- Own and approve CAPAs and change controls. Assist in writing procedures and developing training plans.
- Guide in high- risk product complaint evaluations. Mentor field technicians in quality applications such as good documentation practices and GMP.
- Interim lead for legacy Hill-rom quality field engineers.
- Qualified lead auditor. SME for auditing for technical services group.
- Back up QMR for Largo Depot. Quality liaison between operations team in the US and manufacturing/complaint trending group in Medolla.
- Support technical specialists in executing improvement projects and communication to the field.
- Proficient in FDA and ISO 13485 regulations. Obtained Project management certification from Saint Petersburg College.

Baxter Healthcare, Largo, FL (2007-2018)

Quality Associate II

- Lead Auditor and manager of internal audit program.
- Coordinator for 483 Gap Analysis project for Baxter Tampa Bay
- Coordinator for Quality Plan activities
- Engineering Quality reviewer for the Product Analysis Lab evaluations within the complaint handling system for devices returned for service.
- Coordinator of metric analysis for Quality System elements.
- Lead Investigator trained for ownership of CAPA's. CAPA Coordinator handling the metrics and monitoring of CAPAs for timeliness and content. Facility SME (Subject Matter Expert) for CAPA elements.
- Trained for technical background of Peritoneal and Hemodialysis devices
- Train the Trainer trained.
- Lead team member for external audits of the Quality system. Coordinate management of external audits to ensure smooth and timely input.
- Owner of EMS (Enterprise Management System) elements. Help ensure lean manufacturing, timely communication of issues, and assist with improvement projects.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

01/01/2025
Date

I, Michele Preston, **certify that as the MDEG Administrator for** Vantive US Healthcare LLC,

that I (initial that you have read and meet the following requirements):

1. MP Have a high school diploma or its equivalent;
2. MP Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MP Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MP Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michele Preston
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/21/2025
Date

Board Use Only	Date Received: 3/4/25

Employee List

7511 114th Avenue North
Largo, Florida 33773

Officer Name	Title	Company
~~Michael A. Cascella, Jr.~~	~~Vice President, Tax~~	~~Vantive US Healthcare LLC~~
~~Matthew Koller Harbaugh~~	~~VP, Finance~~	~~Vantive US Healthcare LLC~~
Karen L. Leets	Vice President and Treasurer	Vantive US Healthcare LLC
James William Borzi	SVP, Chief Supply Chain Officer	Vantive US Healthcare LLC
Ellen K. Bradford	SVP and Corporate Secretary	Vantive US Healthcare LLC
~~David Wheeler~~	~~Sr. Manager, Plant Lead~~	~~Vantive US Healthcare LLC~~
Michele Preston	Sr. Quality Manager	Vantive US Healthcare LLC
Daniel Speciale	VP, Controller	Vantive US Healthcare LLC
Christopher Jones	VP and CFO	Vantive US Healthcare LLC

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☑ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2022

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from _____ to _____

Commission file number 1-4448

Baxter

Baxter International Inc.

(Exact Name of Registrant as Specified in its Charter)

Delaware	36-0781620
(State or Other Jurisdiction of Incorporation or Organization)	(I.R.S. Employer Identification No.)
One Baxter Parkway, Deerfield, Illinois	60015
(Address of Principal Executive Offices)	(Zip Code)

Registrant's telephone number, including area code 224.948.2000

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common stock, $1.00 par value	BAX (NYSE)	New York Stock Exchange
		Chicago Stock Exchange
0.4% Global Notes due 2024	BAX 24	New York Stock Exchange
1.3% Global Notes due 2025	BAX 25	New York Stock Exchange
1.3% Global Notes due 2029	BAX 29	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☑

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files) Yes ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☑	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
Emerging growth company	☐		

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☑

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☑

The aggregate market value of the voting common equity held by non-affiliates of the registrant as of June 30, 2022 (the last business day of the registrant's most recently completed second fiscal quarter), based on the per share closing sale price of $64.23 on that date and the assumption for the purpose of this computation only that all of the registrant's directors and executive officers are affiliates, was approximately $32 billion. The number of shares of the registrant's common stock, $1.00 par value, outstanding as of January 31, 2023 was 504,672,186.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive 2023 proxy statement for use in connection with its Annual Meeting of Stockholders expected to be held on May 2, 2023 are incorporated by reference into Part III of this report.

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PART I

Item 1. *Business.*

Company Overview

Baxter International Inc., through its subsidiaries, provides a broad portfolio of essential healthcare products, including acute and chronic dialysis therapies; sterile intravenous (IV) solutions; infusion systems and devices; parenteral nutrition therapies; inhaled anesthetics; generic injectable pharmaceuticals; surgical hemostat and sealant products, advanced surgical equipment; smart bed systems; patient monitoring and diagnostic technologies; and respiratory health devices. These products are used by hospitals, kidney dialysis centers, nursing homes, rehabilitation centers, doctors' offices and by patients at home under physician supervision. Our global footprint and the critical nature of our products and services play a key role in expanding access to healthcare in emerging and developed countries. As of December 31, 2022, we manufactured products in over 20 countries and sold them in over 100 countries.

Baxter International Inc. was incorporated under Delaware law in 1931. As used in this report, "Baxter International" means Baxter International Inc. and "we", "our" or "us" means Baxter International and its consolidated subsidiaries, unless the context otherwise requires.

Recently Announced Strategic Actions

In January 2023, we announced the following planned strategic actions that are intended to enhance our operational effectiveness, accelerate innovation and drive additional stockholder value: (a) a proposed spinoff of our Renal Care and Acute Therapies product categories into an independent publicly traded company, (b) our development of a new operating model to simplify our operations and (c) our pursuit of strategic alternatives (including a potential sale) for our BioPharma Solutions (BPS) product category.

This proposed spinoff of our Renal Care and Acute Therapies product categories (the proposed spinoff) is currently expected to be completed during the first half of 2024, approximately 12 to 18 months from the date of the related announcement. In 2022 we generated $4.4 billion of combined net sales from our Renal Care and Acute Therapies product categories, representing approximately 29% of our consolidated net sales. We intend for the proposed spinoff to qualify as tax-free to Baxter and our shareholders for U.S. federal income tax purposes. The proposed spinoff is subject to the satisfaction of customary conditions, including final approval from our Board of Directors, the filing and effectiveness of a registration statement on Form 10, receipt of an Internal Revenue Service (IRS) ruling or related tax opinions from counsel, satisfactory completion of financing arrangements, consultations with works councils and other employee representative bodies and any necessary regulatory approvals.

To strengthen our ability to deliver on our vision to transform healthcare, we are designing a new operating model intended to simplify and streamline our operations. Once the simplified model is implemented, we expect to be a more integrated and nimble organization that can respond more effectively to changes in the macroeconomic environment, while enhancing our ability to drive innovation in our product portfolio. As part of these actions, we are working to create a more resilient supply chain and better align our manufacturing footprint and supply chain to our commercial activities. Under the new model, our business will be managed across four global business units consisting of: (1) Medical Products and Therapies, which will include our Medication Delivery, Advanced Surgery and Clinical Nutrition product categories, (2) Healthcare Systems and Technologies, which will include the Patient Support Systems, Front Line Care and Global Surgical Solutions product categories obtained in the Hillrom acquisition, (3) Pharmaceuticals, which will include our BPS product category, for which we are exploring strategic alternatives, and our Pharmacauticals product category and (4) Kidney Care, which will include our Renal Care and Acute Therapies product categories that we are proposing to spinoff into an independent publicly traded company.
We expect to have our new organizational designs substantially finalized in the second quarter of 2023. The new operating model will have significant impacts on our systems and processes across our entire company and we expect to have those broader operational changes, including our updated management reporting framework for the new operating model, fully implemented during the second half of 2023. At that time, we expect that our reportable segments will be changed to align with the new operating model.

We are pursuing strategic alternatives (including a potential sale) for our BPS product category, which includes contract manufacturing services provided to pharmaceutical and biopharmaceutical companies. In 2022 we generated $644 million of net sales from that product category, representing approximately 4% of our consolidated net sales. A potential sale of, or other strategic transaction involving, BPS would help us further narrow our strategic focus as a company while providing an opportunity for capital deployment, including debt repayment.

Following these planned strategic actions (including completion of the proposed spinoff), we intend to emerge as a stronger hospital solutions and connected care company. As a more focused business, we expect to be better positioned to make strategic investments to accelerate our vision and to deliver differentiated value to our stakeholders with our unique combination of products, therapies and connected care platforms.

There can be no guarentees thet the proposed spinoff, the simplified operating model or the sale of, or other strategic transaction involving, our BPS product category will be completed in the manner or over the timeframes described above, or at all.

Acquisition of Hillrom

On December 13, 2021, we completed our acquisition of all outstanding equity interests of Hill-Rom Holdings, Inc. (Hillrom) for a purchase price of $10.5 billion. Including the assumption of Hillrom's outstanding debt obligations, the enterprise value of the transaction was approximately $12.8 billion. Hillrom was a global medical technology leader and its products and services help enable earlier diagnosis and treatment, optimize surgical efficiency, and accelerate patient recovery while simplifying clinical communication and shifting care closer to home. Hillrom made those outcomes possible through digital and connected care solutions and collaboration tools, including smart bed systems, patient monitoring and diagnostic technologies, respiratory health devices, advanced equipment for the surgical space and more, delivering actionable, real-time insights at the point of care. In 2022 the Patient Support Systems, Front Line Care and Global Surgical Solutions product categories of our Hillrom segment collectively generated net sales of $2.9 billion. During 2022, we also recognized $2.8 billion of goodwill impairments and $332 million of indefinite-lived intangible asset impairments related to goodwill and trade name intangible assets that arose from the Hillrom acquisition. See Notes 2, 4, 5 and 17 in Item 8 of this Annual Report on Form 10-K for additional information about the Hillrom acquisition, goodwill and intangible asset impairments, Hillrom acquisition financing arrangements and Hillrom segment results, respectively.

Business Segments and Products

We currently manage our global operations based on four segments, consisting of the following geographic segments related to our legacy Baxter business: Americas (North and South America), EMEA (Europe, Middle East and Africa) and APAC (Asia-Pacific), and a global segment for our recently acquired Hillrom business. As discussed above under "Recently Announced Strategic Actions," we are designing a new operating model intended to simplify and streamline our operations and we expect that our reportable segments will be changed to align with that new operating model when it is fully implemented.

The Americas, EMEA and APAC segments provide a broad portfolio of essential healthcare products, including acute and chronic dialysis therapies; sterile IV solutions; infusion systems and devices; parenteral nutrition therapies; inhaled anesthetics; generic injectable pharmaceuticals; and surgical hemostat and sealant products. As discussed above under "Recently Announced Strategic Actions," we are pursuing the proposed spinoff of our Renal Care and Acute Therapies product categories and strategic alternatives for our BPS product category. The Hillrom segment provides digital and connected care solutions and collaboration tools, including smart bed systems, patient monitoring and diagnostic technologies, respiratory health devices and advanced equipment for the surgical space.

For financial information about our segments, see Note 17 in Item 8 of this Annual Report on Form 10-K.

Business Strategy

Our business stretegy is focused on driving sustainable growth and innovation aligned with our mission to save and sustain lives and our vision to transform healthcare with a customer focus to improve patient outcomes, enhance workflow efficiency, and enable cost-effective care. Our diversified and broad portfolio of medical products that treat life-threatening acute or chronic conditions end our global presence are core components of our strategy as we

work to achieve these objectives. We are focused on four strategic pillars as part of our pursuit of industry leading performance: innovation; market expansion; operational efficiency; and capital allocation.

Innovation

Our innovation strategy is focused on connected care and core therapies offerings. Connected care offerings include devices or software that can connect, communicate and/or analyze data to help transform healthcare and improve patient outcomes. Our acquisition of Hillrom has been a key driver in developing our connected care offerings, as its product portfolio includes digital and connected care solutions and collaboration tools such as smart bed systems, patient monitoring and diagnostic technologies, respiratory health devices, advanced equipment for the surgical space and more, delivering actionable, real-time insights at the point of care. Our core therapies product offerings include medical devices and consumable medical products designed to address essential patient and provider needs across the continuum of care.

As part of this strategy and consistent with our recently announced strategic initiatives, we are shifting our investments to drive innovation in product areas where we have compelling opportunities to serve patients and healthcare professionals while advancing our business. We are accelerating the pace in which we bring these advances to market to support our future growth. We are in the midst of launching several new products, geographic expansions and line extensions including in such areas as chronic and acute renal care, smart pump technology, hospital pharmaceuticals and nutritionals, surgical sealants, smart beds, respiratory vests and more. These comprise a mix of entirely new offerings, improvements on existing technologies and the expansion of current products into new geographies.

Market Expansion

The market expansion component of our strategy includes capturing revenue synergies through the integration of Hillrom, expanding our portfolio geographically, broadening our portfolio through channel expansion and increasing utilization of our products and therapies through market development activities. These initiatives include using Baxter's geographic footprint to introduce the Hillrom product portfolio into new markets, as well as expanding value-added services, increasing adoption of underpenetrated therapies and providing education and advocacy to improve access to our products.

Operational Excellence

As discussed above under "Recently Announced Strategic Actions," we are designing a new operating model intended to simplify and streamline our operations. Once the simplified model is implemented, we expect to be a more integrated and nimble organization that can respond more effectively to changes in the macroeconomic environment, while enhancing our ability to drive innovation in our product portfolio. As part of these actions, we are working to create a more resilient supply chain and better align our manufacturing footprint and supply chain to our commercial activities. We also continue to focus on increasing efficiencies through automation and digitization and we remain committed to deliver on the targeted cost synergies expected to be achieved from our acquisition of Hillrom. We intend to continue to actively manage our cost structure to help ensure that we are committing resources to the highest value uses. Such high value activities include supporting innovation, building out the portfolio, expanding patient access and accelerating growth for our stockholders.

Maintaining Disciplined and Balanced Capital Allocation

Subject to market conditions and our investment grade targets, our capital allocation strategies include the following:

- debt repayments to support our deleveraging commitments;
- active portfolio management through the identification of attractive acquisition and divestiture transactions, including our recent acquisition of Hillrom, the proposed spinoff and our pursuit of strategic alternatives (including a potential sale) for our BPS product category; and
- return capital to stockholders through dividends. We also intend to reinstate share repurchases over the longer term.

We paid down approximately $900 million of debt during 2022 and we continue to be committed to an investment grade rating, including taking actions toward achieving our 2.75x net leverage commitment. We currently expect to apply proceeds from the proposed spinoff and potential BPS divestiture toward reducing indebtedness and addressing near-term debt maturities. During this deleveraging period, we currently intend to maintain our dividend, not make any share repurchases and be highly selective with respect to any potential acquisitions.

Sales and Distribution

We have our own direct sales force and also make sales to and through independent distributors, drug wholesalers acting as sales agents and specialty pharmacy or other alternate site providers. In the United States, third parties, such as Cardinal Health, Inc., warehouse and ship a significant portion of our products through their distribution centers. These centers are generally stocked with adequate inventories to facilitate prompt customer service. Sales and distribution methods include frequent contact by sales and customer service representatives, automated communications via various electronic purchasing systems, circulation of catalogs and merchandising bulletins, direct-mail campaigns, trade publication presence and advertising.

Sales are made and products are distributed on a direct basis or through independent distributors or sales agents in more than 100 countries as of December 31, 2022.

International Operations

The majority of our revenues are generated outside of the United States and geographic expansion remains a component of our strategy (including with respect to the Hillrom business). Our international presence includes operations in Europe, the Middle East, Africa, Asia-Pacific, Latin America and Canada. We are subject to certain risks inherent in conducting business outside the United States. For more information on these risks, see the information under the captions "Risks Related to Baxter's Business —We are subject to risks associated with doing business globally" and "—Changes in foreign currency exchange rates and interest rates could have a material adverse effect on our operating results and liquidity" in Item 1A of this Annual Report on Form 10-K.

For financial information about our foreign and domestic revenues and segment information, see Notes 10 and 17, respectively, in Item 8 of this Annual Report on Form 10-K. For more information regarding foreign currency exchange risk, refer to the discussion under the caption entitled "Financial Instrument Market Risk" in Item 7 of this Annual Report on Form 10-K.

Contractual Arrangements

Our products are sold through contracts with customers, both within and outside the United States. Some of these contracts have terms of more than one year and place limits on our ability to increase prices. In the case of hospitals, governments and other facilities, these contracts may specify minimum quantities of a particular product or categories of products to be purchased by the customer.

In keeping with the increased emphasis on cost-effectiveness in healthcare delivery, many hospitals and other customers of medical products in the United States have joined group purchasing organizations (GPOs), or formed integrated delivery networks (IDNs), to enhance purchasing power. GPOs and IDNs negotiate pricing arrangements with manufacturers and distributors and the negotiated prices are made available to members. We have purchasing agreements with several of the major GPOs in the United States. GPOs may have agreements with more than one supplier for certain products. Accordingly, in these cases, we face competition from other suppliers even where a customer is a member of a GPO under contract with us. Purchasing power is similarly consolidated in many other countries. For example, public contracting authorities often act as the purchasing entities for the hospitals and other customers of medical products in their region and many hospitals and other customers have joined joint procurement entities and buying consortia. The result is that demand for healthcare products is increasingly concentrated across our markets globally. Additionally, our contractual pricing arrangements with GPOs, IDNs and public contracting authorities limit our ability to increase prices in order to offset raw materials or component price increases or otherwise.

Raw Materials and Component Parts

Raw materials and component parts essential to our business are purchased from numerous suppliers worldwide in the ordinary course of business. While many of these materials are generally available, we have experienced and may in the future experience shortages of supply. Additionally, certain of these materials are secured from single

source suppliers or on a spot basis and not pursuant to a contractual arrangement. In recent periods, we have experienced increased costs and shortages of raw materials and component parts (including resins and electromechanical devices), which has had a negative impact on our profit margins, due to the increased costs, and on our sales for certain product categories, due to our inability to fully satisfy demand.

In an effort to manage risk associated with raw materials and component supply, we work closely with our suppliers to help ensure availability and continuity of supply while maintaining high quality and reliability. We also seek to develop new and alternative sources of supply where beneficial to our overall raw materials procurement strategy. Refer to Item 1A. Risk Factors of this Annual Report on Form 10-K for further information regarding risks related to the supply chain, raw materials and component parts.

We are not always able to recover cost increases for raw materials and component parts through customer pricing due to contractual limits, where applicable, and market forces. This circumstance occurred during 2022 and our profit margins were adversely impacted because we were unable to fully offset all such cost increases through customer pricing adjustments or other pricing actions. We seek to utilize long-term supply contracts with some suppliers to help maintain continuity of supply and manage the risk of price increases. Our ability to do so in the face of limited supply of certain raw materials and component parts and inflationary environment may be limited.

Competition and Healthcare Cost Containment

Our businesses benefit from a number of competitive advantages, including the breadth and depth of our product offerings and our strong relationships with customers, including hospitals and clinics, GPOs, IDNs, physicians and patients, many of whom self-administer home-based therapies that we supply. We also benefit from efficiencies and cost advantages resulting from shared manufacturing facilities and the technological advantages of our products.

Although no single company competes with us in all of our businesses, we face substantial competition in each of our segments from international and domestic healthcare, medical products and pharmaceutical companies and providers of all sizes, and these competitors often differ across our businesses. In addition, global and regional competitors continue to expand their manufacturing capacity and sales and marketing channels. We believe customer purchasing decisions are primarily focused on cost-effectiveness, price, service, product performance and technological innovation. There has been increasing consolidation in our customer base and by our competitors, which continues to result in pricing and market pressures.

Global efforts toward healthcare cost containment continue to exert pressure on product pricing. Governments around the world use various mechanisms to control healthcare expenditures, such as price controls, the formation of public contracting authorities, product formularies (lists of recommended or approved products), and competitive tenders which require the submission of a bid to sell products. Sales of our products are dependent, in part, on the availability of reimbursement by government agencies and healthcare programs, as well as insurance companies and other private payers. In the United States, the federal and many state governments have adopted or proposed initiatives relating to Medicaid and other health programs that may limit reimbursement or increase rebates that we and other providers are required to pay to the state. In addition to government regulation, managed care organizations in the United States, which include medical insurance companies, medical plan administrators, health-maintenance organizations, hospital and physician alliances and pharmacy benefit managers, continue to put pressure on the price and usage of healthcare products. Managed care organizations seek to contain healthcare expenditures, and their purchasing strength has been increasing due to their consolidation into fewer, larger organizations and a growing number of enrolled patients. We face similar issues outside of the United States. In Europe and Latin America, for example, the government provides healthcare at low cost to patients, and controls its expenditures by purchasing products through public tenders, collective purchesing, regulating prices, setting reference prices in public tenders or limiting reimbursement or patient access to certain products. For further discussion, refer to Item 1A of this Annual Report on Form 10-K.

Intellectual Property

Patents and other proprietary rights are essential to our business. We rely on patents, trademarks, copyrights, trade secrets, know-how and confidentiality agreements to develop, maintain and strengthen our competitive position. We own a number of patents and trademarks throughout the world and have entered into license arrangements relating to various third-party patents and technologies. Products manufactured by us are sold primarily under our own trademarks and trade names. Some products distributed by us are sold under our trade names, while others are sold under trade names owned by our suppliers or partners. Trade secret protection of unpatented confidential and proprietary information is also important to us. We maintain certain details about our processes, products and

technology as trade secrets and generally require employees, consultants, and business partners to enter into confidentiality agreements. These agreements may be breached and we may not have adequate remedies for any breach. In addition, our trade secrets may otherwise become known or be independently discovered by competitors. To the extent that our employees, consultants, and business partners use intellectual property owned by others in their work for us, disputes may arise as to the rights in related or resulting know-how and inventions.

Our policy is to protect our products and technology through patents and trademarks on a worldwide basis. This protection is sought in a manner that balances the cost of such protection against obtaining the greatest value for us. We also recognize the need to promote the enforcement of our patents and trademarks and take commercially reasonable steps to enforce our patents and trademarks around the world against potential infringers, including judicial or administrative action where appropriate.

We operate in an industry susceptible to significant patent litigation. At any given time, we are involved as either a plaintiff or defendant in a number of patent infringement and other intellectual property-related actions. Such litigation can result in significant royalty or other payments or result in injunctions that can prevent the sale of products. For more information on patent and other litigation, see Note 7 in Item 8 of this Annual Report on Form 10-K.

Research and Development

Our investment in research and development (R&D), consistent with our portfolio optimization and capital allocation strategies, helps fuel our future growth and our ability to remain competitive in each of our product categories. Accordingly, we continue to focus our investment on select R&D programs to enhance future growth through clinical differentiation. Expenditures for our R&D activities were $605 million in 2022, $534 million in 2021, and $521 million in 2020. These expenditures include costs associated with R&D activities performed at our R&D centers located around the world, which include facilities in Belgium, Sweden, India, Italy, Germany, China, Japan and the United States, as well as in-licensing, milestone and reimbursement payments made to partners for R&D work performed at non-Baxter locations. As discussed above in under "Recently Announced Strategic Actions," we are designing a new operating model intended to simplify and streamline our operations. We are also working to create a more resilient supply chain and better align our manufacturing footprint and supply chain to our commercial activities. These activities may rasult in the consolidation of one or more R&D facilities.

For more information on our R&D activities, refer to the discussion under the caption entitled "Strategic Objectives" in Item 7 of this Annual Report on Form 10-K.

Quality Management

Our continued success depends upon the quality of our products. Quality management plays en essential role in determining and meeting customer requirements, helping to prevent defects, facilitating continuing improvement of our processes, products and services, and helping to assure the safety and efficacy of our products. Our quality system enables the design, development, manufacturing, packaging, sterilization, handling, distribution and labeling of our products to ensure that they conform to customer requirements. In order to consistently improve the effectiveness and efficiency of our quality system, various measurement, monitoring and analysis methods, such as management reviews and internal, external and vendor audits, are employed at local and central levels.

Each product that we market is required to meet specific quality standards, both in packaging and in product integrity and quality. If any of those is determined to be compromised at any time, we endeavor to take corrective and preventive actions designed to ensure compliance with regulatory requirements and to meet customer expectations. For more information on corrective actions taken by us, refer to the discussion under the caption entitled "Certain Regulatory Matters" in Item 7 of this Annual Report on Form 10-K.

Corporate Responsibility

Driven by our mission to save and sustain lives, Baxter's corporate responsibility strategy focuses on addressing the environmental, social and governance (ESG) issues that affect our patients, customers, employees, communities and other stakeholders worldwide. Our corporate responsibility approach supports our business priorities to achieve top quartile results relative to industry peers and other comparators across four dimensions: patient safety and quality, growth through innovation, best place to work and industry-leading performance. Advancing our corporate responsibility goals contributes to business, social and economic value, including attraction and retention, enhanced operational efficiency and implementation of enterprise risk management strategies, among others.

In 2021, we launched our 2030 Corporate Responsibility Commitment featuring ten strategic goals for focused action. Our Commitment is anchored by three pillars - Empower Our Patients, Protect Our Planet and Champion Our People and Communities - and bolstered by our approach to the foundational principles of Ethics and Compliance, Human Rights, Diversity, Equity and Inclusion and Privacy and Data Protection. The 2030 Corporate Responsibility Commitment and Goals highlight Baxter's corporate responsibility focus and help to further advance our ESG performance. Our progress against these goals is published annually in our Corporate Responsibility Report which is available on our website under "Our Story-Corporate Responsibility." The Corporate Responsibility Report is not incorporated by reference into this Annual Report on Form 10-K or any other document filed with the SEC.

Government Regulation

Our operations and many of the products manufactured or sold by us are subject to extensive regulation by numerous government agencies, both within and outside the United States. The Food and Drug Administration (FDA) in the United States, the European Medicines Agency (EMA) in Europe, the China Food and Drug Administration (CFDA) in China and other government agencies, inside and outside of the United States, administer requirements covering the testing, safety, effectiveness, manufacturing, labeling, promotion and advertising, distribution and post-market surveillance of our products. We must obtain specific approval from FDA and non-U.S. regulatory authorities before we can market and sell most of our products in a particular country. Even after we obtain regulatory approval to market a product, the product and our manufacturing processes and quality systems are subject to continued review by FDA and other regulatory authorities globally, including additional 510(k) and other regulatory submissions, and approvals or the time needed to secure approvals are not certain. State agencies in the United States also regulate our facilities, operations, employees, products and services within their respective states. We, along with our facilities, are subject to periodic inspections and possible administrative and legal actions by FDA and other regulatory agencies inside and outside the United States. Such actions may include warning letters, product recalls or seizures, monetary sanctions, injunctions to halt the manufacture and distribution of products, civil or criminal sanctions, refusal of a government to grant approvals or licenses, restrictions on operations or withdrawal of existing approvals and licenses. As situations require, we take steps to ensure safety and efficacy of our products, such as removing products found not to meet applicable requirements from the market and improving the effectiveness of quality systems. For more information on compliance actions taken by us, refer to the discussion under the caption entitled "Certain Regulatory Matters" in Item 7 of this Annual Report on Form 10-K.

We are also subject to various laws inside and outside the United States concerning our relationships with healthcare professionals and government officials, price reporting and regulation, the promotion, sales and marketing of our products and services, the importation and exportation of products, the operation of our facilities and distribution of products. In the United States, we are subject to the oversight of FDA, Office of the Inspector General within the Department of Health and Human Services (OIG), the Center for Medicare/Medicaid Services (CMS), the Department of Justice (DOJ), Environmental Protection Agency, Department of Defense and Customs and Border Protection in addition to others. We supply products and services to healthcare providers that are reimbursed by federally funded programs such as Medicare. As a result, our activities are subject to regulation by CMS and enforcement by OIG and DOJ. In each jurisdiction outside the United States, our activities are subject to regulation by government agencies including the EMA in Europe, CFDA in China and other agencies in other jurisdictions. Many of the agencies enforcing these laws have increased their enforcement activities with respect to healthcare companies in recent years. These actions appear to be part of a general trend toward increased enforcement activity globally.

Our operations involve the use of substances regulated under environmental laws, primarily in manufacturing and sterilization processes. Our environmental policies require compliance with all applicable environmental regulations and contemplate, among other things, appropriate capital expenditures for environmental protection. For example, we made $6 million, $33 million and $10 million of capital expenditures in 2022, 2021 and 2020, respectively, related to a new ethylene oxide emissions control system at our Mountain Home, Arkansas facility that was substantially completed in 2022.

Human Capital Management

As of December 31, 2022, we employed approximately 60,000 people globally, with approximately 19,000 employees in the United States and approximately 41,000 employees outside of the United States. Our employees are our most important assets and set the foundation for our ability to achieve our strategic objectives. They contribute to our success and are instrumental in driving operational execution and our ability to deliver strong

VANTIVE US HEALTHCARE LLC

POWER OF ATTORNEY

As contemplated by the resolutions adopted by the Board of Directors of Vantive US Healthcare LLC, a Delaware limited liability corporation ("the Corporation"), effective October 20, 2023 ("Resolutions"), a copy of such Resolutions is attached hereto as Exhibit A, the undersigned Matthew Rice, Assistant Secretary, an Authorized Representative of Vantive US Healthcare LLC, hereby delegates to Keegan Chamberlain, Director of Quality Management and LaToyia Martin, Manager, Quality Compliance, employees of Cardinal Health 200 LLC, the authority to sign for all documents, applications, submissions and other related instruments required for the state pharmacy, wholesale distribution, and manufacturing licenses and legally required permits filed on behalf of Vantive US Healthcare LLC.

This power of attorney shall be effective until December 31, 2024 and is subject to revocation by any officer of Vantive US Healthcare LLC at any time and shall occur automatically when Keegan Chamberlain or LaToyia Martin ceases to be an employee of Cardinal Health 200 LLC.

The undersigned further approves and ratifies any and all actions taken by Keegan Chamberlain and LaToyia Martin prior to this date, solely in connection with the execution of the above-referenced matters.

Effective: October ___, 2023

Vantive US Healthcare LLC

Matthew Rice
Assistant Secretary
Authorized Representative

EXHIBIT A

VANTIVE US HEALTHCARE LLC
MISCELLANEOUS RESOLUTIONS
Adopted October 20, 2023

VANTIVE US HEALTHCARE LLC

WRITTEN CONSENT
OF THE MANAGERS

Effective as of October 20, 2023 ("Effective Date")

THE UNDERSIGNED, being all of the managers (the "Managers") of Vantive US Healthcare LLC, a Delaware limited liability company (the "Company"), do hereby, pursuant to the provisions of Section 18-404 of the Delaware Limited Liability Company Act, approve, adopt, consent to and vote for the following actions and resolutions and each and every action effected thereby:

APPROVAL OF THE FORMATION AND FORMATION ACTIONS

****

MISCELLANEOUS

RESOLVED, that any Manager or officer of the Company, or such other individuals that the Company shall, by power of attorney or otherwise, determine to be necessary, appropriate or advisable (together, the "Authorized Representatives" and each, an "Authorized Representative"), be and each hereby is authorized, empowered and directed, acting jointly with one or more other Authorized Representatives, to do or cause to be done all things and acts, to negotiate, approve, execute, acknowledge, sign, deliver, file and perform or cause to be negotiated, approved, executed, acknowledged, signed, delivered, filed and performed on behalf of the Company any such agreements, instruments or other documents, make all filings, issue powers of attorney, and otherwise take any further action, which in the judgment of the Authorized Representatives are necessary, appropriate or advisable to consummate the foregoing resolutions and perform its obligations thereunder and otherwise to carry out and comply with the intent and purposes of the resolutions herein;

FURTHER RESOLVED, that all of the past acts and transactions of any Authorized Representative (or other representative or agent of the Company), including, but not limited to, preparation, execution, deliveries and filings of agreements, instruments, certificates and other documents in the name of and on behalf of the Company or any of its affiliates, and all fees and expenses (including taxes) incurred or paid by any Authorized Representative (or other representative or agent of the Company) having been deemed necessary, proper or advisable to carry out the intent and effectuate the purposes hereof, prior to the execution of these resolutions, taken in good faith in the name and on behalf of the Company or any of its affiliates pursuant to and consistent with the resolutions contained herein, be and hereby are consented to, adopted, authorized, approved, confirmed and ratified in all respects; and

FURTHER RESOLVED, that these resolutions may be executed in any number of counterparts, each of which when so executed and delivered shall be deemed an original, but all such counterparts

IN WITNESS WHEREOF, the undersigned have duly executed this Written Consent effective as of the Effective Date.

Christopher Toth, Manager

David S. Rosenbloom, Manager

Joel T. Grade, Manager

412992826

(Signature page to Manager Resolutions of Vantive US Healthcare LLC)

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03380	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Acclarent, Inc.

Physical Address: 31 Technology Drive

City: Irvine State: CA Zip: 92618

Mailing Address (if different from physical address): 100 Campus Rd

City: Princeton State: NJ Zip: 08540

Telephone: 609-936-6974 Website: Integralife.com

Name of Designated Representative (DR): Christopher Kilburn-Peterson

Licensing Company Email: eileen.friedeborn@integralife.com DR Email: Christopher.KilburnP@integralife.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others: See Exhibit 1	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: surgery centers, clinics		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Eileen Fredstrom

Original Signature (electronic, copies or stamps not accepted)

12/4/24

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Not Applicable - medical devices only - no pharmaceuticals

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Integra LifeSciences Holdings Corporation - See Exhibit 2

Corporation Name: Acclarent, Inc.

Mailing Address: 1100 Campus Rd

City: Princeton State: NJ Zip: 08540

Telephone: 609-275-0500 Email: eileen.friedeborn@integralife.com

Contact Person Name: Eileen Friedeborn

Date of SEC Registration: 2/14/1996 | SEC Registration Number: CIK:0000917520 | Stock Exchange Symbol: IART

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration See Exhibit 3 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Exhibit 2	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Exhibit 2	✓			
• **List of all corporation shareholders and their percent ownership.** N/A		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. See Exhibit 4	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** No pharmaceuticals	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) Exhibit 5	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** N/A	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** Exh 6	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Acclarent, Inc.
Facility Name

Eileen Friedeborn, Legal Operations Manager
_ Print Name of Authorized Person Submitting Application

Eileen Friedeborn
Original signature of Authorized Person (copies or stamps not accepted)

12/11/24
Date

Board Use Only	Date Received: 12/12/24	Amount: $1000 cc

Exhibit I - Business Description

Acclarent Inc.
31 Technology Drive
Irvine, California 92618

Acclarent, Inc., is a subsidiary of Integra LifeSciences Corporation, a wholly owned subsidiary of Integra LifeSciences Holdings Company, a publicly traded company. Acclarent designs, develops, manufactures, and markets FDA approved Class I and Class II medical devices that are minimally invasive treatments for Ear, Nose and Throat (ENT) conditions including sinusitis and airway stenosis. The Company's novel products include the first AI-Powered ENT Navigation Technology, the TruDi 3D Navigation System, Inspira Air Balloon Dilation and Sinus Illumination System. A list of the medical devices that the Company designs and manufactures is listed below.

The Acclarent products are for prescription use only by a licensed medical professional. The products may be distributed to contracted distributors, hospital and surgical facilities, or sales force employees who directly interact with physicians who use the Acclarent products.

Acclarent holds an FDA Establishment Registration for the ENT technology and instruments it designs and manufactures.

- Acclarent AERA Eustachian Tube Balloon Dilation System
- Acclarent ENT Navigation System
  TruDi Navigation System
- Acclarent Inflation Device
- Acclarent Navwire Sinus Navigation Guidewire
- ACCLARENT PIVOT Balloon Dilation Systems
- Acclarent Relieva SpinPlus Nav Balloon Sinuplasty System
- Acclarent Relieva Ultirra® Nav Sinus Balloon Catheter
- ACCLARENT SE Inflation Device
- Cyclops Multi-Angle Endoscope
- Inspira Air Balloon Dilation System
- Light Guide Cable Adapters
  Relieva Luma Light Guide Cable 2
- Relieva Circa Ethmoid Punch
- Relieva Luma Sentry Sinus Illumination System
- Relieva Sidekick LP
  Relieva Flex Guide Catheter
  Eustachian Tube Guide Catheter
- Relieva Spin Balloon Sinuplasty System
- Relieva SpinPlus Balloon Sinuplasty System
- Relieva Tract Balloon Dilation System
- Relieva Ultirra Sinus Balloon Catheter
- Relieva Vortex 2
- Scout® Multi-Sinus Dilation System
- TruDi NAV Suction
  TruDi NAV Cable
- TruDi Navigation System
- TruDi NAVWIRE
- TruDi Probe
- TruDi Shaver Blade
- TruDi® Curette

Exhibit 2

Acclarent, Inc.
31 Technology Drive
Irvine, CA 92618

Acclarent, Inc., is a corporation of the State of Delaware. Acclarent is a subsidiary of Integra LifeSciences Corporation, a wholly-owned subsidiary of Integra LifeSciences Holding Corporation, a publicly traded company.

Integra LifeSciences Holdings Corporation EIN#51-0317849
Integra LifeSciences Corporation EIN#22-3270030
Acclarent, Inc. EIN# 20-1772549

Integra LifeSciences Corporation key executive management is as follows:

Jan De Witte (Director)
President and Chief Executive Officer
1100 Campus Rd., Princeton, NJ 08540

Lea Daniels Knight (Director)
Executive Vice President & Chief Financial Officer
1100 Campus Rd., Princeton, NJ 08540

Eric Schwartz
Executive Vice President, Chief Legal Officer & Secretary
1100 Campus Rd., Princeton, NJ 08540

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTEGRA LIFESCIENCES CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTEGRA LIFESCIENCES CORPORATION" WAS INCORPORATED ON THE FIRST DAY OF JANUARY, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

2363821 8300

SR# 20251361578

Authentication: 203337605

Date: 04-02-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Acclarent, Inc.
31 Technology Dr, Ste 200
Irvine, CA 92618

LICENSE NUMBER: 123071
EXPIRATION DATE: 5/22/2026

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 5/23/2024

OSP 97 102308

Help (./help/index.html)

DRLM Home (mainMenu.htm) > Change Registration Information for a Facility

✔ Facility

✔ Products Listing

Update Registration Successful

Facility: ACCLARENT, INC., Irvine, California, UNITED STATES

Registration/FEI Number: 3005172759/3005172759

The Owner/Operator Number for this Registration is: 9068915.

Facility Information

Registration Number:
3005172759

Initial Importer:
Y

Facility Name:
ACCLARENT, INC.

Legal Name:

Address:
31 Technology Dr Suite 200
Irvine, California, 92618, UNITED STATES

DUNS Number:
361092450

Foreign Trade Zone:
N

Facility URL:
http://www.acclarent.com

Other Business Trade Name(s):

Establishment located on a campus:

Owner/Operator Information

Owner/Operator Number:
9068915

Contact Name:
Kweku - Biney

Company:
ACCLARENT, INC.

Address:
31 TECHNOLOGY DRIVE, –
Irvine, CALIFORNIA, 92618, UNITED STATES

Telephone:
1 - 804 - 4849713

Fax:
-

E-mail:
FURLS@integralife.com

DUNS Number:

Official Correspondent Information

Contact Name:
Frederick Schwartz

Company:
ACCLARENT, INC.

Address:
31 Technology Dr
Irvine, CALIFORNIA, 92618, UNITED STATES

Telephone:
1 - 949 - 7898543

Fax:
-

E-mail: fschwart@its.jnj.com

DUNS Number:

Device Listings

Listing Number	Premarket Submission Number	Premarket Submission Type	Product Code(s)	Device Name(s)	Activities
D533926	K161701		PGW	Ear, Nose, and Throat Stereotaxic Instrument	Specification Developer
D533927	K173628		PGW	Ear, Nose, and Throat Stereotaxic Instrument	Specification Developer
D533924	K231862		PGW	Ear, Nose, and Throat Stereotaxic Instrument	Specification Developer
D533925	K192397		PGW	Ear, Nose, and Throat Stereotaxic Instrument	Specification Developer
D416787	K201115		PGW	Ear, Nose, and Throat Stereotaxic Instrument	Specification Developer
			LRC	INSTRUMENT, ENT MANUAL, SURGICAL	
			PNZ	Eustachian tube balloon dilation device	
D274396	DEN150056		PNZ	Eustachian tube balloon dilation device	Specification Developer
D140510	K111254		LRC	INSTRUMENT, ENT MANUAL, SURGICAL	Specification Developer
E404652	K052198		LRC	INSTRUMENT, ENT MANUAL, SURGICAL	Specification Developer
D140516	K071845		KAM	CANNULA, SINUS	Specification Developer
D140514		510(k) exempt	KAM	CANNULA, SINUS	Specification Developer
D479559	K221037		PGW	Ear, Nose, and Throat Stereotaxic Instrument	Specification Developer
			ERL	DRILL, SURGICAL, ENT (ELECTRIC OR PNEUMATIC) INCLUDING HANDPIECE	
D279892	K161698		LRC	INSTRUMENT, ENT MANUAL, SURGICAL	Specification Developer
D279891	K161697		PGW	Ear, Nose, and Throat Stereotaxic Instrument	Specification Developer
D204073		510(k) exempt	KAR	IRRIGATOR, SINUS	Specification Developer

D314465	K171687		PGW	Ear, Nose, and Throat Stereotaxic Instrument	Specification Developer
			LRC	INSTRUMENT, ENT, MANUAL, SURGICAL	
D415329	K201174		PGW	Ear, Nose, and Throat Stereotaxic Instrument	Specification Developer
D249141		510(k) exempt	KAX	PUNCH, ETHMOID	Specification Developer
D140786		510(k) exempt	EQH	SOURCE, CARRIER, FIBEROPTIC, LIGHT	Specification Developer
D262060	K153341		LRC	INSTRUMENT, ENT, MANUAL, SURGICAL	Specification Developer
D348164	K183090		QGK	Balloon, nasal airway	Specification Developer
D255664	K143541		LRC	INSTRUMENT, ENT, MANUAL, SURGICAL	Specification Developer
D349233	K190532		PGW	Ear, Nose, and Throat Stereotaxic Instrument	Specification Developer
D140509	K111875		LRC	INSTRUMENT, ENT, MANUAL, SURGICAL	Specification Developer
D140508	K110097		EOB	Nasopharyngoscope (flexible or rigid)	Specification Developer
D079936	K090660		KTI	Bronchoscope accessory	Specification Developer
D355829	K190525		LRC	INSTRUMENT, ENT, MANUAL, SURGICAL	Specification Developer
D404871	K193453		PGW	Ear, Nose, and Throat Stereotaxic Instrument	Specification Developer
D330581	K180948		PGW	Ear, Nose, and Throat Stereotaxic Instrument	Specification Developer
D244203	K150172		LRC	INSTRUMENT, ENT, MANUAL, SURGICAL	Specification Developer

Imported Products and Manufacturers

Manufacturer(s) Name	Address	Product Code	Device Name	Premarket Submission Number
Biosense Webster (Israel), Ltd.	4 Hatnufa Street, Yokneam, Northern, 2066717, ISRAEL	PGW	Ear, Nose, and Throat Stereotaxic Instrument	K161701
Biosense Webster (Israel), Ltd.	4 Hatnufa Street, Yokneam, Northern, 2066717, ISRAEL	PGW	Ear, Nose, and Throat Stereotaxic Instrument	K173628

Biosense Webster (Israel), Ltd.	4 Hatnufa Street, Yokneam, Northern, 2066717, ISRAEL	PGW	Ear, Nose, and Throat Stereotaxic Instrument	K192397

Date of Initial Registration: 2015-12-14 11:51:52.0

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K41969520

Application/License No. _____

ACCLARENT, INC. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 31 Technology Drive Irvine, CA 92618 (Address of Applicant/Principal), as PRINCIPAL, and FEDERAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of IN (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 202B Hall's Mill Road Whitehouse Station, NJ 08889 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 6, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 6th day of December, 20 24.

APPLICANT/PRINCIPAL
ACCLARENT, INC.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
FEDERAL INSURANCE COMPANY

Surety Company's Representative

Richard Casas, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Ann Formhals

Witness Bartlomiej Siepierski

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint; Richard Casas, Corinne Chapman, Samantha Chierici, Jessica B. Dempsey, George F. Douaire V Derek J. Elston, Kristin L Hannigan, Therese M. Jackson, Jennifer L. Jakaitis, Nicholas Kertesz, Judith A. Lucky-Eftimov, Tara A. Maquinto, James B. McTaggart, Robert Nachreiner, Nicholas Pantazis, Roger Paraison, Christina L. Sandoval, Bartlomiej Siepierski, Jean Torres, Christopher P. Troha, Aerie Walton, Susan A. Welsh, Sandra M. Winsted and Dartonya Wright of Chicago, Illinois ----------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **1st** day of **August 2024**.

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **1st** day of **August, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22,2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 6th day of December 2024

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
09/17/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 16th Floor Philadelphia PA 19103 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Integra LifeSciences Holdings Corporation and subsidiaries 1100 Campus Road Princeton NJ 08540 USA	INSURER A: Federal Insurance Company	20281
	INSURER B: Chubb Insurance Company of New Jersey	41386
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570108159916 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			35775837	09/30/2024	09/30/2025	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	Excluded
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
B	X UMBRELLA LIAB X OCCUR			79865252	09/30/2024	09/30/2025	EACH OCCURRENCE	$10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$10,000,000
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A						E.L. EACH ACCIDENT	
	(Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	
A	Products Liability			35797661	09/30/2024	09/30/2025	Occ/Agg Ded Per Occ	$10,000,000 $1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance. The coverage territory for the General Liability and Product Liability (including clinical trials) policies are "worldwide", subject to the policy terms and conditions. The coverage territory for the Umbrella Liability policy will follow the underlying policies, subject to the policy terms and conditions..

CERTIFICATE HOLDER

Integra LifeSciences Holding Corporation
and Subsidiaries
1100 Campus Road
Princeton NJ 08540 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central Inc.

Holder Identifier :

Certificate No : 570108159916

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Acclarent, Inc. MDEG License # (if applicable) _____

Physical Address 31 Technology Drive

City Irvine State CA Zip 92618

Mailing Address (if different from physical address) 1100 Campus Rd

City Princeton State NJ Zip 08540

Telephone 609-275-0500 Website integralife.com

Licensing Company Email eileen.friedeborn@integralife.com

Section 2: Personal Information

First Cesar Middle _____ Last Fuentes-Ortega

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Irvine State CA Z[redacted]

Telephone [redacted] Email cesar.fuentesortega@integralife.com

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
McGill University		09/04 - 04/10	
Address	**City**	**State**	**Zip**
845 Rue Sherbrooke O	Montreal	Quebec/Canada	H3A 0G4
Diploma/Degree obtained, if any			
Bachelors of Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Lockview Highschool		09/00-06/04	
Address	**City**	**State**	**Zip**
148 Lockview Rd	Fall River	Nova Scotia/Canada	B2T 1N9
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/21-Present	[redacted]	Irvine	CA	[redacted]
01/18 - 12/20		Pasadena	CA	
09/16 -12/17		Pasadena	CA	
10/15 - 08/16		Verdun	Quebec/Canad	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Acclarent, Inc.			04/24 - Present	
Business Address		City	State	Zip
31 Technology Drive Suite 200		Irvine	CA	92618
Phone	Title		Number of Employed Hours	
213-268-0166	R&D Manager		2016	
Description of Duties				
Lead and drive development of new balloon device being developped at Acclarent				

Business Name			From - To (MM/YY – MM/YY)	
Acclarent, Inc. formerly owned by Ethicon, Johnson & Johnson's medtech subsidiary			01/21-03/24	
Business Address		City	State	Zip
31 Technology Drive Suite 200		Irvine	CA	92618
Phone	Title		Number of Employed Hours	
213-268-0166	Sr. R&D Manager		6696	
Description of Duties				
Lead and overview new product development of products within the Acclarent Portfolio				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

03/28/25
Date

I, Cesar Fuentes-Ortega, **certify that as the MDEG Administrator for**

Acclarent, Inc.,

that I (initial that you have read and meet the following requirements):

1. CFO Have a high school diploma or its equivalent;
2. CFO Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CFO Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CFO Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cesar Fuentes-Ortega
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/28/25
Date

Board Use Only	Date Received: 4/7/25

Exhibit Acclarent, Inc.

List of Employees As of April 14, 2025

Last Name	First Name	Middle Name	Worker Type
Tran	Hao		Contingent Worker
Roberts	Adam		Contingent Worker
Wale	Nitin		Contingent Worker
GHOSH	Priyadarshini		Contingent Worker
Fang	Itzhak		Contingent Worker
Ruiz	Sheila		Employee
FUENTES-ORTEGA	CESAR		Employee
SALAZAR	HENRY	F	Employee
Chu	Brittanie		Employee
Gonzalez	Alex		Employee
Lucas	Jayachandran		Contingent Worker
Lew	Chris		Contingent Worker
Liu	Hung Hsiu		Contingent Worker
Robertson	Grace		Contingent Worker
Gutierrez	Amy		Contingent Worker
BJ	Mallikarjunachari		Contingent Worker
Motley	Aida		Contingent Worker
Morales	Sebastian		Contingent Worker
Purchase	Emily		Contingent Worker
Ashton	John	Hardy	Employee
Hwang	Sungae	Sara	Employee
Setty	Puja		Employee
Wangsgard	Christian	William	Employee
Basu	Kallol		Employee
Shirazi	Majid		Employee
GIRGIS	MANAL		Employee
AGUADO	JUAN		Employee
Riola	Kathleen		Employee
Thorpe	Jessica		Employee
Li	Luca		Employee
VanBuskirk	Li Ting		Employee
Gusein	George		Employee
Abad	Francis		Employee
Cheng	Andy		Employee
Porras	Jeremy		Employee
French	Dara		Employee
Pak	Dustin		Employee
Reimers	Devin		Employee

Last Name	First Name	Middle Name	Worker Type
Roberts	Andrew		Employee
Yanny	Mina		Employee
Monteabaro	Andrew	W.	Employee
SCHWARTZ	FREDERICK	G	Employee
FERNANDEZ-GONZALEZ	MARIA	C	Employee
Chang	Arthur		Employee
Liang	Qiwen		Employee
Buker	Amanda		Employee
Alanis	Maria Jose		Employee
Motea	Cristina		Employee
Beck	Amenda		Employee
Maki	Colten		Employee
Castagna	Jose		Employee
Luna Guareno	Iris Giselle		Employee

Integra • 1 Van Vleet Road, Princeton, NJ 08540
609-275-0500 • 800-654-2873 (toll free) • 609-275-5363 (fax) • integralife.com

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): **November 4, 2024**

INTEGRA LIFESCIENCES HOLDINGS CORPORATION

(Exact Name of Registrant as Specified in its Charter)

Delaware	**0-26224**	**51-0317849**
(State or Other Jurisdiction of Incorporation or Organization)	(Commission File Number)	(IRS Employer Identification No.)

1100 Campus Road
Princeton, NJ 08540
(Address of principal executive offices) (Zip Code)
Registrant's telephone number, including area code: **(609) 275-0500**

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425).

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12).

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b)).

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c)).

Securities Registered Pursuant to Section12(b) of the Act:

Title of Each Class	**Trading Symbol**	**Name of Exchange on Which Registered**
Common Stock, Par Value $.01 Per Share	IART	Nasdaq Global Select Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 5.02. Departure of Directors or Certain Officers; Election of Directors; Appointment of Certain Officers; Compensatory Arrangements of Certain Officers

Appointment of Mojdeh Poul as President and Chief Executive Officer and Director

On November 4, 2024, Integra LifeSciences Holdings Corporation (the "Company") announced the appointment of Mojdeh Poul to serve as its President and Chief Executive Officer. Ms. Poul is expected to join the Company on January 6, 2025 (the "Effective Date"). In this capacity, Ms. Poul will be the Company's principal executive officer. In connection with her appointment as President and Chief Executive Officer of the Company, the Board of Directors of the Company (the "Board") also appointed Ms. Poul as a director of the Board effective with the commencement of her employment, with her term expiring at the Company's 2025 annual meeting of stockholders. Ms. Poul is not expected to serve on any standing committees of the Board.

Ms. Poul, 61, has over thirty years of experience leading global businesses and operations in large multinational organizations. From April 2019 to June 2022, Ms. Poul served as the Executive Vice President and Group President of 3M Company's Healthcare Business, where she led the global P&L, strategy, manufacturing and commercial operations, and R&D for the $8.6 billion Healthcare Business Group. Prior to that, Ms. Poul held multiple leadership roles at 3M, including Executive Vice President of Safety & Graphics Business Group, President of 3M Canada, and President of two divisions within the 3M Healthcare Business Group. Before joining 3M in April of 2011, Ms. Poul held global business leadership roles of increasing responsibility with leading global medical technology companies, including Medtronic, Boston Scientific, and Teleflex Medical. Ms. Poul has served on the Board of Directors of Stanley Black and Decker since February of 2021, where she is a member of the audit and talent & compensation committees. She has also served on the Board of Directors of iRhythm Technologies, Inc. since June 2023 and Align Technology since December 2023, and is a member of the audit committee for each company. Ms. Poul holds an MBA from University of North Carolina at Chapel Hill as well as a Master of Engineering and B.S. in Mechanical Engineering from University of Louisville.

In connection with Ms. Poul's appointment, the Company entered into an employment agreement (the "Employment Agreement") with Ms. Poul. The Employment Agreement will be effective as of the Effective Date, and the initial term expires on the third anniversary of the Effective Date, unless earlier terminated, and is subject to successive automatic one-year renewal terms unless either party gives timely written notice of termination.

Pursuant to the Employment Agreement, Ms. Poul is entitled to receive an annual base salary of $1,050,000. Ms. Poul will also be eligible for an annual bonus opportunity targeted at 125% of her annual base salary (the "Target Bonus"). Her actual bonus will be based on performance relative to the performance goals established under the annual bonus program by the Compensation Committee of the Board (the "Compensation Committee"). Ms. Poul's base salary is subject to annual review and may be increased in the discretion of the Company. Consistent with Company policies, Ms. Poul, as an employee of the Company, will not be entitled to any compensation for her service as a director on the Board.

Ms. Poul also will receive a one-time grant of restricted stock units with a grant date value of $1,500,000 (the "Initial RSU Award") on or following the Effective Date. The Initial RSU Award will vest in three substantially equal annual installments starting on the first anniversary of the Effective Date, subject to Ms. Poul's continued employment with the Company through the applicable vesting dates. On or following the Effective Date, Ms. Poul will also receive a one-time grant of an option to purchase up to $1,500,000 of shares of the Company's common stock, at an exercise price per share to be equal to the closing price of the Company's common stock as reported by the Nasdaq Global Market on the grant date (the "Initial Option Award") and will vest and become exercisable in four substantially equal annual installments starting on the first anniversary of the Effective Date, subject to Ms. Poul's continued employment with the Company through the applicable vesting dates. In the first quarter of 2025, Ms. Poul shall also receive a performance-based restricted stock unit award with a grant date fair value of $3,000,000 (the "Initial PSU Award," and together with the Initial RSU Award and the Initial Option Award, the "Initial Equity Awards") with such terms and conditions as determined by the Compensation Committee and substantially similar to those applicable to performance-based restricted stock units granted to the Company's senior executives in 2025. Each of the Initial Equity Awards will be granted under, and subject to, the Fifth Amended and Restated Integra LifeSciences Holdings Corporation 2003 Equity Incentive Plan, as amended (the "Plan").

Ms. Poul also will receive, as a one-time employment commencement award distinct from the Initial Equity Awards, (i) a grant of restricted stock units with a grant date value of $750,000 (the "Commencement RSU Award") and (ii) a grant of an option to purchase up to $750,000 of shares of the Company's common stock, at an exercise price per

share to be equal to the closing price of the Company's common stock as reported by the Nasdaq Global Market on the grant date (the "Commencement Option Award"), each of which will be granted under the Plan on or following the Effective Date. The Commencement RSU Award will vest in three substantially equal annual installments starting on the first anniversary of the Effective Date and the Commencement Option Award will vest and become exercisable in four substantially equal annual installments starting on the first anniversary of the Effective Date, in each case subject to Ms. Poul's continued employment with the Company through the applicable vesting dates.

Commencing in 2026, Ms. Poul will be eligible to receive annual equity-based awards, with the amount, form and mix of such award to be determined by the Compensation Committee in its discretion. Under the Employment Agreement, Ms. Poul shall receive a one-time payment of $250,000 to cover relocation expenses and Ms. Poul shall also be eligible to receive reimbursement of: (i) up to $50,000 in temporary housing expenses for up to six months; and (ii) up to $25,000 in legal fees and expenses actually incurred in connection with the drafting, review and negotiation of the Employment Agreement and any related agreements on or prior to the Effective Date.

Under the Employment Agreement, if Ms. Poul's employment is terminated outside the context of a "change in control" by the Company for a reason other than death, disability, or "cause" or by Ms. Poul for "good reason," Ms. Poul will be eligible to receive (i) a severance amount equal to 2.0 times her then-current annual base salary payable over the two-year period following such termination and (ii) a monthly cash payment equal to Ms. Poul's monthly COBRA premium for up to 18 months following such termination.

If, within 24 months following a "change in control" of the Company, Ms. Poul terminates her employment for "good reason," or her employment is terminated by the Company for a reason other than death, disability, or "cause," Ms. Poul will be eligible to receive: (i) a single lump sum severance amount equal to 2.99 times the sum of Ms. Poul's annual base salary and Target Bonus, (ii) a monthly cash payment equal to Ms. Poul's monthly COBRA premium for up to 18 months following such termination, (iii) a single lump sum equal to the pro rata portion of Ms. Poul's annual bonus for the year in which the termination occurs, and (iv) full accelerated vesting of all outstanding equity awards granted to Ms. Poul and, to the extent any outstanding equity award is a Company stock option, such option will remain exercisable until the earlier of the first anniversary of the termination date and the expiration date set forth in the option agreement evidencing such option.

If Ms. Poul's employment is terminated due to her death, then her estate will receive (i) a lump sum cash payment equal to Ms. Poul's annual base salary, and (ii) Company-subsidized healthcare continuation coverage for up to 12 months after her death.

Ms. Poul's right to receive the severance payments and benefits pursuant to the Employment Agreement (other than upon her death) is contingent on Ms. Poul's execution and non-revocation of a general release of claims in favor of the Company. In addition, to the extent that any payment or benefit received in connection with a change in control would be subject to an excise tax under Section 4999 of the Internal Revenue Code, such payments and/or benefits will be subject to a "best pay cap" reduction if such reduction would result in a greater net after-tax benefit to Ms. Poul than receiving the full amount of such payments.

The description of the Employment Agreement does not purport to be complete and is qualified in its entirety by reference to the complete text of the Employment Agreement, which is filed as Exhibit 10.1 to this Current Report on Form 8-K.

In connection with her appointment, Ms. Poul also entered into the Company's standard indemnification agreement (the "Indemnification Agreement"), the form of which is filed as Exhibit 10.1 to the Company's Current Report on Form 8-K filed with the SEC on July 19, 2022. Pursuant to the terms of the Indemnification Agreement, the Company may be required, among other things, to indemnify Ms. Poul for some expenses, including attorneys' fees, judgments, fines and settlement amounts incurred by her in any action or proceeding arising out of her services as an executive officer and director of the Company.

Other than with respect to the compensation matters described above, there are no arrangements or understandings between Ms. Poul and any other persons pursuant to which Ms. Poul was appointed as the Company's President and Chief Executive Officer or as a director of the Company. There also are no family relationships between Ms. Poul and any director or executive officer of the Company and Ms. Poul has no direct or indirect interest in any transaction or proposed transaction required to be disclosed pursuant to Item 404(a) of Regulation S-K.

Departure of Jan De Witte as President and Chief Executive Officer and Director

Ms. Poul will succeed Jan De Witte, who, as previously disclosed, informed the Company on February 27, 2024 of his intention to resign from his position as President and Chief Executive Officer and director of the Company following the completion of a succession process. In connection with the appointment of Ms. Poul, the Company and Mr. De Witte have mutually agreed that Mr. De Witte's resignation as President and Chief Executive Officer and a director of the Company will be effective as of the Effective Date.

As previously disclosed, the Company and Mr. De Witte executed a letter agreement, dated February 27, 2024, in connection with his informing the Company of his intention to resign. Following the appointment of Ms. Poul, and pursuant to the terms of the letter agreement, the Company and Mr. De Witte entered into a consulting agreement which shall be effective as of the Effective Date. The terms and conditions of the consulting agreement are described in the Company's Current Report on Form 8-K filed with the Securities and Exchange Commission (the "SEC") on February 28, 2024 (File No.: 24690037). Such description does not purport to be complete and is qualified in its entirety by reference to the full text of the consulting agreement, which will be filed as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2024.

Mr. De Witte's resignation as President and Chief Executive Officer and director of the Company was not due to any disagreement with the Company on any matter relating to the Company's operations, policies or practices.

Item 7.01 Regulation FD Disclosure

On November 4, 2024, the Company issued a press release announcing certain of the matters described under Item 5.02 of this Current Report on Form 8-K. A copy of this press release is attached as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

Information in this Item 7.01 and Exhibit 99.1 of Item 9.01 below shall not be deemed "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise incorporated by reference into any filing pursuant to the Securities Act of 1933, as amended, or the Exchange Act except as otherwise expressly stated in such a filing.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

10.1 Employment Agreement, dated November 4, 2024, by and between Integra LifeSciences Holdings Corporation and Integra LifeSciences Corporation and Mojdeh Poul

99.1 Press Release, dated November 4, 2024, issued by Integra LifeSciences Holdings Corporation

104 Cover Page Interactive Data File (embedded within the inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

INTEGRA LIFESCIENCES HOLDINGS CORPORATION

Date: November 4, 2024

By: /s/ Eric I. Schwartz
Eric I. Schwartz
Title: Executive Vice President, Chief Legal Officer and Secretary

EMPLOYMENT AGREEMENT

This Employment Agreement (this "**Agreement**"), by and between Integra LifeSciences Holdings Corporation, a Delaware Corporation ("**Holdings**") and Integra LifeSciences Corporation ("**OpCo**" and, together with Holdings, the "**Company**"), and Mojdeh Poul ("**Executive**") is entered into as of November 4, 2024 and shall be effective as of January 6, 2025 (the "**Effective Date**").

Background

The Company desires to employ Executive, and Executive desires to become an employee of the Company, on the terms and conditions contained in this Agreement.

NOW, THEREFORE, in consideration of the premises and the mutual agreements contained herein and intended to be legally bound hereby, the parties hereto agree as follows:

Terms

1. Definitions. The following words and phrases shall have the meanings set forth below for the purposes of this Agreement (unless the context clearly indicates otherwise):

(a) "**Base Salary**" shall have the meaning set forth in Section 5.

(b) "**Board**" shall mean the Board of Directors of Holdings, or any successor thereto.

(c) "**Cause**," as determined by the Board in good faith, shall mean Executive has –

(i) failed to perform her stated duties in all material respects;

(ii) materially breached any material obligation under this Agreement or materially breached any material policy of the Company or any of its subsidiaries (including any code of conduct or harassment policies);

(iii) demonstrated her personal dishonesty in connection with her employment by the Company;

(iv) engaged in fraud or embezzlement from the Company or any of its subsidiaries;

(v) engaged in a breach of fiduciary duty in connection with her employment with the Company;

(vi) engaged in willful misconduct that is materially and demonstrably injurious to the Company or any of its subsidiaries; or

(vii) been convicted or entered a plea of guilty or nolo contendere to a felony or to any other crime involving moral turpitude.

Notwithstanding the foregoing, except with respect to clause (vi), Executive's employment will not be terminated for Cause unless and until (1) the Company provides Executive with written notice setting forth in reasonable detail the facts and circumstances claimed by the Company to constitute Cause, and (2) Executive fails to cure or remedy such acts or omissions within 15 days following her receipt of such notice

(and during such 15-day period Executive has had the opportunity with the assistance of her own legal counsel to appear before the Board to address such matter).

(d) A "**Change in Control**" shall have the meaning set forth in the Plan.

(e) "**Code**" shall mean the Internal Revenue Code of 1986, as amended.

(f) "**Disability**" shall mean Executive's inability to perform her duties hereunder, with or without any reasonable accommodation, by reason of any medically determinable physical or mental impairment which is expected to result in death or which has lasted or is expected to last for a continuous period of not fewer than six months.

(g) "**Good Reason**" shall mean:

(i) a material breach of this Agreement by the Company which is not cured by the Company within 15 days of its receipt of written notice of the breach;

(ii) without Executive's express written consent, and following Executive's Relocation, the relocation by the Company of Executive's office location to a location more than forty (40) miles from Princeton, New Jersey;

(iii) without Executive's express written consent, (i) the Company reduces Executive's Base Salary or Target Bonus opportunity, (ii) materially reduces the aggregate fringe benefits provided to Executive or (iii) substantially alters Executive's authority and/or title as set forth in Section 2 hereof in a manner reasonably construed to constitute a demotion, including, without limitation, the Company ceasing to be a public company or ceasing to be traded on the Nasdaq Global Select Market; or

(iv) without Executive's express written consent, Executive fails at any point during the two-year period following a Change in Control to hold the title and authority (as set forth in Sections 2 and 4(a) hereof) with the Parent Corporation (or if there is no Parent Corporation, the Surviving Corporation) that Executive held with the Company immediately prior to the Change in Control, provided Executive resigns within two years of the Change in Control.

Notwithstanding the foregoing, Executive's employment will not be deemed to have resigned for Good Reason unless (1) Executive provides the Company with written dated notice setting forth in reasonable detail the facts and circumstances claimed by Executive to constitute Good Reason within 60 days after the date of the occurrence of any event that Executive knows or should reasonably have known to constitute Good Reason, (2) the Company fails to cure such acts or omissions within 30 days following its receipt of such notice, and (3) the effective date of Executive's termination for Good Reason occurs no later than 60 days after the expiration of the Company's cure period.

(h) "**Non-Renewal Termination**" shall mean a termination of Executive's employment by reason of a Non-Renewal of the Employment Period by the Company; and, at the time of such Non-Renewal, Executive is willing and able to continue performing services on the terms and conditions set forth herein during the Renewal Term.

(i) "**Plan**" shall mean Holdings' 2003 Equity Incentive Plan, as amended and restated from time to time.

(j) "**Principal Executive Office**" shall mean the Company's principal office for executives, presently located at 1100 Campus Road, Princeton, New Jersey 08540.

(k) "**Restricted Period**" shall mean a period of 24 months following the Termination Date.

(l) "**Termination Date**" shall mean the date of Executive's "separation from service" from the Company (within the meaning of Section 409A(a)(2)(A)(i) of the Code and Treasury Regulation Section 1.409A-1(h)), as specified in the Termination Notice.

(m) "**Termination Notice**" shall mean a written dated notice which: (i) indicates the specific termination provision in this Agreement relied upon (if any); (ii) sets forth in reasonable detail the facts and circumstances claimed to provide a basis for the termination of Executive's employment under such provision (with a period of at least 7 days to cure in the event of a termination by Executive for Good Reason or by the Company for Cause to the extent that the act or omission is capable of cure); (iii) specifies a Termination Date; and (iv) is given in the manner specified in Section 19(k).

2. Employment; Directorship.

(a) Effective as of the Effective Date, Executive shall serve as the President and Chief Executive Officer of Holdings and shall be employed by OpCo, and Executive hereby agrees to accept such employment and agrees to render services to the Company in such capacity (or in such other capacity in the future as the Board may reasonably deem equivalent to such position) on the terms and conditions set forth in this Agreement. Executive shall report to the Board.

(b) In addition, Executive shall be appointed to serve on the Board on the Effective Date and, during the Employment Period, the Company shall cause Executive to be nominated to stand for election to the Board at any meeting of stockholders of Holdings during which any such election is held and Executive's term as director will expire if she is not reelected; provided, however, that (i) the Company shall not be obligated to cause such nomination if any of the events constituting Cause have occurred and not been cured or Executive has issued a Termination Notice and (ii) the stockholders' failure to reelect Executive shall not constitute a termination of Executive's employment by the Company without Cause and shall not constitute an event giving rise to Good Reason.

(c) Following the Relocation (as defined below), Executive's primary place of employment shall be at the Principal Executive Office, subject to any "work from home" policies approved by the Board that apply to Executive.

3. Term of Agreement. Unless earlier terminated by Executive or the Company as provided in Section 14 hereof, the term of Executive's employment as the President and Chief Executive Officer of the Company under this Agreement (the "**Employment Period**") shall commence on the Effective Date and terminate on the third anniversary of the Effective Date (the "**Initial End Date**"); provided, however, that the Employment Period shall automatically renew for successive one-year periods on each anniversary of the Initial End Date (such extension, the "**Renewal Period**"), unless either party provides the other party with written notice in accordance with Section 19(k) below of intent not to renew the Employment Period on terms and conditions at least as favorable as the terms and conditions herein (a "**Non-Renewal**") at least 90 days prior to the end of the then-current Employment Period.

4. **Duties.** Executive shall:

(a) have duties, authority and responsibilities reasonably consistent with her employment hereunder and shall faithfully and diligently do and perform all such acts and duties, and furnish such services as are assigned to Executive as of the Effective Date, and (subject to Section 2) such additional acts, duties and services as the Board may assign in the future; and

(b) devote her full professional time, energy, skill and best efforts to the performance of her duties hereunder, in a manner that will faithfully and diligently further the business and interests of the Company, and shall not be employed by or participate or engage in or in any manner be a part of the management or operations of any business enterprise other than the Company without the prior consent of the Board, which consent may be granted or withheld in its sole discretion; provided, however, that notwithstanding the foregoing, Executive may serve on civic or charitable boards or committees so long as such service does not materially interfere with Executive's obligations pursuant to this Agreement. The Company and Executive agree that Executive may participate on the board of directors of one non-competitive publicly-traded company and any further public or private board service is subject to the prior written approval of the Board.

5. **Annual Compensation.** Executive's base salary rate shall be equal to $1,050,000 per annum. Executive's base salary, as determined in accordance with this Section 5 and as may be increased from time to time, is hereinafter referred to as her "**Base Salary**." Executive's Base Salary shall be payable in periodic installments in accordance with the Company's regular payroll practices in effect from time to time. The Base Salary shall be subject to annual review, but may not be decreased without Executive's express written consent. Any increase in the Base Salary shall be in the sole discretion of the Company.

6. **Annual Bonus Opportunity.**

(a) **Annual Bonus.** Executive shall have the opportunity to receive an annual performance bonus in an amount targeted at 125% of Executive's Base Salary (the "**Target Bonus**"). For the avoidance of doubt, in the event performance objectives with respect to a performance period are achieved at below threshold, no annual bonus will be earned pursuant to this Section 6(a) with respect to such performance period. The actual amount of any such annual bonus that the Company determines to pay to Executive (the "**Annual Bonus**") shall be based upon the satisfaction of performance objectives established and evaluated by the Compensation Committee of the Board (the "**Compensation Committee**") in its sole discretion.

(b) **Time and Form of Payment.** The Compensation Committee shall, in its sole discretion, determine the extent to which the Annual Bonus shall be paid in cash and the extent to which such Annual Bonus shall be paid in the form of one or more equity-based awards (including equity-based awards settled on a deferred basis), provided that any portion of such Annual Bonus that is paid in the form of an equity-based award shall be fully vested as of the date on which such award is granted. The Annual Bonus, if any, will be paid in cash and/or by grant of an equity-based award by March 15 of the year after the applicable performance year, subject to Executive's continued employment through the payment date.

7. **Benefit Plans.** Executive shall be entitled to participate in and receive benefits under any employee benefit plan or stock-based plan of the Company in accordance with their terms, and shall be eligible for any other plans and benefits covering executives of the Company, to the extent commensurate with her then duties and responsibilities fixed by the Board.

8. Equity Compensation.

(a) On or following the Effective Date, Holdings shall grant to Executive a restricted stock unit award covering an aggregate number of shares of Holdings common stock such that the award has an aggregate grant-date fair market value equal to $1,500,000 (the "**RSU Award**"). The RSU Award shall vest in three substantially equal annual installments on the first three anniversaries of the Effective Date, subject to Executive's continued employment through the applicable vesting date. Except as set forth in Section 14(c)(iv), the terms and conditions of the RSU Award shall be governed in all respects by the terms and conditions of the applicable award agreement and the Plan.

(b) On or following the Effective Date, Holdings shall grant to Executive an option to purchase shares of Holdings common stock (the "**Option**"). The aggregate number of shares of Holdings common stock subject to the Option shall be determined such that the aggregate grant-date fair value of the Option shall be $1,500,000, using the same assumptions that Holdings uses in the preparation of its financial statements. The Option shall vest and become exercisable in four substantially equal annual installments on the first four anniversaries of the Effective Date, subject to Executive's continued employment through the applicable vesting date. The Option shall be a nonqualified stock option, shall have an exercise price per share equal to the Fair Market Value (as defined in the Plan) of Holdings' common stock on the applicable grant date, and have a maximum term of eight years from the applicable grant date. Except as set forth in Section 14(c)(iv), the terms and conditions of the Option shall be governed in all respects by the terms and conditions of the applicable award agreement and the Plan.

(c) In the first quarter of calendar year 2025, Holdings shall grant to Executive a performance-based restricted stock unit award covering an aggregate number of Holding's common stock such that the award has an aggregate grant-date fair market value equal to $3,000,000 (the "**PSU Award**"). The terms and conditions of the PSU Award shall be determined by the Compensation Committee and shall be substantially similar to those applicable to the performance-based restricted stock units awards granted to the Company's senior executives in 2025 and, except as set forth in Section 14(c)(iv), shall be governed in all respects by the terms and conditions of the applicable award agreement and the Plan.

(d) On or following the Effective Date, and as a one-time employment commencement award distinct from the awards described above in this Section, Holdings shall grant to Executive a restricted stock unit award covering an aggregate number of shares of Holdings common stock such that the award has an aggregate grant-date fair market value equal to $750,000 (the "**Commencement RSU Award**"). The Commencement RSU Award shall vest in three substantially equal annual installments on the first three anniversaries of the Effective Date, subject to Executive's continued employment through the applicable vesting date. Except as set forth in Section 14(c)(iv), the terms and conditions of the Commencement RSU Award shall be governed in all respects by the terms and conditions of the applicable award agreement and the Plan.

(e) On or following the Effective Date, and as a one-time employment commencement award distinct from the awards described above in this Section, Holdings shall grant to Executive an option to purchase shares of Holdings common stock (the "**Commencement Option**"). The aggregate number of shares of Holdings common stock subject to the Commencement Option shall be determined such that the aggregate grant-date fair value of the Commencement Option shall be $750,000, using the same assumptions that Holdings uses in the preparation of its financial statements. The Commencement Option shall vest and become exercisable in four

substantially equal annual installments on the first four anniversaries of the Effective Date, subject to Executive's continued employment through the applicable vesting date. The Commencement Option shall be a nonqualified stock option, shall have an exercise price per share equal to the Fair Market Value (as defined in the Plan) of Holdings' common stock on the applicable grant date, and have a maximum term of eight years from the applicable grant date. Except as set forth in Section 14(c)(iv), the terms and conditions of the Commencement Option shall be governed in all respects by the terms and conditions of the applicable award agreement and the Plan.

(f) Commencing with calendar year 2026, Executive will be eligible to receive equity-based compensation, as determined by the Board or the Compensation Committee from time to time, under any program(s) maintained by Holdings for its other senior executives.

(g) Each of the RSU Award, Option, PSU Award, Commencement RSU Award and Commencement Option shall be set forth in a separate award agreement to be entered into by Executive and the Company that are substantially similar to the Company's forms of award agreements currently applicable to its senior executives.

(h) The Company agrees that for so long as it is required to file reports under Sections 13 or 15(d) of the Exchange Act, it will maintain in effect a Form S-8 registration statement covering the issuance to Executive of the shares underlying Executive's then outstanding equity-based compensation awards.

9. Vacation. During the Employment Period, Executive shall be entitled to vacation in accordance with the plans, policies, programs and practices of the Company applicable to its senior executives, as in effect from time to time.

10. Business Expenses. The Company shall reimburse Executive or otherwise pay for all reasonable expenses incurred by Executive in furtherance of or in connection with the business of the Company, including, but not limited to, automobile and traveling expenses and all reasonable entertainment expenses, subject to such reasonable documentation, the applicable plans, policies, and practices of the Company applicable to its senior executives, as in effect from time to time, and other limitations as may be established by the Company.

11. Relocation Benefits. The Company expects Executive to relocate her principal place of residence to a location within 45 miles of the Principal Executive Office prior to the six-month anniversary of the Effective Date (such relocation, the "**Relocation**"). In furtherance of the Relocation, the Company shall (i) pay to Executive a one-time bonus of $250,000 (the "**Relocation Bonus**") that is intended to cover Executive's expenses associated with the Relocation, which shall be paid within 30 days following the Effective Date and (ii) reimburse Executive for the cost of temporary housing for up to six months, such cost not to exceed $50,000 in the aggregate. If Executive's employment is terminated by the Company for Cause or by Executive without Good Reason, or if Executive does not comply with the Relocation requirement, in any case, prior to the first anniversary of the Effective Date, then (i) Executive shall be required to repay the Relocation Bonus to the Company within 30 days following the earlier of Executive's termination date and the first anniversary of the Effective Date, and (ii) the Company shall have a right to offset any such reimbursement against any sums it might otherwise owe to Executive in any such event.

12. Legal Fees. The Company shall reimburse Executive for up to $25,000 in legal fees and expenses actually incurred by Executive in connection with the drafting, review and negotiation of this Agreement and any related agreements on or prior to the Effective Date. Subject to Section 19(b) below,

the Company shall reimburse such legal fees and expenses in 2025 following Executive's delivery to the Company of documentation evidencing such expenses.

13. Disability. In the event Executive incurs a Disability, Executive's obligation to perform services under this Agreement will terminate, and the Board may terminate this Agreement upon written notice to Executive.

14. Termination.

(a) **Termination without Salary Continuation.** In the event that (i) Executive terminates her employment hereunder other than for Good Reason, or (ii) Executive's employment is terminated by the Company for Cause, Executive shall have no right to compensation or other benefits pursuant to this Agreement for any period after her last day of active employment.

(b) **Termination without Cause, for Good Reason or due to Non-Renewal (No Change in Control).** Except as provided in Section 14(c) in the event of a Change in Control, and subject to Executive's execution and delivery of a general release attached as Exhibit A hereto (the "**Release**") and the Release becomes irrevocable within 30 days (or, to the extent required by law, 52 days) following the Termination Date, in the event that Executive's employment is terminated by the Company for a reason other than death, Disability or Cause, Executive terminates her employment for Good Reason or Executive's employment terminates by the Company by reason of a Non-Renewal Termination, then, subject to Section 14(e) below:

(i) The Company shall pay Executive a severance amount equal to 2.0 times Executive's Base Salary (determined without regard to any reduction in violation of Section 5) as of her last day of active employment, payable over the two-year period immediately following the Termination Date (the "**Severance Period**"), with such amount to be paid in substantially equal installments in accordance with the Company's regularly-scheduled payroll dates during the Severance Period with the first payment being made on the first normal payroll date following the 60th day following the Termination Date, and the amount otherwise payable prior to such first payroll date shall be paid on such date without interest thereon; and

(ii) The Company shall pay to Executive, for the period ending on the earliest of (A) 18 months following the Termination Date, (B) the date of Executive's full-time employment by another employer, (C) Executive's death, or (D) the first month in which Executive does not pay to the Company the applicable monthly premium for COBRA insurance coverage under the Company's group health plan, a monthly cash payment, payable on the first business day of each month that follows the Termination Date, in an amount equal to Executive's monthly premium cost for "COBRA" family health coverage under the Company's group health plan.

(c) **Termination without Cause, for Good Reason or due to Non-Renewal (Change in Control).** Notwithstanding anything to the contrary set forth in Section 14(b), and subject to Executive's execution and delivery of the Release and the Release becomes irrevocable within 30 days (or, to the extent required by law, 52 days) following the Termination Date, in the event that, within 24 months following a Change in Control, Executive terminates her employment for Good Reason, Executive's employment is terminated by the Company for a reason other than death, Disability or Cause or Executive's employment terminates by the Company by reason of a Non-Renewal Termination, then, subject to Section 14(e) below:

(i) The Company shall pay Executive a severance amount equal to 2.99 times the sum of (a) Executive's Base Salary, and (b) Executive's Target Bonus, each as of her last day of active employment (but disregarding any reduction that gives rise to Good Reason). Any amount payable pursuant to this Section 14(c)(i) shall be paid in a single lump sum cash payment within 60 days following the Termination Date; provided, however that if the Change in Control does not constitute a "change in control event" for purposes of Section 409A of the Code and the regulations promulgated thereunder, any amount payable pursuant to this Section 14(c)(i) instead shall be payable over the three-year period immediately following the Termination Date (the "**CIC Severance Period**"), with such amount to be paid in substantially equal installments in accordance with the Company's regularly-scheduled payroll dates during the CIC Severance Period with the first payment being made on the first normal payroll date following the 60th day following the Termination Date, and amount otherwise payable prior to such first payroll date shall be paid on such date without interest thereon;

(ii) The Company shall pay to Executive, for the period ending on the earliest of (A) 18 months following the Termination Date, (B) the date of Executive's full-time employment by another employer, (C) Executive's death, or (D) the first month in which Executive does not pay to the Company the applicable monthly premium for COBRA insurance coverage under the Company's group health plan, a monthly cash payment, payable on the first business day of each month that follows the Termination Date, in an amount equal to Executive's monthly premium cost for "COBRA" family health coverage under the Company's group health plan;

(iii) The Company shall pay to Executive a pro-rata portion of Executive's Annual Bonus for the fiscal year in which the Termination Date occurs, based on actual results for such year (determined by multiplying the amount of such bonus which would be due for the full fiscal year by a fraction, the numerator of which is the number of days during the fiscal year of termination that Executive is employed by the Company and the denominator of which is the total number of days in such fiscal year), payable in a single lump sum no later than March 15 of the year following the year in which the Termination Date occurs; and

(iv) All outstanding equity awards granted to Executive under any of the Holdings' equity incentive plans (or awards substituted therefor covering the securities of a successor company) shall immediately become vested in full and, to the extent any such award is a stock option, shall, to the extent vested as of the Termination Date (after giving effect to any accelerated vesting that occurs in connection with such termination), remain exercisable until the earlier to occur of (A) the first anniversary of the Termination Date or (B) the stated expiration date set forth in the applicable stock option agreement.

(d) **Termination Notice.** Except in the event of Executive's death, a termination under this Agreement shall be effected by means of a Termination Notice.

(e) **Payment Delay.** Notwithstanding any provision to the contrary herein, no compensation or benefits, including without limitation any severance payments or benefits payable under this Section 14, shall be paid to Executive during the six-month period following Executive's "separation from service" (within the meaning of Section 409A(a)(2)(A)(i) of the Code) to the extent that the Company reasonably determines that paying such amounts at the time or times indicated in this Agreement would be a prohibited distribution under Section 409A(a)(2)(B)(i) of

the Code. Any amounts delayed as a result of the previous sentence shall be paid to Executive in a lump sum within 30 days after the end of such six-month period, and any amounts payable to Executive after the expiration of such six-month period under this Agreement shall continue to be paid to Executive in accordance with the terms of this Agreement. If Executive dies during such six-month period and prior to the payment of the delayed amounts hereunder, such unpaid delayed payments shall be paid to the personal representative of Executive's estate within 30 days after the date of Executive's death. If a portion of the severance pay or benefits is deferred compensation subject to Section 409A of the Code, and the payment thereof is contingent upon execution and nonrevocation of a general release of claims, and the period for considering or revoking the release spans two calendar years, then the portion of the severance pay or benefits that is deferred compensation will be paid or begin to be paid on the first business day of the second calendar year.

(f) **No Mitigation**. Executive shall not be required to mitigate the amount of any payment provided for in this Section 14 by seeking other employment or otherwise.

15. Limitation on Payments.

(a) Notwithstanding any other provision of this Agreement, in the event that any payment or benefit received or to be received by Executive (whether pursuant to the terms of this Agreement or any other plan, arrangement or agreement, including any payment or benefit received in connection with a termination of Executive's employment) (all such payments and benefits, including the payments and benefits under Section 14 hereof, being hereinafter referred to as the "**Total Payments**") would be subject (in whole or part) to the excise tax imposed under Section 4999 of the Code (the "**Excise Tax**"), then, after taking into account any reduction in the Total Payments provided by reason of Section 280G of the Code in such other plan, arrangement or agreement, the Total Payments shall be reduced to the extent necessary so that no portion of the Total Payments is subject to the Excise Tax, but such reduction shall be made only if (i) the net amount of such Total Payments as so reduced (and after subtracting the net amount of federal, state and local income taxes on such reduced Total Payments and after taking into account the phase out of itemized deductions and personal exemptions attributable to such reduced Total Payments), is greater than or equal to (ii) the net amount of such Total Payments without such reduction (but after subtracting the net amount of federal, state and local income taxes on such Total Payments and the amount of Excise Tax to which Executive would be subject in respect of such unreduced Total Payments and after taking into account the phase out of itemized deductions and personal exemptions attributable to such unreduced Total Payments). The Total Payments shall be reduced in the following order: (A) reduction of any cash severance payments otherwise payable to Executive that are exempt from Section 409A of the Code; (B) reduction of any other cash payments or benefits otherwise payable to Executive that are exempt from Section 409A of the Code, but excluding any payments attributable to any acceleration of vesting or payments with respect to any equity award that are exempt from Section 409A of the Code; (C) reduction of any other payments or benefits otherwise payable to Executive on a pro-rated basis or such other manner that complies with Section 409A of the Code, but excluding any payments attributable to any acceleration of vesting and payments with respect to any equity award that are exempt from Section 409A of the Code; and (D) reduction of any payments attributable to any acceleration of vesting or payments with respect to any equity award that are exempt from Section 409A of the Code, in each case beginning with payments that would otherwise be made last in time.

(b) For purposes of determining whether and the extent to which the Total Payments will be subject to the Excise Tax, (i) no portion of the Total Payments the receipt or enjoyment of which

Executive shall have waived at such time and in such manner as not to constitute a "payment" within the meaning of Section 280G(b) of the Code shall be taken into account; (ii) no portion of the Total Payments shall be taken into account which, in the written opinion of independent auditors of nationally recognized standing ("**Independent Advisors**") selected by the Company, does not constitute a "parachute payment" within the meaning of Section 280G(b)(2) of the Code (including by reason of Section 280G(b)(4)(A) of the Code) and, in calculating the Excise Tax, no portion of such Total Payments shall be taken into account which, in the opinion of the Independent Advisors, constitutes reasonable compensation for services actually rendered, within the meaning of Section 280G(b)(4)(B) of the Code, in excess of the Base Amount (as defined in Section 280G(b)(3) of the Code) allocable to such reasonable compensation; and (iii) the value of any non-cash benefit or any deferred payment or benefit included in the Total Payments shall be determined by the Independent Advisors in accordance with the principles of Sections 280G(d)(3) and (4) of the Code.

16. Assignability. The Company may assign this Agreement and its rights and obligations hereunder in whole, but not in part, to any entity to which the Company may transfer all or substantially all of its assets, if in any such case said entity shall expressly in writing assume all obligations of the Company hereunder as fully as if it had been originally made a party hereto. This Agreement shall inure to the benefit of and be binding upon Holdings, OpCo and their respective successors and assigns. This Agreement is personal to Executive, and her rights and duties hereunder shall not be assigned except as expressly agreed to in writing by the Company.

17. Death of Executive. If Executive dies during the term of this Agreement, the Company shall pay Executive's spouse a death benefit equal to one (1) times Executive's Base Salary at the time of her death, which shall be paid to Executive's spouse in a lump sum cash payment within 30 days following the date of Executive's death. In addition, the Company shall pay to Executive's spouse and eligible dependents for the period ending on the earlier of (i) the first anniversary of Executive's death, or (ii) the first month in which Executive's spouse and/or eligible dependents do not pay to the Company the applicable monthly premium for COBRA insurance coverage under the Company's group health plan, a monthly cash payment that is equal to Executive's monthly premium cost for "COBRA" family health coverage under the Company's group health plan. The first monthly cash payment provided for in the immediately preceding sentence shall be paid within 30 days following the date of Executive's death and each monthly payment thereafter shall be paid on the first business day of each month, commencing with the second month that follows the date of Executive's death. Any amounts due to Executive under this Agreement (not including any Base Salary not yet earned by Executive) unpaid as of the date of Executive's death shall be paid in a single sum on the first business day of the second month following Executive's death (or any earlier date as required by applicable law) to Executive's surviving spouse, or if none, to the duly appointed personal representative of her estate.

18. Certain Covenants.

(a) **Nondisparagement.** During and after Executive's employment or other service with the Company, Executive agrees to not, at any time, make, directly or indirectly, any oral or written statements that are disparaging of the Company, the products or services of the Company, or any of the Company's present or former officers, equity holders, directors or employees; *provided that* Executive may confer in confidence with her legal representatives and make demonstrably true statements. During and after Executive's employment or other service with the Company, the Company agrees that the Board members and the Company's officers shall not, at any time, make, directly or indirectly, any oral or written statements that are disparaging of Executive; *provided that* such individuals may confer in confidence with his or her or the Company's legal representatives and make demonstrably true statements.

(b) **Injunctive and Other Relief.**

(i) Executive acknowledges and agrees that the covenants contained herein are fair and reasonable in light of the consideration paid hereunder, and that damages alone shall not be an adequate remedy for any breach by Executive of her covenants contained herein and accordingly expressly agrees that, in addition to any other remedies which Company may have, Company shall be entitled to injunctive relief in any court of competent jurisdiction for any breach or threatened breach of any such covenants by Executive. Nothing contained herein shall prevent or delay Company from seeking, in any court of competent jurisdiction, specific performance or other equitable remedies in the event of any breach or intended breach by Executive of any of its obligations hereunder.

(ii) Notwithstanding the equitable relief available to the Company, Executive, in the event of a breach of her covenants contained in Section 18 hereof, understands and agrees that the uncertainties and delay inherent in the legal process would result in a continuing breach for some period of time, and therefore, continuing injury to the Company until and unless Company can obtain such equitable relief. Therefore, in addition to such equitable relief, Company shall be entitled to monetary damages for any such period of breach until the termination of such breach, in an amount up to the amount of all monies received by Executive as a result of said breach.

(iii) If any provision of Section 18 is determined to be invalid or unenforceable by reason of its duration or scope, such duration or scope, or both, shall be deemed to be reduced to a duration or scope to the extent necessary to render such provision valid and enforceable. In such event, Executive shall negotiate in good faith to provide Company with lawful and enforceable protection that is most nearly equivalent to that found to be invalid or unenforceable.

(c) **Exceptions.** Nothing contained in this Agreement shall prohibit Executive from reporting or communicating with, cooperating with, or providing information (including trade secrets) in confidence to, any federal, state or local government regulator (including, but not limited to, the U.S. Securities and Exchange Commission, the U.S. Commodity Futures Trading Commission, or the U.S. Department of Justice), without notice to the Company, for the purpose of reporting or investigating a suspected violation of law, or from providing such information to Executive's attorney or in a sealed complaint or other document filed in a lawsuit or other governmental proceeding. Pursuant to 18 USC Section 1833(b), (1) Executive will not be held criminally or civilly liable under any federal or state trade secret law for the disclosure of a trade secret that is made: (x) in confidence to a federal, state, or local government official, either directly or indirectly, or to an attorney, and solely for the purpose of reporting or investigating a suspected violation of law; or (y) in a complaint or other document filed in a lawsuit or other proceeding, if such filing is made under seal; and (2) Executive acknowledges that an individual who files a lawsuit for retaliation by an employer for reporting a suspected violation of law may disclose the trade secret to the attorney of the individual and use the trade secret information in the court proceeding, if the individual files any document containing the trade secret under seal and does not disclose the trade secret, except pursuant to court order.

(d) **Company.** For purposes of this Section 18, the term "**Company**" shall mean Integra LifeSciences Holdings Corporation and any corporation, partnership or other entity owned directly or indirectly, in whole or in part, by Integra LifeSciences Holdings Corporation.

(e) **Additional Restrictive Covenants**. As a condition to Executive's employment with the Company and the effectiveness of this Agreement, Executive agrees and acknowledges that (i) Executive shall execute on the Effective Date a restrictive covenant agreement in a form to be provided by the Company and (ii) if the Relocation occurs following the Effective Date, Executive shall execute a new or amended restrictive covenant, in a form to be provided by the Company, following the Relocation.

19. Miscellaneous.

(a) **Amendment.** No provision of this Agreement may be amended unless such amendment is signed by Executive and such officer as may be specifically designated by the Board to sign on the Company's behalf.

(b) **Section 409A.**

(i) This Agreement shall be interpreted to avoid any penalty taxes or interest under Section 409A of the Code. If any payment or benefit cannot be provided or made at the time specified herein without incurring taxes or interest under Section 409A of the Code, then such benefit or payment shall be provided in full at the earliest time thereafter when such taxes or interest will not be imposed. All payments of nonqualified deferred compensation subject to Section 409A of the Code to be made upon a termination of employment under this Agreement may only be made upon a "separation from service" as defined under Section 409A of the Code. For purposes of Section 409A of the Code, each payment made under this Agreement shall be treated as a separate payment. In no event may Executive, directly or indirectly, designate the calendar year of payment.

(ii) To the extent that any payments or reimbursements provided to Executive under this Agreement are deemed to constitute compensation to which Treasury Regulation Section 1.409A-3(i)(1)(iv) would apply, such payments or reimbursements shall be made or provided in accordance with the requirements of Section 409A of the Code, including, where applicable, the requirement that (A) any reimbursement is for expenses incurred during Executive's lifetime (or during a shorter period of time specified in this Agreement), (B) the amount of expenses eligible for reimbursement during a calendar year may not affect the expenses eligible for reimbursement in any other calendar year, (C) the reimbursement of an eligible expense will be made on or before the last day of the calendar year following the year in which the expense is incurred, and (D) the right to reimbursement is not subject to liquidation or exchange for another benefit. If expenses are incurred in connection with litigation, any reimbursements under this Agreement shall be paid not later than the end of the calendar year following the year in which the litigation is resolved.

(c) **Nature of Obligations.** Nothing contained herein shall create or require the Company to create a trust of any kind to fund any benefits which may be payable hereunder, and to the extent that Executive acquires a right to receive benefits from the Company hereunder, such right shall be no greater than the right of any unsecured general creditor of the Company.

(d) **Withholding.** The Company shall have the right to withhold from all payments made pursuant to this Agreement any federal, state, or local taxes and such other amounts as may be required by law to be withheld from such payments.

(e) **Prior Employment.** Executive represents and warrants that her acceptance of employment with the Company has not breached, and the performance of her duties hereunder will not breach, any duty owed by her to any prior employer or other person. Executive further represents and warrants to the Company that (i) the performance of her obligations hereunder will not violate any agreement between her and any other person, firm, organization or other entity, (ii) she is not bound by the terms of any agreement with any previous employer or other party to refrain from competing, directly or indirectly, with the business of such previous employer or other party that would be violated by her entering into this Agreement and/or providing services to the Company pursuant to the terms of this Agreement, and (iii) Executive's performance of her duties under this Agreement will not require her to, and she shall not, rely on in the performance of her duties or disclose to the Company or any other person or entity or induce the Company in any way to use or rely on any trade secret or other confidential or proprietary information or material belonging to any previous employer of Executive.

(f) **Headings.** The Section headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation or this Agreement. In the event of a conflict between a heading and the content of a Section, the content of the Section shall control.

(g) **Recoupment.** To the extent required by applicable law, any applicable securities exchange listing standards or the Company's Incentive Compensation Recovery Policy or Clawback Policy (each, as amended from time to time, or any successor or replacement policy), any amounts paid or payable under this Agreement (including, without limitation, amounts paid prior to the effectiveness of such law or listing standards) shall be subject to forfeiture, repayment or recapture to the extent required by such applicable law, policy or listing standard.

(h) **Gender and Number.** Whenever used in this Agreement, a masculine pronoun is deemed to include the feminine and a neuter pronoun is deemed to include both the masculine and the feminine, unless the context clearly indicates otherwise. The singular form, whenever used herein, shall mean or include the plural form where applicable.

(i) **Severability.** If any provision of this Agreement or the application thereof to any person or circumstance shall be invalid or unenforceable under any applicable law, such event shall not affect or render invalid or unenforceable any other provision of this Agreement and shall not affect the application of any provision to other persons or circumstances.

(j) **Binding Effect.** This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors, permitted assigns, heirs, executors and administrators.

(k) **Notice.** For purposes of this Agreement, notices and all other communications provided for in this Agreement shall be in writing and shall be deemed to have been duly given if hand-delivered, sent by documented overnight delivery service or by certified or registered mail, return receipt requested, postage prepaid, addressed to the respective addresses set forth below:

To the Company:

Integra LifeSciences Holdings Corporation
1100 Campus Road
Princeton, New Jersey 08540
Attn: General Counsel

To Executive: at Executive's most recent address on the records of the Company

(l) **Effectiveness; Entire Agreement.** This Agreement shall become effective as of the Effective Date. As of the Effective Date, this Agreement sets forth the entire understanding of the parties and supersedes all prior agreements, arrangements and communications, whether oral or written, pertaining to the subject matter hereof. This Agreement and the obligations and commitments hereunder shall neither commence nor be of any force or effect prior to the Effective Date.

(m) **Governing Law.** The validity, interpretation, construction and performance of this Agreement shall be governed by the laws of the United States where applicable and otherwise by the laws of the State of New Jersey.

[*Signature page follows*]

IN WITNESS WHEREOF, this Agreement has been executed as of the date first above written.

INTEGRA LIFESCIENCES HOLDINGS CORPORATION

/s/ Stuart Essig
By: Stuart Essig
Title: Executive Chairman of the Board of Directors

INTEGRA LIFESCIENCES CORPORATION

/s/ Eric Schwartz
By: Eric Schwartz
Title: Executive Vice President, Chief Legal Officer and Secretary

EXECUTIVE

/s/ Mojdeh Poul
Mojdeh Poul

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☑ Publicly Traded (subsidiary of publicly traded company) (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Axogen Corporation

Physical Address: 913 Industrial Park Drive

City: Vandalia State: OH Zip: 45377

Mailing Address (if different from physical address): 13631 Progress Blvd., Suite 400

City: Alachua State: FL Zip: 32615

Telephone: (386) 462-6832 Website: www.axogeninc.com

Name of Designated Representative (DR): Michael Hoff

Licensing Company Email: mhoff@axogeninc.com DR Email: mhoff@axogeninc.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☑ Pharmacies	☑ Dangerous Drugs	☑ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Clinics, Surgical Centers		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Axogen, Inc.

Corporation Name: Axogen Corporation

Mailing Address: 13631 Progress Blvd., Suite 400

City: Alachua State: FL Zip: 32615

Telephone: (386) 462-6832 Email: mhoff@axogeninc.com

Contact Person Name: Michael Hoff

Date of SEC Registration: 01/10/2025 | SEC Registration Number: 001-36046 | Stock Exchange Symbol: AXGN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: FL Zip: 32615

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. N/A - Applicant is a wholly-owned subsidiary of a publicly traded company		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. See Attachment D	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A - applicant does not handle CDS	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) See Attachment E	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment F	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment G	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Axogen Corporation

Facility Name

Michael Hoff

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

04 Apr 25

Date

Board Use Only	Date Received: 5/19/25	Amount: $1000-CK 2298

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS DESCRIBED IN 21 CFR 1271.10

FEI: 3023488176

Other FDA Registrations:
Blood:
Devices:
Drugs:

Reason For Last Submission: Annual Registration/Listing
Last Annual Registration Year: 2025
Last Registration Receipt Date: 11/21/2024
Summary Report Print Date: 12/05/2024

Legal Name and Location:

Axogen Corporation
913 Industrial Park Dr.

Vandalia, Ohio 45377
USA
Phone: 386-462-6820 **Ext.:**

Reporting Official:

Elizabeth Grover Director, Tissue Services QA
13631 Progress Blvd. Suite 400
Alachua, Florida 32615
USA
Phone: 386-462-6840 Ext.
ra@axogeninc.com

Satellite Recovery Establishment: No
Parent Manufacturing Establishment FEI No.:
Testing For Micro-Organisms Only: No

Note: FDA acceptance of an establishment registration and HCT/P listing does not constitute a determination that an establishment is in compliance with applicable rules and regulations or that the HCT/P is licensed or approved by FDA (21 CFR 1271.27(b)).

HCT/P(s)	Donor Type(s)	Establishment Functions								Date of Discontinuance	Date of Resumption	Proprietary Name(s)
		Recover	Screen	Donor Testing	Package	Process	Store	Label	Distribute			
Amniotic Membrane												
Blood Vessel												
Bone												
Cardiac Tissue - non-valved												
Cartilage												
Cornea												
Dura Mater												
Embryo												
Fascia												
Heart Valve												
HPC Apheresis												
HPC Cord Blood												
Ligament												
Nerve Tissue					X	X	X	X				Avance
Oocyte												
Ovarian Tissue												
Pancreatic Islet Cells - autologous												
Parathyroid												
Pericardium												
Peripheral Blood Mononuclear Cells												
Peritoneal Membrane												
Sclera												
Semen												
Skin												
Tendon												
Testicular Tissue												
Tooth Pulp												
Umbilical Cord Tissue												

FDA information collection OMB Control number: 0910-0543, expiration date: 08/31/2026

Additional Information: No additional information provided.

Proprietary Name(s):

FEI 3023488176

Legal Name Axogen Corporation

Attachment A

Nature of Business

Axogen Corporation ("Axogen") is a manufacturer of own-labeled prescription products. Axogen will manufacture all products from its Vandalia, OH facility. Axogen will distribute to wholesalers, physicians, pharmacies, hospitals, clinics, and surgical centers nationwide.

Attachment B

Regarding FDA Registration

Axogen Corporation (Axogen) currently holds tissue establishment registration with the FDA. Enclosed please find proof of FDA registration.

A Biologics License Application (BLA) is pending with the FDA for Axogen's Avance Nerve allograft. Upon approval of the BLA (anticipated 2025), the product will be classified as a prescription biologic. Once approved, proof of drug establishment registration and product approval will be provided to your office.

Attachment C

Corporate Officer and Director Information

Axogen Corporation
913 Industrial Park Drive
Vandalia, OH 45377

Corporate Officers:

Michael Dale
Chief Executive Officer

Marc Began
Executive VP & General Counsel

Nir Naor
Chief Financial Officer

Directors:

Michael Dale
Paul G. Thomas
Amy Wendell
William Burke
John H. Johnson
Alan M. Levine
Guido J. Neels
Joseph A. Tyndall, M.D., M.P.H
Kathy Weiler

Attachment D

Delaware Certificate of Good Standing

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AXOGEN CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF MARCH, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AXOGEN CORPORATION" WAS INCORPORATED ON THE THIRTEENTH DAY OF JUNE, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

4173936 8300

SR# 20251046357

Authentication: 203158772

Date: 03-13-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "AXOGEN CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF CONVERSION", FILED THE THIRTEENTH DAY OF JUNE, A.D. 2006, AT 12:21 O`CLOCK P.M.

CERTIFICATE OF INCORPORATION, FILED THE THIRTEENTH DAY OF JUNE, A.D. 2006, AT 12:21 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SECOND DAY OF NOVEMBER, A.D. 2007, AT 3:35 O`CLOCK P.M.

CERTIFICATE OF CORRECTION, FILED THE SEVENTH DAY OF NOVEMBER, A.D. 2007, AT 3:52 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE SEVENTEENTH DAY OF APRIL, A.D. 2008, AT 3:58 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SEVENTH DAY OF JANUARY, A.D. 2010, AT 5:01 O`CLOCK P.M.





4173936 8310

SR# 20240286741

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202703319

Date: 01-30-24

Delaware

The First State

CERTIFICATE OF AMENDMENT, FILED THE ELEVENTH DAY OF JUNE, A.D. 2010, AT 5:21 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE NINETEENTH DAY OF SEPTEMBER, A.D. 2011, AT 6:14 O`CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE THIRTIETH DAY OF SEPTEMBER, A.D. 2011, AT 3:57 O`CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE FIRST DAY OF MARCH, A.D. 2019, AT 9:47 O`CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE EIGHTEENTH DAY OF JUNE, A.D. 2019, AT 5:28 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-SECOND DAY OF JULY, A.D. 2019, AT 6:36 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "AXOGEN CORPORATION".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Jeffrey W. Bullock, Secretary of State

4173936 8310

SR# 20240286741

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202703319

Date: 01-30-24

Delaware

The First State

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AXOGEN CORPORATION" WAS INCORPORATED ON THE THIRTEENTH DAY OF JUNE, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4173936 8310

SR# 20240286741

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202703319

Date: 01-30-24

Board of Pharmacy

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2027.

AXOGEN CORPORATION

Sr. Licensing and Compliance Analyst

913 Industrial Park Dr

Vandalia, OH 45377-3115

License Number: 0270000118

License Type: Terminal - Facility - Category 2

Sub-Category: LA – Laboratory/Research

Expiration Date: March 31, 2027

Responsible Person – Print, sign, and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
JAMES ALEXANDER, MD	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request in eLicense Ohio - elicense.ohio.gov.

Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

Full Name	Job Title	Work Location	Hire/Rehire Date
Randolph, Keia L.	Sr. Manager, Operations	Axogen Processing Center Vandalia	[redacted]
Marriner, William B.	Tissue Services Trainer	Axogen Processing Center Vandalia	
Peck, Kelly J.	Sr. Supervisor, Operations	Axogen Processing Center Vandalia	
Butler, Jonathan L.	Sr. Operations Specialist	Axogen Processing Center Vandalia	
Mabe, Isaac G.	Staff Engineer II, Manufacturing & Processing	Axogen Processing Center Vandalia	
White, Stephanie A.	Processing Technician II	Axogen Processing Center Vandalia	
Getzinger, Joel A.	Supervisor, Quality Assurance	Axogen Processing Center Vandalia	
Moss, Kendra E.	Sr. Operations Specialist	Axogen Processing Center Vandalia	
Hoff, Michael R.	VP, Manufacturing	Axogen Processing Center Vandalia	
Durdel, Megan E.	Staff Engineer I, Manufacturing & Processing	Axogen Processing Center Vandalia	
Santiago, Laura E.	Quality Analyst	Axogen Processing Center Vandalia	
Conner, Ernest	Lead, Processing Technician	Axogen Processing Center Vandalia	
Hoendorf, Madeline A.	Sr. Manager, Operations	Axogen Processing Center Vandalia	
Lacking, Belinda J.	Lead, Processing Technician	Axogen Processing Center Vandalia	
Bernad, Raymond E.	Sr. Operations Specialist	Axogen Processing Center Vandalia	
Hosbrook, Kristina N.	Lead, Processing Technician	Axogen Processing Center Vandalia	
Liles, Elysha M.	Manager, Manufacturing & Processing Engineering	Axogen Processing Center Vandalia	
Randle, Jasmine J.	Manager, Quality Assurance	Axogen Processing Center Vandalia	
Shoemaker, Katherine B.	Staff Engineer I, Manufacturing & Processing	Axogen Processing Center Vandalia	
Dailey, Austin R.	QC Analytical Lab Technician	Axogen Processing Center Vandalia	
Tenorio, Ian M.	Engineer II, Manufacturing & Processing	Axogen Processing Center Vandalia	
McCarthy, Abigail G.	Quality Analyst	Axogen Processing Center Vandalia	
Tawiah, Ernest W.	Supervisor, Quality Assurance	Axogen Processing Center Vandalia	
Rodriguez Pantoja, Maria J.	Lead, Processing Technician	Axogen Processing Center Vandalia	
Dimiduk-Kreger, Jacob B.	Lead, Processing Technician	Axogen Processing Center Vandalia	
Clark, Jamea	Quality Analyst	Axogen Processing Center Vandalia	
Le Seguillon, Angelique J.	Processing Technician II	Axogen Processing Center Vandalia	
Wilson, Molly E.	Processing Technician II	Axogen Processing Center Vandalia	
Jones, Katie J.	Quality Analyst	Axogen Processing Center Vandalia	
Hayes, Frederick A.	Quality Analyst	Axogen Processing Center Vandalia	
Mitchell, Garrett A.	Sr. Human Resource Business Partner	Axogen Processing Center Vandalia	
Briscoe, Tiffany M.	Operations Specialist	Axogen Processing Center Vandalia	
Pounds, Aaliyah D.	Processing Technician II	Axogen Processing Center Vandalia	
Carter, Tierre T.	QC Histology Technician	Axogen Processing Center Vandalia	
Donovan, Jessica L.	Supervisor, Operations	Axogen Processing Center Vandalia	
Fair, Jolene A.	Supervisor, Microbiology Laboratory	Axogen Processing Center Vandalia	
Fehr, Jordan B.	Supervisor, Histology Laboratory	Axogen Processing Center Vandalia	
Brown, Jessica L.	QC Microbiology Technician	Axogen Processing Center Vandalia	
Heckman, Stephen M.	Maintenance Planner	Axogen Processing Center Vandalia	

Jang, Mark K.	Engineer II, Manufacturing & Processing	Axogen Processing Center Vandalia
Walker, Trammelle D.	Lead, Processing Technician	Axogen Processing Center Vandalia
McCurdy, Hannah G.	Engineer II, Manufacturing & Processing	Axogen Processing Center Vandalia
Copeland, Allen M.	Facilities Maintenance Technician II	Axogen Processing Center Vandalia
Smith, Anthony A.	Environmental Health & Safety Specialist	Axogen Processing Center Vandalia
Gage, Jessica	Histologist	Axogen Processing Center Vandalia
Lane, Jerry L.	Sr. Cost Accountant	Axogen Processing Center Vandalia
Boldman, Justin	Lead, Material Control Technician	Axogen Processing Center Vandalia
Cloyd, Ryleigh	QC Microbiology Technician	Axogen Processing Center Vandalia
Smith, Derrick	Supervisor, Operations	Axogen Processing Center Vandalia
Schreier, Curt J.	Manager, Quality Control	Axogen Processing Center Vandalia
Wormuth, Matthew J.	Material Control Technician I	Axogen Processing Center Vandalia
Schroeder, Jordan	Engineer II, Quality Systems	Axogen Processing Center Vandalia
Burgess, Robert	Supervisor, Operations	Axogen Processing Center Vandalia
Pinkerton, Tanner B.	Quality Analyst	Axogen Processing Center Vandalia
Gilbert, Tiffany L.	Lead, Material Control Technician	Axogen Processing Center Vandalia
Harris, Anita	Supervisor, Operations	Axogen Processing Center Vandalia
Mamedova, Emina T.	Processing Technician I	Axogen Processing Center Vandalia
Dangerfield, Leticia M.	Operations Specialist	Axogen Processing Center Vandalia
Shaffer, Riley	Processing Technician II	Axogen Processing Center Vandalia
Moore, Tyler A.	Lead, Processing Technician	Axogen Processing Center Vandalia
Klausing, Kyle J.	Sr. Engineer, Manufacturing & Processing	Axogen Processing Center Vandalia
Alrabh, Ali	Sr. Engineer, Manufacturing & Processing	Axogen Processing Center Vandalia
Krishnan, Aswin	Engineer II, Manufacturing & Processing	Axogen Processing Center Vandalia
Marvin, Jayla R.	Processing Technician I	Axogen Processing Center Vandalia
Sorensen, Miranda R.	Material Control Technician I	Axogen Processing Center Vandalia
Goodwin, Sharita	Processing Technician I	Axogen Processing Center Vandalia
Teakell, Lexi	Processing Technician II	Axogen Processing Center Vandalia
Van Horn, Brad	Facilities Maintenance Technician II	Axogen Processing Center Vandalia
Hayden Jones, Nikeia	Lead, Material Control Technician	Axogen Processing Center Vandalia
Deck, Macey D.	Material Control Technician I	Axogen Processing Center Vandalia
Schlangen, Betty J.	Purchasing Specialist	Axogen Processing Center Vandalia
McNeil, Ryan J.	Material Control Technician I	Axogen Processing Center Vandalia
Crothers, Lori B.	Material Control Technician I	Axogen Processing Center Vandalia
Reeder, Cierra	Material Control Technician I	Axogen Processing Center Vandalia
Kustowski, Veronica	Material Control Technician I	Axogen Processing Center Vandalia
Lukancic, Jessie	Processing Technician I	Axogen Processing Center Vandalia
Taulbee, Joselyn R.	Material Control Technician I	Axogen Processing Center Vandalia
Case, Angela N.	Processing Technician I	Axogen Processing Center Vandalia
Robinson, Keveouna	Processing Technician I	Axogen Processing Center Vandalia

[redacted]

Menard, Gary L.	Sr. Manager, Facilities & Maintenance	Axogen Processing Center Vandalia
Joyce, Priya R.	Processing Technician I	Axogen Processing Center Vandalia
Graves , Samantha C.	Processing Technician I	Axogen Processing Center Vandalia
Combs, Avonelle	Processing Technician I	Axogen Processing Center Vandalia
Stamper, Benjamin T.	Processing Technician I	Axogen Processing Center Vandalia
Moorman, Amanda	Processing Technician I	Axogen Processing Center Vandalia
Caissie, Brandon	Processing Technician I	Axogen Processing Center Vandalia
Hartman, Louie L.	Processing Technician I	Axogen Processing Center Vandalia
Barnes, Danielle N.	Processing Technician I	Axogen Processing Center Vandalia
Toang, Nyamal	Processing Technician I	Axogen Processing Center Vandalia
Davenport, Tiffany	Processing Technician I	Axogen Processing Center Vandalia
Spooner, Chantel	Material Control Technician I	Axogen Processing Center Vandalia
Rucker, Romeo	Material Control Technician I	Axogen Processing Center Vandalia
Ketcham, David	Facilities Maintenance Technician II	Axogen Processing Center Vandalia
Waterman, Paige M.	Engineer II, Manufacturing & Processing	Axogen Processing Center Vandalia
Gapp, Melissa	Processing Technician I	Axogen Processing Center Vandalia
Rikhotso, Hope	Quality Analyst	Axogen Processing Center Vandalia
Norman, Iesha S.	Operations Specialist	Axogen Processing Center Vandalia
Lowry, Nate D.	Engineer II, Quality	Axogen Processing Center Vandalia
Lindsey, Tanesha C.	Operations Specialist	Axogen Processing Center Vandalia
Guerrero, Eric	Engineer I, Quality	Axogen Processing Center Vandalia
Landon, Lauren	Engineer I, Manufacturing & Processing	Axogen Processing Center Vandalia
Halasi, Alex	Engineer I, Manufacturing & Processing	Axogen Processing Center Vandalia
Augustine, Kekule	Operations Specialist	Axogen Processing Center Vandalia
Mularczyk, Zachary	Engineer II, Manufacturing & Processing	Axogen Processing Center Vandalia
Kline, Melissa E.	Director, Quality Assurance	Axogen Processing Center Vandalia
Meeks, Heather	Processing Technician I	Axogen Processing Center Vandalia
Furlow, Jadon D.	Processing Technician I	Axogen Processing Center Vandalia
Wilder, Shaniya	Material Control Technician I	Axogen Processing Center Vandalia
Kingsley, Tonya S.	Material Control Technician I	Axogen Processing Center Vandalia
Gray, Mary	Talent Acquisition Specialist	Axogen Processing Center Vandalia
Ali, Jennifer L.	Sr. Engineer, Quality	Axogen Processing Center Vandalia
Patton Jones, Caleb	Engineer I, Manufacturing & Processing	Axogen Processing Center Vandalia
Hochschwender, Kristine	Sr. Program Manager	Axogen Processing Center Vandalia
Burke, Amanda	Sr. Engineer, Quality	Axogen Processing Center Vandalia
Milliner, L'liana	Material Control Technician I	Axogen Processing Center Vandalia
Bailey, Harold	Supervisor, Operations	Axogen Processing Center Vandalia
Harding, Charles	Facilities Maintenance Technician II	Axogen Processing Center Vandalia

[redacted]

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Form 8-K

Current Report
Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 10, 2025

AXOGEN, INC.

(Exact Name of Registrant as Specified in Charter)

Minnesota (State or Other Jurisdiction of Incorporation or Organization)	**001-36046** (Commission File Number)	**41-1301878** (I.R.S. Employer Identification No.)
13631 Progress Boulevard, Suite 400 Alachua, Florida (Address of principal executive offices)		**32615** (Zip Code)

(386) 462-6800
(Registrant's telephone number, including area code)

N/A
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e- 4(c))

Securities registered pursuant to Section 12(b) of the Act.

Title of each class	Trading Symbol(s)	Name of exchange on which registered
Common Stock, $0.01 par value	AXGN	The Nasdaq Stock Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02 Results of Operations and Financial Condition

On January 10, 2025, Axogen, Inc. (the "Company") issued a press release announcing its preliminary, unaudited fourth quarter and full year 2024 financial performance. A copy of the press release is furnished as Exhibit 99.1.

The information furnished pursuant to Item 2.02 of this Current Report on Form 8-K, including Exhibit 99.1 hereto, shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liability of such section, nor shall it be incorporated by reference into future filings by the Company under the Securities Act of 1933, as amended (the "Securities Act"), or under the Exchange Act, unless the Company expressly sets forth in such future filing that such information is to be considered "filed" or incorporated by reference therein.

Item 7.01 Regulation FD Disclosure.

The information in this Item 7.01, including Exhibit 99.1 , is being furnished and shall not be deemed to be "filed" for purposes of Section 18 of the Exchange Act or otherwise subject to the liabilities of that section and shall not be deemed incorporated by reference into any filing under the Securities Act or Exchange Act, except as shall be expressly set forth by specific reference in such filing.

Item 9.01. Financial Statements and Exhibits

(d) Exhibits. See the Exhibit index below, which is incorporated herein by reference.

Exhibit No.	Description
99.1	Axogen Inc. Press Release dated January 10, 2025, regarding Preliminary 2024 Financial Results
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Exchange Act, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

AXOGEN, INC.

Dated: January 10, 2025

By: /s/ Marc Began

Marc Began

Executive Vice President, General Counsel and Chief Compliance Officer

Axogen Reports Preliminary Unaudited Revenue for Fourth Quarter and Full-Year 2024

ALACHUA and TAMPA, Fla., January 10, 2025 (GLOBE NEWSWIRE) -- Axogen, Inc. (NASDAQ: AXGN), a global leader in developing and marketing innovative surgical solutions for peripheral nerve injuries, today announced preliminary unaudited fourth quarter and full-year 2024 key financials.

Preliminary Fourth Quarter and Year-End Key Business Highlights

- Fourth quarter revenue is expected to be approximately $49.4 million, which represents a 15.1% increase over the fourth quarter of 2023 driven by solid performance across the product portfolio.
- Full-year 2024 revenue is expected to be approximately $187.3 million, which represents a 17.8% increase over the full-year of 2023.
- Our positive performance reflects continued improvements in the execution of our commercial strategies, including a focus on high-potential accounts in Extremities and OMF-Head & Neck applications, adoption of Axogen's complete peripheral nerve surgical algorithm across all procedures, and continued adoption of Resensation® as an expectation for post mastectomy breast reconstruction procedures.
- We expect full year gross margin to be above 75.5%.
- Total balance of cash, cash equivalents and investments on December 31, 2024, is expected to be approximately $39.5 million, representing an increase of approximately $2.5 million over that balance at the end of 2023.

"We are pleased with our fourth-quarter and full-year 2024 performance, which reflects continued improvements in effectiveness and efficiency across the business," said Michael Dale, President and Chief Executive Officer of Axogen. "Looking to the future, on March 4th, 2025, we look forward to hosting an Investor Day at which we will share our strategic priorities for the future and the work we believe will best advance our mission to make peripheral nerve care, standard-of-care for all patients."

The results disclosed in this press release are preliminary and unaudited. The Company expects to report full, audited results for the fourth quarter and year ended December 31, 2024, on or before Investor Day.

About Axogen

Axogen (AXGN) is the leading Company focused specifically on the science, development, and commercialization of technologies for peripheral nerve regeneration and repair. Axogen employees are passionate about helping to restore peripheral nerve function and quality of life to patients with physical damage or transection to peripheral nerves by providing innovative, clinically proven, and economically effective repair solutions for surgeons and health care providers. Peripheral nerves provide the pathways for both motor and sensory signals throughout

the body. Every day, people suffer traumatic injuries or undergo surgical procedures that impact the function of their peripheral nerves. Physical damage to a peripheral nerve, or the inability to properly reconnect peripheral nerves, can result in the loss of muscle or organ function, the loss of sensory feeling, or the initiation of pain.

Axogen's platform for peripheral nerve repair features a comprehensive portfolio of products that are used across two primary application categories: scheduled, non-trauma procedures and emergent trauma procedures. Scheduled procedures are generally characterized as those where a patient is seeking relief from conditions caused by a nerve defect or surgical procedure. These procedures include providing sensation for women seeking breast reconstruction following a mastectomy, nerve reconstruction following the surgical removal of painful neuromas, oral and maxillofacial procedures, and nerve decompression. Emergent procedures are generally characterized as procedures resulting from injuries that initially present in an ER. These procedures are typically referred to and completed by a specialist either immediately or within a few days following the initial injury.

Axogen's product portfolio includes Avance® Nerve Graft, a biologically active off-the-shelf processed human nerve allograft for bridging severed peripheral nerves without the comorbidities associated with a second surgical site; Axoguard Nerve Connector®, a porcine submucosa ECM coaptation aid for tensionless repair of severed peripheral nerves; Axoguard Nerve Protector®, a porcine submucosa ECM product used to wrap and protect damaged peripheral nerves and reinforce the nerve reconstruction while preventing soft tissue attachments; Axoguard HA+ Nerve Protector™, a porcine submucosa ECM base layer coated with a proprietary hyaluronate-alginate gel, a next-generation technology designed to provide short- and long-term protection for peripheral nerve injuries; and Axoguard Nerve Cap®, a porcine submucosa ECM product used to protect a peripheral nerve end and separate the nerve from the surrounding environment to reduce the development of symptomatic or painful neuroma. The Axogen portfolio of products is available in the United States, Canada, Germany, the United Kingdom, Spain, South Korea, and several other countries.

Cautionary Statements Concerning Forward-Looking Statements

This press release contains "forward-looking" statements as defined in the Private Securities Litigation Reform Act of 1995. These statements are based on management's current expectations or predictions of future conditions, events, or results based on various assumptions and management's estimates of trends and economic factors in the markets in which we are active, as well as our business plans. Words such as "expects," "anticipates," "intends," "plan(s)," "believes," "seeks," "estimates," "projects," "forecasts," "continue," "may," "should," "will," "goals," and variations of such words and similar expressions are intended to identify such forward-looking statements. Forward-looking statements include, but are not limited to, statements regarding our preliminary, unaudited fourth quarter and full year 2024 performance, statements related to our mission of making peripheral nerve care, standard of care for all patients, and statements related to our expectations regarding adoption of breast Resensation®, as well as statements under the subheading " Preliminary Fourth Quarter and Year-End Key Business Highlights." Actual results or events could differ materially from those described in any forward-looking statements as a result of various factors, including, without limitation, potential disruptions caused by leadership transitions, global supply chain issues, record inflation, hospital staffing issues, product development, product potential, expected clinical enrollment timing and outcomes, regulatory process and approvals, APC transition timing and expense, financial performance, sales growth, surgeon and product adoption, market awareness of our products, data validation, our visibility at and sponsorship of conferences and educational events, global business disruption caused by

Russia's invasion of Ukraine and related sanctions, geopolitical conflicts in the Middle East, as well as those risk factors described under Part I, Item 1A., "Risk Factors," of our Annual Report on Form 10-K for the most recently ended fiscal year and Part II, Item 1A., "Risk Factors," for our Quarterly Report on Form 10-Q for the most recently ended fiscal quarter. Forward-looking statements are not a guarantee of future performance, and actual results may differ materially from those projected. The forward-looking statements are representative only as of the date they are made and, except as required by applicable law, we assume no responsibility to publicly update or revise any forward-looking statements.

Investor Contact:
Axogen, Inc.
InvestorRelations@axogeninc.com

4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Celcuity Inc.

Physical Address: 16305 36th Avenue North, Suite 100

City: Minneapolis State: MN Zip: 55446

Mailing Address (if different from physical address): 16305 36th Avenue North, Suite 100

City: Minneapolis State: MN Zip: 55446

Telephone: (763) 392-0123 Website: https://www.celcuity.com/

Name of Designated Representative (DR): Brent Eilefson

Licensing Company Email: licensing@celcuity.com DR Email: beilefson@celcuity.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☒ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Distributors, Specialty Pharmacies		☒ Others: 3PL

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed within last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): N/A

Corporation Name: Celcuity Inc.

Mailing Address: 16305 36th Avenue North, Suite 100

City: Minneapolis State: MN Zip: 55446

Telephone: (763) 392-0123 Email: licensing@celcuity.com

Contact Person Name: Brent Eilefson

Date of SEC Registration: 09-19-2017 | SEC Registration Number: 0001603454 | Stock Exchange Symbol: CELC

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Celcuity Inc.
Facility Name

Vicky Hahne
Print Name of Authorized Person Submitting Application

Vicky Hahne
Original signature of Authorized Person (copies or stamps not accepted)

5/14-25
Date

Board Use Only	Date Received: 6/11/25	Amount: $ 1000-ck 3760

From: edrls@fda.hhs.gov
To: Eric Sullivan
Subject: Labeler Code Request Approved
Date: Tuesday, July 23, 2024 6:36:44 PM

CAUTION: EXTERNAL EMAIL
Do NOT click links or open attachments unless you recognize the sender and know the content is safe.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 23-JUL-2024
Labeler DUNS: 078362439
Labeler Name: Celcuity Inc.
Labeler Code Assigned: 84577

Verified MH 6/13/25

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

celcuity

EXPANDING TREATMENT OPTIONS

Company Information

Company Name: Celcuity, Inc.
Address: 16305 36th Avenue North, Suite 100
City, State, Zip: Minneapolis, MN 55446
Phone: (763) 392-0123
Website: https://www.celcuity.com/
E-mail: info@celcuity.com

FEIN: 82-2863566
State of Formation: DE
Date Incorporated: 09/15/2017
File Number: 6544284

Ownership Information

Celcuity, Inc., is a Publicly Traded company on the NASDAQ stock exchange under the symbol CELC.

Officers

Vicky Hahne, Chief Financial Officer
Business Address: 16305 36th Avenue North, Suite 100, Minneapolis, MN 55446
Business Phone: (763) 392-0123

Lance Laing, Chief Science Officer
Business Address: 16305 36th Avenue North, Suite 100, Minneapolis, MN 55446
Business Phone: (763) 392-0123

Brian Sullivan, Chairman and CEO
Business Address: 16305 36th Avenue North, Suite 100, Minneapolis, MN 55446
Business Phone: (763) 392-0123

Brent Eilefson, General Counsel and Chief Compliance Officer
Business Address: 16305 36th Avenue North, Suite 100, Minneapolis, MN 55446
Business Phone: (763) 392-0123

celcuity

EXPANDING TREATMENT OPTIONS

Description of Operations

Celcuity, Inc. is a VirtualManufacturer. Celcuity, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributors and Specialty Pharmacies by their Third-Party Logistics Provider, RxCrossroads , who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following contract manufacturers to produce our product:

LSNE - Madison LLC dba PCI Pharma Services
Address: 5501 Research Park Blvd.
City, State Zip: Madison, WI 53719
FDA Establishment Number: 3011856764

Contact Person: Cathryn Lemkuil
Contact Number: 608-218-5530 ext. 3054

Nutra-Med Packaging LLC
Address: 118 Algonquin Parkway
City, State Zip: Whippany, NJ 07981
FDA Establishment Number: 3002821211

Contact Person: Gabrielle Bravoco
Contact Number: 973-625-2274 ext. 143

LSNE manufactures Celcuity, Inc.'s product and Nutra-Med Packaging, packages finished product. At no time does LSNE or Nutra-Med Packaging own the product, contract with Celcuity, Inc.'s customers, invoice, nor sell a Celcuity, Inc. product. Celcuity, Inc.'s products are not Controlled Substances.

Labeler Code:
84577

celcuity

EXPANDING TREATMENT OPTIONS

Third Party Logistic information:

For distribution into the commercial supply channels, RxCrossroads acts as Celcuity, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Celcuity, Inc.'s product throughout the United States. RxCrossroads's address is:

RxCrossroads
5101 Jeff Commerce Dr., Louisville, KY 40219
Katie Snyder, 502-357-1337

Celcuity, Inc., has 85 employees working on site during normal business hours.

Celcuity, Inc.'s hours of operation are 8:00 am – 5:00pm Monday through Friday.

Celcuity, Inc.'s records are stored at their 3PL, RxCrossroads and electronically shared with Celcuity, Inc.

Celcuity, Inc.'s facility square footage is 16,313.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CELCUITY INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CELCUITY INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

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SR# 20244122171

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Date: 11-04-24

MINNESOTA BOARD OF PHARMACY

PROFILE

NAME	Celcuity Inc.	ADDRESS	16305 36th Ave North Suite 100 Minneapolis, MN 55446

LICENSES

Manufact Active	TYPE	Manufacturer (Virtual)	NUMBER	462597
	ISSUE DATE	04/28/2025	EXPIRE DATE	05/31/2026

PUBLIC ACTIONS

No items to display

This information is valid as of: Friday, June 13, 2025 1:06:53 PM. The licensure data on this website is provided and controlled by the Minnesota Board of Pharmacy. Licensure information is updated as changes to status occur, is secure and considered primary source for verification of a Minnesota license.

State of Minnesota

Minnesota Board of Pharmacy
St. Paul, MN 55102

HAS ISSUED

Manufacturer
License Number 462597

To:

Celcuity Inc.
16305 36th Ave North
Suite 100
Minneapolis, MN 55446

EFFECTIVE DATE
4/28/25

EXPIRATION DATE
5/31/26

celcuity

EXPANDING TREATMENT OPTIONS

Employee List:

Brian Sullivan

Vicky Hahne

Lance Laing

Brent Eilefson

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2023

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number: 001-38207

Celcuity Inc.

(Exact name of registrant as specified in its charter)

Delaware	**82-2863566**
(State or Other Jurisdiction of Incorporation or Organization)	(I.R.S. Employer Identification No.)
16305 36th Avenue North, Suite 100 Minneapolis, MN	**55446**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: (763) 392-0767

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.001 par value per share	CELC	The Nasdaq Stock Market LLC

Securities registered pursuant to Section 12(g) of the Act:

None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. ☐ Yes ☒ No

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. ☐ Yes ☒ No

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. ☒ Yes ☐ No

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). ☒ Yes ☐ No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.:

Large accelerated filer ☐	Accelerated filer ☐
Non-accelerated filer ☒	Smaller reporting company ☒
	Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). ☐ Yes ☒ No

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant, based on $10.98, the closing price of the shares of common stock on June 30, 2023 (the last business day of the registrant's most recently completed second fiscal quarter) as reported by The Nasdaq Capital Market on such date, was approximately $191,274,949.

As of March 20, 2024, there were 30,453,120 shares of the registrant's common stock outstanding.

DOCUMENTS INCORPORATED IN PART BY REFERENCE

Portions of the registrant's definitive proxy statement relating to its 2024 Annual Meeting of Stockholders are incorporated by reference into Part III of this Annual Report on Form 10-K.

2023 Annual Report on Form 10-K

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SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS

The Private Securities Litigation Reform Act of 1995 provides a "safe harbor" for forward-looking statements. This Annual Report on Form 10-K (this "Annual Report") contains forward-looking statements regarding us, our business prospects and our results of operations that are subject to certain risks and uncertainties that could cause our actual business, prospects and results of operations to differ materially from those that may be anticipated by such forward-looking statements. Factors that could cause or contribute to such differences include, but are not limited to, those described in Part I, Item 1A, "Risk Factors" and elsewhere in this Annual Report. Readers are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date of this Annual Report. We expressly disclaim any intent or obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise. Readers are urged to carefully review and consider the various disclosures made by us in this Annual Report and in our other reports filed with the Securities and Exchange Commission (the "SEC") that advise interested parties of the risks and uncertainties that may affect our business.

All statements, other than statements of historical facts, contained in this Annual Report, including statements regarding our plans, objectives and expectations for our business, operations and financial performance and condition, are forward-looking statements. In some cases, you can identify forward-looking statements by the following words: "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "might," "target," "ongoing," "plan," "potential," "predict," "project," "should," "will," "would," or the negative of these terms or other comparable terminology, although not all forward-looking statements contain these words. Forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause our results, performance or achievements to be materially different from the information expressed or implied by the forward-looking statements in this Annual Report. Additionally, our forward-looking statements do not reflect the potential impact of any future acquisitions, mergers, dispositions, joint ventures or investments that we may make. Forward-looking statements may include, among other things, statements relating to:

- our clinical trial plans and the estimated timelines and costs for such trials;
- our plans to develop and commercialize our products, and our expectations about the market opportunity for gedatolisib and our CELsignia tests, and our ability to serve those markets;
- our expectations with respect to our competitive advantages, including the potential efficacy of gedatolisib in various patient types alone or in combination with other treatments;
- our expectations regarding the timeline of patient enrollment and results from clinical trials, including our existing Phase 3 VIKTORIA-1 clinical trial and Phase 1b/2 study and clinical trial for gedatolisib;
- our expectations regarding our ability to obtain FDA approval to commercialize gedatolisib;
- our expectations regarding governmental laws and regulations affecting our operations, including, without limitation, developments in laws and regulations or their interpretation, including, among others, changes in tax laws and regulations internationally and in the U.S. and laws that affect our operations and our laboratory;
- our expectations with respect to the development, validation, required approvals, costs and timelines of gedatolisib and our CELsignia tests;
- our beliefs related to the potential benefits resulting from Breakthrough Therapy designation for gedatolisib;
- our beliefs about our ability to capitalize on the exclusive global development and commercialization rights obtained from our license agreement with Pfizer with respect to gedatolisib;
- our plans with respect to research and development and related expenses for the foreseeable future;
- our beliefs with respect to the potential rate and degree of market acceptance, both in the United States and internationally, and clinical utility of our therapeutics, diagnostic platform and tests;
- our expectations regarding the future payments that may be owed to Pfizer under our license agreement with them;
- our revenue expectations;
- our intended business development activities, including collaborations with pharmaceutical companies;
- our plans with respect to pricing in the United States and internationally, and our ability to obtain reimbursement for both our gedatolisib drug candidate and CELsignia tests, including expectations as to our ability or the amount of time it will take to achieve successful reimbursement from third-party payors, such as commercial insurance companies and health maintenance organizations, and from government insurance programs, such as Medicare and Medicaid;
- our expectations as to the use of proceeds from our recent financing activities;
- our expectations with respect to accessing our current debt facility or any other debt facility or other capital sources in the future;
- our beliefs regarding the adequacy of our cash on hand to fund our research and development expenses, capital expenditures, working capital, sales and marketing expenses, and other general corporate expenses, as well as the increased costs associated with being a public company; and
- our expectations regarding our ability to obtain and maintain intellectual property protection for our product candidates, including our gedatolisib drug candidate and our CELsignia platform and tests.

These statements involve known and unknown risks, uncertainties and other factors that may cause our results or our industry's actual results, levels of activity, performance or achievements to be materially different from the information expressed or implied by these forward-looking statements. Certain risks, uncertainties and other factors include, but are not limited to, our limited operating history; our potential inability to develop, validate and

commercialize gedatolisib on a timely basis or at all; the uncertainties and costs associated with clinical studies and with developing and commercializing biopharmaceuticals; the complexity and difficulty of demonstrating the safety and sufficient magnitude of benefit to support regulatory approval of gedatolisib and other products we may develop; challenges we may face in developing and maintaining relationships with pharmaceutical company partners; the complexity and timeline for development of our CELsignia tests; the uncertainty regarding market acceptance of our products and services by physicians, patients, third-party payors and others in the medical community, uncertainty with respect to the size of market opportunities available to us; uncertainty regarding the pricing of drug products and molecular and other diagnostic products and services that compete or may compete with us; uncertainty with insurance coverage and reimbursement for our products and services; the potential impact of public health matters on our business and clinical study activities; difficulties we may face in managing growth, such as hiring and retaining key personnel; changes in government regulations; costs to comply with evolving regulations; and obtaining and maintaining intellectual property protection for our technology and time and expense associated with defending third-party claims of intellectual property infringement, investigations or litigation threatened or initiated against us. See "Risk Factors" in Part I, Item 1A of this Annual Report for additional risks, uncertainties and other factors applicable to the Company.

SUMMARY OF RISK FACTORS

Below is a summary of the material factors that make an investment in our common stock speculative or risky. This summary does not address all of the risks that we face. Additional discussion of the risks summarized in this risk factor summary, and other risks that we face, can be found in the "Risk Factors" section of Part I, Item 1A of this Annual Report and should be carefully considered, together with other information in this Annual Report and our other filings with the Securities and Exchange Commission before making investment decisions regarding our common stock.

- We have a limited operating history and we may never generate revenue or profit;
- Our inability to raise additional capital on acceptable terms in the future may limit our ability to develop and commercialize our therapeutic (Rx) and companion diagnostic (CDx) strategy;
- Future financing activities could dilute the percentage ownership of our stockholders and could cause our stock price to fall, or could result in operating or other restrictions;
- We are currently conducting and will continue to conduct clinical trials. Clinical trials are expensive and complex with uncertain outcomes, which may prevent or delay commercialization of our products;
- Our near-term revenue prospects depend on the success of our initial drug product, gedatolisib. If we are unable to successfully complete clinical development of, obtain regulatory approval for or commercialize gedatolisib, or if we experience delays in doing so, our business will be materially and adversely impacted;
- The successful development and commercialization of our products is highly uncertain;
- We were not involved in the early development of gedatolisib, so we are dependent on third parties having accurately generated, collected, interpreted and reported data from certain preclinical and clinical trials;
- As an organization, we have never successfully completed any registrational clinical trials, and we may be unable to do so for any drug candidates we may develop;
- For a new drug to be approved for marketing, the FDA in the United States and health authorities in other countries, must determine that the drug is safe and effective. Because all drugs can have adverse effects, the data from our Phase 3 clinical study must demonstrate to the satisfaction of the FDA and other health authorities that the benefits of gedatolisib in combination with palbociclib and fulvestrant, or gedatolisib in combination with fulvestrant, outweigh its risks. Failure to demonstrate sufficient magnitude of benefit, even if the benefit is found to be statistically significant, may not support regulatory approval;
- We must navigate lengthy, uncertain, and expensive regulatory approval processes to be able to market our products in the U.S. and other jurisdictions;
- If we encounter difficulties enrolling patients in any of our clinical trials, our clinical development activities could be delayed or otherwise adversely affected;
- We depend on intellectual property licensed from third parties, including from Pfizer for our lead product candidate, gedatolisib, and termination of this license could result in the loss of significant rights, which would materially and adversely impact our business;
- If we and our business partners are unable to obtain and maintain intellectual property protection for our products and technology, or if the scope of the intellectual property protection obtained is not sufficiently broad, our competitors could develop and commercialize products or technology similar or identical to ours, and our ability to successfully commercialize our technology and diagnostic tests may be impaired;
- If we fail to comply with our obligations under our patent license with Pfizer, we could lose certain license rights that are important to our business;
- We rely on third parties to conduct certain aspects of our preclinical studies and clinical trials and to formulate and manufacture our drug product. If these third parties do not successfully carry out their contractual duties, meet expected deadlines or comply with regulatory requirements, we may not be able to obtain regulatory approval for, or commercialize, any potential product candidates;
- We will be dependent on our ability to attract and retain key personnel;
- We may encounter difficulties in scaling production, commercializing, marketing and distributing our products, including in hiring and retaining a qualified sales force;
- We have not independently verified our estimated market opportunities;
- We face significant competition from other pharmaceutical and diagnostic companies; and
- The price of our common stock may be volatile and fluctuate substantially.

PART I

ITEM 1. Business

Overview

Unless otherwise provided in this Annual Report, references to the "Company," "we," "us," and "our" and similar references refer to Celcuity Inc., a Delaware corporation. We own various unregistered trademarks and service marks, including our corporate logo. Solely for convenience, the trademarks, trade names and service marks in this Annual Report, including those owned by third parties, may be referred to without the ®, ™ or ℠ symbols, but such references should not be construed as any indicator that the owner of such trademarks, trade names and service marks will not assert, to the fullest extent under applicable law, their rights thereto. We do not intend the use or display of other companies' trademarks, trade names and service marks to imply an endorsement or sponsorship of us by any other companies.

We are a clinical-stage biotechnology company focused on the development of targeted therapies for the treatment of multiple solid tumor indications. Our lead therapeutic candidate is gedatolisib, a potent, well-tolerated, small molecule reversible inhibitor, administered intravenously, that selectively targets all Class I isoforms of phosphatidylinositol-3-kinase (PI3K) and the two mechanistic target of rapamycin (mTOR) sub-complexes, mTORC1 and mTORC2. Gedatolisib's mechanism of action and pharmacokinetic properties are highly differentiated from other currently approved and investigational therapies that target PI3K or mTOR alone or together. We believe there is significant potential for gedatolisib to address breast and prostate cancer tumors, and it has the potential to be used in other tumor types where the PAM pathway is either: i) driving tumorigenesis directly; ii) cooperating with other dysregulated signaling pathways; or iii) a mechanism of resistance to other drug therapies.

We obtained exclusive global development and commercialization rights to gedatolisib in April 2021 under a license agreement with Pfizer, Inc. As of December 31, 2023, 492 patients with solid tumors have received gedatolisib in eight completed clinical trials. Gedatolisib's safety, tolerability and pharmacokinetic profile were determined in a Phase 1 First-in-Human study. Of the 492 patients, 129 were treated with gedatolisib as a single agent in three clinical trials. The remaining 363 patients received gedatolisib in combination with other anti-cancer agents in five clinical trials. Additional patients received gedatolisib in combination with other anti-cancer agents in nine investigator sponsored clinical trials.

Our initial clinical development programs for gedatolisib are focusing on the treatment of patients with hormone receptor positive (HR+), human epidermal growth factor receptor 2 negative (HER2-), or HR+/HER2-, advanced or metastatic breast cancer and patients with metastatic castration resistant prostate cancer (mCRPC).

In January 2022, gedatolisib was granted Fast Track designation for the treatment of patients with HR+/HER2- metastatic breast cancer after progression on CDK4/6 therapy. Fast Track designation is granted by the FDA for products that are intended for the treatment of serious or life-threatening disease or conditions and which demonstrate the potential to address an unmet medical need.

In July 2022, gedatolisib was granted Breakthrough Therapy Designation for HR+/HER2- advanced breast cancer after progression on CDK4/6 therapy. Breakthrough Therapy designation is granted by the FDA to expedite the development and regulatory review of an investigational medicine that is intended to treat a serious or life-threatening condition. The criteria for Breakthrough Therapy designation requires preliminary clinical evidence that demonstrates the drug may have substantial improvement on one or more clinically significant endpoints over available therapy.

In December 2022, we dosed the first patient in our Phase 3, open-label, randomized clinical trial, VIKTORIA-1. This trial is evaluating the efficacy and safety of two regimens in adults with HR+/HER2- advanced breast cancer whose disease has progressed after prior CDK4/6 therapy in combination with an aromatase inhibitor: 1) gedatolisib in combination with palbociclib and fulvestrant; and 2) gedatolisib in combination with fulvestrant. Over two hundred clinical sites in North America, Europe, South America, Asia, and Australia are participating in the study.

In February 2024, we dosed our first patient in our Phase 1b/2 clinical trial, CELC-G-201, evaluating gedatolisib in combination with darolutamide in patients with mCRPC.

The PI3K/AKT/mTOR Pathway

Dysregulation of the PI3K/protein kinase B (AKT)/mTOR, or PAM, signaling pathway is observed in many types of cancer, including breast and prostate cancer. The important role the PAM pathway plays in cancer has led to significant investment in the development of many different PI3K and mTOR inhibitors for solid tumors.

Activities associated with PI3K involve complex essential cell regulatory mechanisms including feedforward and feedback signaling loops. Overactivation of the pathway is frequently present in human malignancies and plays a key role in cancer progression. Four catalytic isoforms of Class I PI3K preferentially mediate signal transduction and tumor cell survival based on the type of malignancy and the genetic or epigenetic alterations an individual patient harbors. Due to the multiple subcellular locations, activities, and importance of the different PI3K complexes in regulating many types of cancer cell proliferation, control of PI3K activity is an important target in cancer therapy.

mTOR is a critical effector in cell-signaling pathways commonly dysregulated in human cancers. The mTOR signaling pathway integrates both intracellular and extracellular signals and serves as a central regulator of cell metabolism, growth, proliferation, and survival. mTOR is a serine/threonine protein kinase, a downstream effector of PI3K, and regulated by hormones, growth factors, and nutrients, that are contained in two functionally distinct protein assemblies – mTORC1 and mTORC2. In cancer, dysfunctional signaling leads to various constitutive activities of the mTOR complexes, making mTOR a good therapeutic target.

Developing efficacious and well-tolerated therapies that target this pathway has been challenging. This reflects the inherent adaptability and complexity of the PI3K pathway, where numerous feedforward and feedback loops, crosstalk with other pathways, and compensatory pathways enable resistance to PI3K inhibition. Another major hurdle for the development of PI3K pathway inhibitors has been the inability to achieve optimal drug-target blockade in tumors while avoiding undue toxicities in patients.

Gedatolisib

By targeting multiple nodes of the PAM pathway, gedatolisib can overcome adaptive resistance mechanisms that inhibitors targeting single PI3K/mTOR nodes do not address. As a result, we believe gedatolisib offers distinct advantages over currently approved and investigational therapies that target PI3K or mTOR alone or together.

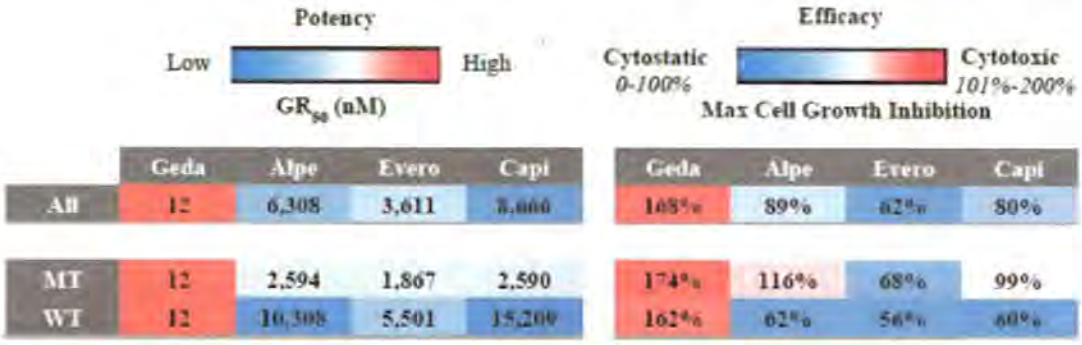
- **Overcomes limitations of therapies that only inhibit a single Class I PI3K isoform or only one mTOR kinase complex.**

  Gedatolisib is a pan-class I isoform PI3K inhibitor with low nanomolar potency for the p110α, p110β, p110γ, and p110δ isoforms. Because gedatolisib inhibits all four PI3K isoforms and both mTOR complexes, it prevents the confounding effect of isoform interaction that may occur with isoform specific PI3K inhibitors and the confounding interaction between PI3K isoforms, AKT, and mTOR. By contrast, node-specific inhibitors cross-activate uninhibited sub-units due to numerous feedforward and feedback loops between the PI3K isoforms, AKT, and mTOR, which in turn induces compensatory resistance that reduces the efficacy of isoform specific PI3K, pan-AKT, or single mTOR kinase complex inhibitors.

  To compare the functional effect of inhibiting single versus multiple PAM pathway nodes, we evaluated gedatolisib, and node-selective inhibitors for PI3Kα (alpelisib), AKT (capivasertib) and mTORC1 (everolimus) in a panel of breast cancer cell lines using a live cell proliferation rate dose response analysis. The results of this analysis are presented in the table below.

Breast Cancer Cell Line Proliferation Rate Dose Response Analysis

Average values for 14 PIK3CA MT and 14 PIK3CA WT breast cancer cell lines



	Geda	Alpe	Evero	Capi	Geda	Alpe	Evero	Capi
All	12	6,308	3,611	8,660	108%	89%	82%	80%
MT	12	2,594	1,867	2,590	174%	116%	68%	99%
WT	12	10,308	5,501	15,209	162%	62%	56%	60%

Note: Growth rate (GR) was assessed using 28 cell lines by measuring live cells reducing potential with Real Time-Glo MT luciferase assay before and after 72-hour drug treatment. GR50 (concentration required to inhibit growth rate by 50%) is a measure of potency. Max cell growth inhibition (GR at highest drug concentration tested) is a measure of efficacy.

Source: Rossetti SABCS 2023

On average, gedatolisib was 300-fold more potent than the single node PAM inhibitors analyzed and only gedatolisib induced a significant cytotoxic effect. In addition, gedatolisib's potency and efficacy was comparable in cell lines with and without PIK3CA mutations, in contrast to the single node PAM inhibitors.

- **Better tolerated by patients than oral PI3K and mTOR drugs.**

Gedatolisib is administered intravenously (IV) on a four-week cycle of three weeks-on, one week-off, in contrast to the orally administered pan-PI3K or dual PI3K/mTOR inhibitors that are no longer being clinically developed. Oral pan-PI3K or PI3K/mTOR inhibitors have repeatably been found to induce significant side effects that were not well tolerated by patients. This typically leads to a high proportion of patients requiring dose reductions or treatment discontinuation, despite showing promising efficacy. By contrast, gedatolisib stabilizes at lower concentration levels in plasma compared to orally administered PI3K inhibitors, resulting in less toxicity, while maintaining concentrations sufficient to inhibit PI3K/mTOR signaling.

Isoform-specific PI3K inhibitors administered orally were developed to reduce toxicities in patients. While the range of toxicities associated with isoform-specific inhibitors is narrower than oral pan-PI3K or PI3K/mTOR inhibitors, administering them orally on a continuous basis still leads to challenging toxicities. The experience with an FDA approved oral p110-α specific inhibitor, Piqray, illustrates the challenge. In its Phase 3 pivotal trial, Piqray was found to induce a Grade 3 or 4 adverse event (AE) related to hyperglycemia in 39% of patients evaluated. In addition, 26% of patients discontinued alpelisib due to treatment related adverse events. By contrast, in the 103-patient dose expansion portion of the Phase 1b clinical trial with gedatolisib, only 7% of patients experienced Grade 3 or 4 hyperglycemia and less than 10% discontinued treatment.

Clinical Development

As of December 31, 2023, 492 patients with solid tumors have received gedatolisib in eight completed clinical trials. Gedatolisib's safety, tolerability and pharmacokinetic profile were determined in a Phase 1 First-in-Human study. Of the 492 patients, 129 were treated with gedatolisib as a single agent in three clinical trials. The remaining 363 patients received gedatolisib in combination with other anti-cancer agents in five clinical trials. Additional patients received gedatolisib in combination with other anti-cancer agents in nine investigator sponsored clinical trials.

Breast Cancer Program

Breast cancer is the most prevalent cancer in women, accounting for 30% of all female cancers and 13% of cancer-related deaths in the United States. The National Cancer Institute estimated that approximately 298,000 new cases of breast cancer would be diagnosed in the United States in 2023, and approximately 43,200 breast cancer patients would die of the disease.

Four different breast cancer subtypes are currently identified using molecular tests that determine the level of HR and HER2 expression. The most common subtype of advanced breast cancer (ABC) is HR+/HER2-. Approximately 70% of all breast cancer tumors express the estrogen receptor (ER), which, upon activation, regulates the expression of various genes involved in tumor proliferation. Despite progress in treatment strategies, metastatic HR+/HER2- breast cancer (MBC) remains an incurable disease, with a median overall survival (OS) of three years and a five-year survival rate of 34%.

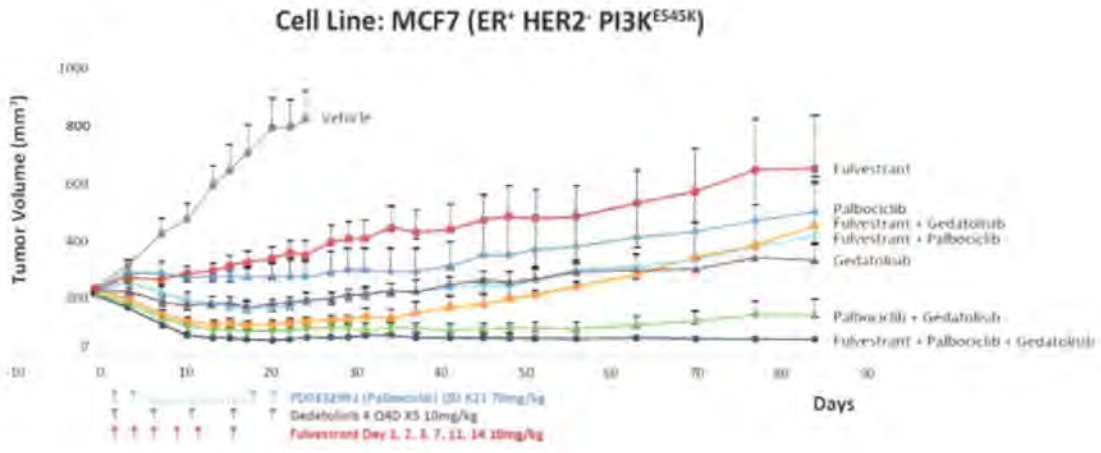
Four different classes of targeted therapies are currently used to treat HR+/HER2- tumors: endocrine-based therapies, CDK4/6 inhibitors, PI3K inhibitors and mTOR inhibitors. Each of the CDK4/6 inhibitors, PI3K inhibitors and mTOR inhibitors are generally used to respond to the related mechanisms of resistance to endocrine therapy, namely, activation of the CDK4/6, PI3K and mTOR pathways.

Over 70% of breast cancers have direct or indirect activation of the PAM pathway. The upregulation of the PAM pathway promotes hormone-dependent and independent ER transcriptional activity, which contributes to endocrine resistance, leading to tumor cell growth, survival, motility, and metabolism. Clinical studies have demonstrated that PI3K and mTOR inhibition can restore sensitivity to estrogen therapy (ET).

Additionally, the PAM pathway, like other mitogenic pathways, can also promote the activities of cyclin D and CDK4/6 to drive proliferative cell cycling. The available evidence indicates that resistance to CDK4/6 inhibition in patients with HR+/HER2- advanced breast cancer is a transient adaptive mechanism, most likely involving the PI3K/mTOR pathway. This data indicates that CDK4/6 signaling is restored in CDK4/6 resistant tumors when PI3K/mTOR inhibitors are applied. Thus, continuing CDK4/6 inhibitor treatment in combination with a PI3K/mTOR inhibitor in patients who progressed on their prior CDK4/6 inhibitor, would both blockade the reactivated CDK4/6 pathway and prevent adaptive activation of the PI3K/mTOR pathway. This suggests the limited efficacy induced by current standard-of-care (SOC) therapies in patients who have progressed on a CDK4/6 therapy reflects the mechanistic inadequacy of relying on partial PI3K/mTOR inhibition (e.g., alpelisib or everolimus) and no CDK4/6 inhibition to address this complex disease mechanism.

We believe the complex connection between the PI3K/mTOR and CDK4/6 pathways can enable gedatolisib to adaptively reactivate CDK4/6 signaling that reportedly occurs in CDK4/6 resistant tumors when the PI3K/mTOR pathway is completely blockaded. By re-activating CDK4/6 signaling, we believe gedatolisib can restore the therapeutic effect of CDK4/6 inhibition when it is combined with a CDK4/6 inhibitor. The contributory effect of a CDK4/6 inhibitor when combined with gedatolisib would thus largely reflect the interaction between the two therapies that gedatolisib initiates.

Evidence of gedatolisib's anti-tumor activity in breast cancer cells was provided in a study evaluating the MCF7 xenograft model (ER+/HER2-/PIK3CA mutant), where the combination of gedatolisib with palbociclib and fulvestrant caused 90% tumor regression with no tumor regrowth observed for more than 60 days after the final dose.



Source: Layman SABCS 2021

Clinical Experience with Gedatolisib in Breast Cancer

The favorability of preliminary results from our most recently completed clinical trial, a Phase 1b study which evaluated 138 patients with HR+/HER2- advanced breast cancer (ABC), led us to focus on our initial clinical development program on advanced breast cancer.

On January 13, 2022, gedatolisib was granted Fast Track designation for the treatment of patients with HR+/HER2- metastatic breast cancer after progression on CDK4/6 therapy. Fast Track designation is granted by the FDA for products that are intended for the treatment of serious or life-threatening disease or conditions and which demonstrate the potential to address an unmet medical need. The designation offers the opportunity for frequent interactions with the FDA to discuss the drug's development plan and to ensure collection of appropriate data needed to support drug approval, as well as eligibility for rolling submission of a New Drug Application.

On July 18, 2022, gedatolisib was granted Breakthrough Therapy Designation for HR+/HER2- advanced breast cancer after progression on CDK4/6 therapy. Breakthrough Therapy designation is granted by the FDA to expedite the development and regulatory review of an investigational medicine that is intended to treat a serious or life-threatening condition. The criteria for Breakthrough Therapy designation require preliminary clinical evidence that demonstrates the drug may have substantial improvement on one or more clinically significant endpoints over available therapy. The benefits of Breakthrough Therapy Designation include more intensive guidance from the FDA on an efficient development program, access to a scientific liaison to help accelerate review time, and potential eligibility for priority review if relevant criteria are met. Celcuity's breakthrough application was supported by data from a Phase 1b study that assessed the safety, tolerability and clinical activity of gedatolisib in combination with palbociclib and fulvestrant in patients with HR+/HER2- advanced breast cancer whose disease progressed during treatment with a CDK4/6 therapy and an aromatase inhibitor.

Phase 1b HR+/HER2- ABC Clinical Trial Results

A Phase 1b dose-finding trial with an expansion portion for safety and efficacy evaluated gedatolisib when added to either the standard doses of palbociclib plus letrozole or palbociclib plus fulvestrant in patients with HR+/HER2- advanced breast cancer. PI3K mutation status was not used as an eligibility criterion. Patient enrollment for the trial is complete.

A total of 138 patients with HR+/HER2- advanced breast cancer were dosed in the clinical trial. Five patients from this study continue to receive study treatment, as of December 31, 2023, each of whom have received study treatment for more than five years.

- 35 patients were enrolled in two dose escalation arms to evaluate the safety and tolerability and determine the maximum tolerable dose (MTD) of gedatolisib when used in combination with the standard doses of palbociclib and endocrine therapies. The MTD was determined to be 180 mg administered intravenously once weekly.

- 103 patients were enrolled in one of four expansion arms (A, B, C, D) to determine if the triplet combination of gedatolisib plus palbociclib and letrozole or gedatolisib plus palbociclib and fulvestrant produced a superior objective response (OR), compared to historical control data of the doublet combination (palbociclib plus endocrine therapy). All patients received gedatolisib in combination with standard doses of palbociclib and endocrine therapy (either letrozole or fulvestrant). In Arms A, B, and C, patients received an intravenous dose of 180 mg of gedatolisib once weekly. In Arm D, patients received an intravenous dose of 180 mg of gedatolisib on a four-week cycle of three weeks-on, one week-off. Objective response was determined using Response Evaluation Criteria in Solid Tumors v1.0, or RECIST v1.0.

    - **Arm A**: ABC with progression and no prior endocrine-based systemic therapy or a CDK4/6 inhibitor in the metastatic setting. First-line endocrine-based therapy for advanced disease (CDK4/6 treatment naive).

    - **Arm B**: ABC with progression during one or two prior endocrine-based systemic therapy in the advanced setting, with no prior therapy with any CDK inhibitor. Second- or third-line endocrine-based therapy for metastatic disease.

    - **Arm C**: ABC with progression during one or two prior endocrine-based systemic therapies in the advanced setting and following prior therapy with a CDK inhibitor. Second- or third-line endocrine-based therapy for advanced disease.

    - **Arm D**: ABC with progression during one or two prior endocrine-based systemic therapies in the advanced setting and following prior therapy with a CDK inhibitor. Second- or third-line endocrine-based therapy for advanced disease.

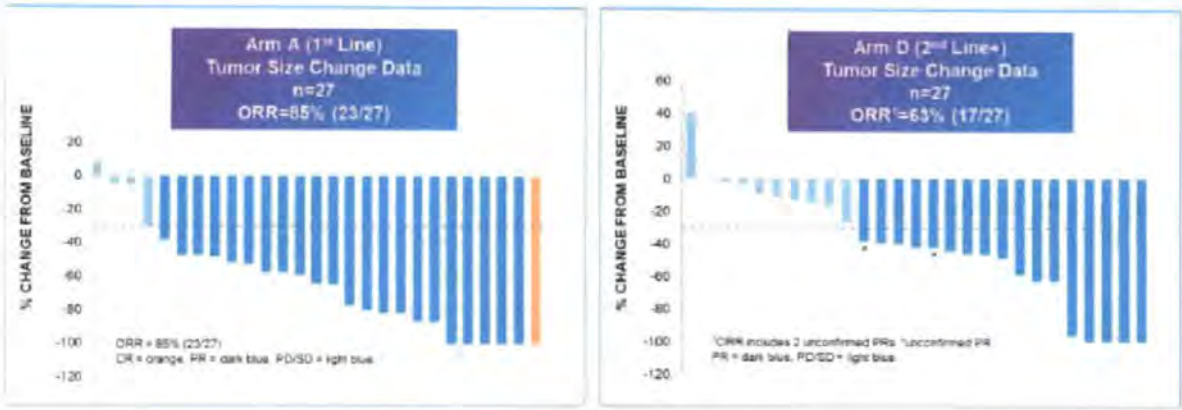
Analysis for the 103 patients enrolled in the expansion portion of the Phase 1b clinical trial showed:

- Efficacy analysis for all arms in aggregate amongst patients with evaluable tumors:

    - 64% objective response rate (ORR)

    - 92% clinical benefit rate (CBR)

- Best responses, as measured by RECIST v1.0, are shown in the following chart for Arm A (1st line patients) and Arm D (2nd/3rd line patients who received Phase 3 dosing regimen). The dotted line represents the cutoff for partial response (PR), defined as a 30% reduction from the baseline tumor assessment.



Source: Layman SABCS 2021

- Safety analysis:
  - For all arms in aggregate, all patients experienced at least one Grade 1 or Grade 2 treatment-emergent adverse event. The Grade 3 and 4 treatment-emergent adverse events occurring in at least 20% of patients were neutropenia (63%), stomatitis (27%) and rash (20%). Neutropenia is a known class effect of CDK4/6 inhibitors. Stomatitis was reversible in most patients with a steroidal mouth rinse. All grades of treatment-related adverse events related to hyperglycemia were reported in 22% of patients; Grade 3 or 4 hyperglycemia was reported in 7% of patients. Gedatolisib was discontinued in less than 10% of patients.
  - For the patients in Arm D, who received the Phase 3 dosing schedule, Grade 3 and 4 treatment-emergent adverse events occurring in at least 20% of patients were neutropenia (67%), leukopenia (22%), and stomatitis (22%). All grades of treatment-related adverse events related to hyperglycemia were reported in 26% of patients; Grade 3 or 4 hyperglycemia was reported in 7% of patients. Gedatolisib was discontinued in 4% of patients.
- Best overall response data for each arm is presented in the table below:

Total Expansion Arms (N=103)

	Arm A		Arm B		Arm C		Arm D	
Prior Therapy	1L CDKi-naive		2L+ CDKi-naive		2L/3L CDKi-pretreated		2L/3L CDKi-pretreated	
n (Full, response evaluable)	31, 27		13,13		32, 28		27, 27	
Study Treatment	P + L + G		P + F + G		P + F + G		P + F + G	
Gedatolisib schedule	weekly		weekly		weekly		3 wks on/1 wk off	
ORR[1] (evaluable)	85%		77%		36%		63%	
mPFS [2], mos (range)	48.4 (16.9, NR)		12.9 (7.6, 38.3)		5.1 (3.3, 7.5)		12.9 (7.4, 16.7)	
PFS % at 12 mos [2]	72.1%		54.5%		23.6%		53.2%	
	WT	**MT**	**WT**	**MT**	**WT**	**MT**	**WT**	**MT**
PIK3CA status	81%	16%	69%	31%	75%	25%	56%	41%
ORR (evaluable)	81%	100%	78%	75%	25%	63%	60%	73%
PFS at 12 months	74%	60%	50%	67%	22%	29%	49%	60%

(1) ORR represents PR, except in Arm A, which had 1 CR = Complete response. Responses per RECIST 1.1; (2) Includes 2 unconfirmed PR
Abbreviations: 1L= first line, 2L= second line; mos= months; NR = not reached; ORR, objective response rate; PFS, progression free survival

Source: Wesolowski 2022 SABCS

Phase 3 HR+/HER2- ABC Clinical Trial (VIKTORIA-1)

In 2022, we initiated VIKTORIA-1, a Phase 3, open-label, randomized clinical trial to evaluate the efficacy and safety of gedatolisib in combination with fulvestrant with or without palbociclib in adults with HR+/HER2- advanced breast cancer whose disease has progressed after prior CDK4/6 therapy in combination with an aromatase inhibitor. This multi-center, international trial is expected to enroll approximately 701 total subjects at more than 200 clinical sites across North America, Europe, Latin America, and Asia. The first patient was dosed in December 2022.

The clinical trial will enable separate evaluation of subjects according to their *PIK3CA* status.

- Subjects who meet eligibility criteria and do not have confirmed *PIK3CA* mutations (WT) will be randomly assigned (1:1:1) to receive a regimen of either gedatolisib, palbociclib, and fulvestrant (Arm A), gedatolisib and fulvestrant (Arm B), or fulvestrant (Arm C). Up to 351 subjects who are PIK3CA WT will be enrolled.

- Subjects who meet eligibility criteria and have *PIK3CA* mutations (MT) will be randomly assigned (3:3:1) to receive a regimen of either gedatolisib, palbociclib, and fulvestrant (Arm D), alpelisib and fulvestrant (Arm E), or gedatolisib and fulvestrant (Arm F). Up to 350 subjects who are PIK3CA MT will be enrolled.

The clinical trial primary endpoints are progression free survival (PFS), per RECIST 1.1 criteria, as assessed by blinded independent central review (BICR). Two primary endpoints will be evaluated in subjects who are PI3KCA WT, and one primary endpoint will be evaluated in subjects who are PI3KCA MT. In subjects who are PI3KCA WT, the PFS of gedatolisib in combination with palbociclib and fulvestrant (Arm A) will be compared to fulvestrant monotherapy (Arm C), and the PFS in gedatolisib in combination with fulvestrant (Arm B) will be compared to fulvestrant monotherapy (Arm C). In subjects who are PI3KCA MT, the PFS of gedatolisib in combination with palbociclib and fulvestrant (Arm D) will be compared to alpelisib combined with fulvestrant (Arm E).

All subjects will receive treatment according to the assigned study arm until objective progressive disease, unacceptable toxicity, death, or withdrawal of consent, whichever occurs first. Subjects in Arm C will have the option to receive the treatment regimen provided in Arm A or Arm B upon radiographically confirmed disease progression. Subjects will be followed for AEs, safety laboratory testing, tumour assessment by RECIST v1.1, quality of life, and overall survival.

Prostate Cancer Program

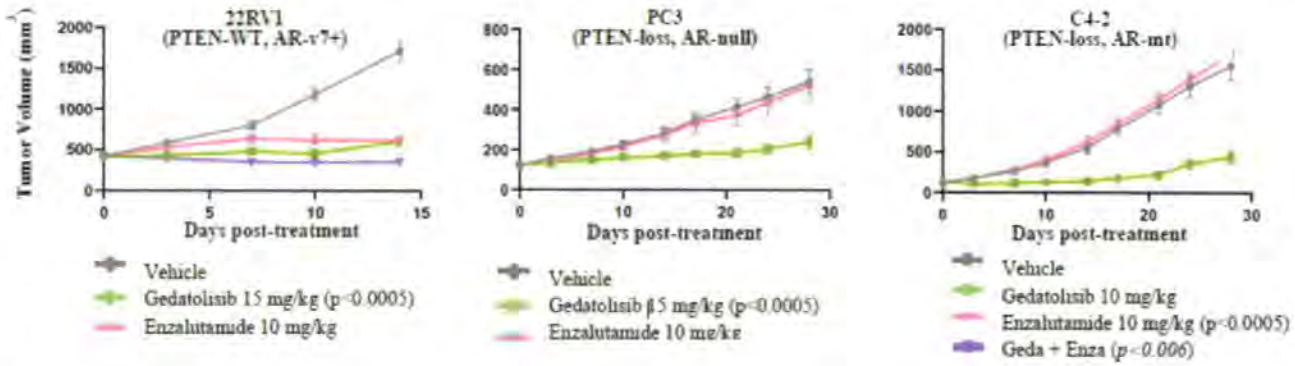
In the United States, prostate cancer is the second leading cause of cancer death in men. Current estimates predict that one in eight men will be diagnosed with prostate cancer in his lifetime. The American Cancer Society estimates that in 2024 there will be over 299,000 new cases of prostate cancer in the United States and approximately 35,250 deaths from the disease. Although the majority of patients are diagnosed with localized prostate cancer, about 6% of patients present with metastatic disease with a 5-year survival rate of 29%. Androgen deprivation therapy (ADT) via medical or surgical castration has been the mainstay treatment for metastatic prostate cancer. However, prostate cancer cells develop resistance to ADT and progress to castration resistance, leading to poor prognosis and a median overall survival of about 3 to 5 years.

Men with mCRPC have a poor prognosis and a predicted survival rate of fewer than two years from the initial time of progression. Treatment options for prostate cancer depend on many different factors, including the stage of the cancer. Castration-resistant prostate cancer is defined by disease progression despite androgen deprivation therapy, or ADT, and is often indicated by rising levels of PSA. Current standard of care for men with castration-resistant prostate cancer provides that patients should initially receive a combination of ADT and either abiraterone, which works by decreasing androgen levels, or enzalutamide, which works by blocking androgen binding to AR. If the disease progresses despite these second-generation hormonal therapies, chemotherapy is considered the next treatment option. Treatment with chemotherapy is generally postponed for as long as possible due to the potential for severe side effects including neuropathies, nausea, diarrhea, decreased mental capacity and increased risk of infections.

Preclinical studies have demonstrated a potential association between the PAM pathway and androgen receptor (AR) signaling in prostate cancer cells developing resistance to ADT. In these studies, the AR and PAM pathways were shown to cross-regulate each other. This is similar to the relationship demonstrated in breast cancer with the estrogen receptor pathway and the PAM pathway. Additionally, 70% - 100% of mCRPC tumors have PAM related pathway alterations.

Several clinical studies have shown promising results by inhibiting the PAM pathway in combination with an AR inhibitor. In separate Phase 2 and Phase 3 trials, the AKT inhibitor, ipatasertib, showed improvement in radiographic PFS (rPFS) in patients with mCRPC and tumors with phosphatase and tensin homolog (PTEN) loss when ipatasertib was combined with the AR inhibitor, abiraterone, versus abiraterone alone. In a Phase 2 trial, the pan-PI3K inhibitor, samotolisib, reported median rPFS of 10.2 when combined with enzalutamide versus 5.5 months for enzalutamide alone.

Evidence of gedatolisib's in vivo activity in prostate cancer was provided in a study evaluating the 22RV-1, PC3, and C4-2 prostate cancer xenograft models. As seen in the figures below, gedatolisib induced greater than 80% tumor growth inhibition, regardless of the xenograft model's sensitivity to the AR inhibitor, enzalutamide and the cell lines' PTEN or AR status. In addition, gedatolisib combined with enzalutamide induced significantly greater tumor growth inhibition than enzalutamide alone in the enzalutamide sensitive model (C4-2).



Source: Sen, ASCO-GU, 2023

Phase 1b/2 mCRPC Clinical Trial (CELC-G-201)

We received approval from the US FDA in mid-2023 to proceed with the clinical development of gedatolisib in combination with Nubeqa® (darolutamide), an approved androgen receptor inhibitor, for the treatment of patients with mCRPC. We have since initiated a Phase 1b/2 study (CELC-G-201) that will enroll up to 54 participants with mCRPC who progressed after treatment with an androgen receptor inhibitor. We dosed our first patient in this trial in February 2024.

In the Phase 1b portion of the study, Celcuity expects that 36 participants will be randomly assigned to receive 600 mg darolutamide combined with either 120 mg gedatolisib in Arm 1 or 180 mg gedatolisib in Arm 2. An additional 12 participants will then be enrolled in the Phase 2 portion of the study at the recommended phase 2 dose (RP2D) level to enable evaluation of 30 participants treated with the RP2D of gedatolisib.

The primary objectives of the Phase 1b portion of the trial include assessment of the safety and tolerability of gedatolisib in combination with darolutamide and determination of the recommended Phase 2 dose of gedatolisib. The primary objective of the Phase 2 portion of the trial is to assess the radiographic progression-free survival (rPFS) at six months of patients who received the RP2D.

Pfizer License Agreement

In April 2021, we entered into a license agreement, or the Gedatolisib License Agreement, with Pfizer pursuant to which we acquired exclusive (including as to Pfizer) worldwide sublicensable rights to research, develop, manufacture, and commercialize gedatolisib for the treatment, diagnosis and prevention of all diseases. Pursuant to the Gedatolisib License Agreement, we are obligated to use commercially reasonable efforts to develop and seek regulatory approval for at least one product in the U.S. and if regulatory approval is obtained, to commercialize such product in the U.S and at least one international major market.

We paid Pfizer a $5.0 million upfront fee upon execution of the Gedatolisib License Agreement and issued to Pfizer $5.0 million of our common stock. We are also required to make milestone payments to Pfizer upon achievement of certain development and commercial milestone events, up to an aggregate of $335.0 million. We will pay Pfizer tiered royalties on sales of gedatolisib at percentages ranging from the low to mid-teens, that may be subject to deductions for expiration of valid claims, amounts due under third-party licenses and generic competition. Unless earlier terminated, the Gedatolisib License Agreement will expire upon the expiration of all royalty obligations. The royalty period will expire on a country-by-country basis upon the later of (a) 12 years following the date of First Commercial Sale of such Product in such country, (b) the expiration of all regulatory or data exclusivity in such country for such Product or (c) the date upon which the manufacture, use, sale, offer for sale or importation of such Product in such country would no longer infringe, but for the license granted herein, a Valid Claim of a Licensed Patent Right. Capitalized terms in this paragraph have the meanings set forth in the Gedatolisib License Agreement.

We have the right to terminate the Gedatolisib License Agreement for convenience upon 90 days' prior written notice. Pfizer may not terminate the agreement for convenience. Either we or Pfizer may terminate the Gedatolisib License Agreement if the other party is in material breach and such breach is not cured within the specified cure period. In addition, either we or Pfizer may terminate the Gedatolisib License Agreement in the event of specified insolvency events involving the other party.

Manufacturing

We rely on third parties to manufacture gedatolisib. We expect to enter into agreements with contract manufacturing organizations, or CMOs, to produce drug substance for gedatolisib. We require all of our CMOs to conduct manufacturing activities in compliance with current good manufacturing practice, or cGMP, requirements. We anticipate that these CMOs will have the capacity to support both clinical supply and commercial-scale production, but we do not have any formal agreements at this time to cover commercial production. We may also elect to enter into agreements with other CMOs to manufacture supplies of drug substance and finished drug product.

Sales and Marketing

If any of our product candidates are approved, we intend to market and commercialize them in the U.S. and select international markets, either alone or in partnership with others. Cancer patients are managed by oncologists, medical geneticists and urologists, and therefore we believe can be reached with a targeted sales force.

Competition for Gedatolisib

The pharmaceutical industry is characterized by rapid evolution of technologies and intense competition. While we believe that our product candidates, technology, knowledge, experience and scientific resources provide us with competitive advantages, we face competition from major pharmaceutical and biotechnology companies, academic institutions, governmental agencies and public and private research institutions, among others. Any product candidates that we successfully develop and commercialize will compete with approved treatment options, including off-label therapies, and new therapies that may become available in the future. Key considerations that would impact our ability to effectively compete with other therapies include the efficacy, safety, method of administration, cost, level of promotional activity and intellectual property protection of our products. Many of the companies against which we may compete have significantly greater financial resources and expertise than we do in research and development, manufacturing, preclinical testing, conducting clinical trials, obtaining regulatory approvals and marketing approved products.

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Nuvalent, Inc.

Physical Address: One Broadway, 14th Floor, Schoenberg Suite

City: Cambridge State: MA Zip: 02142

Mailing Address (if different from physical address): One Broadway, 14th Floor

City: Cambridge State: MA Zip: 02142

Telephone: (857) 357-7000 Website: https://nuvalent.com/

Name of Designated Representative (DR): Benjamin Lane

Licensing Company Email: statelicensing@nuvalent.com DR Email: blane@nuvalent.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☒ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Distributors, Specialty Pharmacies		☒ Others: 3PL

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed within last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): _____

Corporation Name: Nuvalent, Inc.

Mailing Address: One Broadway, 14th Floor

City: Cambridge State: MA Zip: 02142

Telephone: (857) 357-7000 Email: statelicensing@nuvalent.com

Contact Person Name: Benjamin Lane

Date of SEC Registration: July 6, 2021 | SEC Registration Number: 0001861560 | Stock Exchange Symbol: NUVL

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Nuvalent, Inc.
Facility Name

Deborah Miller
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/21/2025
Date

Board Use Only	Date Received: 6/5/25	Amount: $1000 Ck 38666

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Monday, December 2, 2024 8:30 AM
To: Virginia Vetter <vvetter@nuvalent.com>
Subject: Labeler Code Request Approved

-------- External Email - Use Caution --------

eDRLS - Electronic Drug Registration & Listing System

Current Date: 02-DEC-2024
Labeler DUNS: 097816566
Labeler Name: Nuvalent, Inc.
Labeler Code Assigned: 85001

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**
For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Nuvalent

DESCRIPTION OF OPERATIONS

Nuvalent, Inc. ("Nuvalent") is a publicly held (NASDAQ: NUVL), Massachusetts-based, clinical-stage biopharmaceutical company focused on creating precisely targeted therapies for patients with cancer. Nuvalent is a virtual manufacturer with hours of operation 9am - 5pm EST, M-F. Nuvalent's products are manufactured by a Contract Manufacturer and will be distributed by their Third-Party logistics provider.

Nuvalent uses the following to produce product:

CMO:
Patheon, Inc.
2100 Syntex Court
Mississauga, Ontario, Canada L5N 7K9
(365) 822-2803
FEIN: 3000264888

CPO:
Sharp Packaging Services, LLC
7451 Keebler Way
Allentown PA 18106
(484) 866-0113
FEIN: 3004161147

THIRD-PARTY LOGISTICS
Integrated Commercialization Services
167 International Blvd, Suite A
Brooks, KY 40109
Mike Lamb
(502) 955-5159

PRODUCT
Labeler Code: 85001

As a virtual manufacturer, Nuvalent does not manufacture, distribute or store product at their MA facility. At no time do contract manufacturers own Nuvalent's products, contract with Nuvalent's customers, invoice or sell Nuvalent products. Nuvalent's products are not controlled substances. Accordingly, Nuvalent is not required to maintain DEA registration.



Company Information

Nuvalent, Inc.
One Broadway, 14th Floor, Schoenberg Suite
Cambridge MA 02142
Phone: (857) 357-7000
Email: statelicensing@nuvalent.com
Tax ID: 81-5112298

Ownership Information

Nuvalent, Inc. is a publicly traded company on the NASDAQ stock exchange under the symbol NUVL.

CORPORATE OFFICERS

James R. Porter, Chief Executive Officer
One Broadway, 14th Floor, Schoenberg Suite
Cambridge MA 02142
Phone: (857) 357-7000

Alexandra Balcom, Chief Financial Officer
One Broadway, 14th Floor, Schoenberg Suite
Cambridge MA 02142
Phone: (857) 357-7000

Deborah A. Miller, Chief Legal Officer
One Broadway, 14th Floor, Schoenberg Suite
Cambridge MA 02142
Phone: (857) 357-7000

Nuvalent, Inc.
Largest Stockholders
2025 Proxy Statement

Beneficial Owners	Percentage Beneficially Owned
5% Stockholders	
Affiliates of Deerfield	27.06%
Affiliates of FMR LLC	13.16%
Affiliates of Paradigm BioCapital	7.54%
The Vanguard Group	6.78%
Affiliates of BlackRock, Inc.	5.47%

Delaware

The First State

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NUVALENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Kristopher E. Knight, Acting Secretary of State

6203574 8300

SR# 20250196733

Authentication: 202738805

Date: 01-21-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration to:

Nuvalent, Inc.
One Broadway 14th Floor, Schoenberg Suite
Cambridge, MA 02142

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: VIR200114

Type: Virtual Manufacturer

Issue Date: 03/31/2025

Expiration Date: 03/31/2026

Nuvalent, Inc. List of Employees
Cambridge One Broadway Home Office as of 03.31.2025

Last Name	First Name
Adams	Ruth
Andrews	Kristin
Balcom	Alexandra
Byrnes	Kristi
Campbell	Matthew
Chaudhari	Smruti
Chen	Angela
Chubet	Paula
Crabtree	Leah
Critchley	Stephen
Croce	Maurisa
Dauksis	Shannon
Ding	Yun
Dong Si	Tuan
Ellis	Karen
Gerard	Baudouin
Hebert	Solange
Horan	Joshua
Kehrig	Kristina
Kilroy	Tallulah
Kropp	Jason
Kulkarni	Shashank
Lane	Benjamin
Le	Lidya
Lei	Jacky
Magnan	Allison
Magrino	Joseph
Maiola	Morgan
Margossian	Steve
Martin	Christian
McConarty	Nathan
Mente	Scot
Metivier	Matthew
Morelli	Lisa

Nguyen	Tuan
Noci	Darlene
Park	Sarah
Patel	Meghavi
Pelish	Henry
Porter	James
Powers	Paige
Prytko	Robert
Riley	Malgorzata
Rios Lizarraga	Jose
Rochford	Amy
Rothwell	Paula
Samant	Manoj
Schneeberg	Christine
Secord	Linda
Shen	Junwu
Shou	Xiaohong
Smith	Gregory
Soglia	John
Staffin	Kevin
Sun	Yuting
Tangpeerachaikul	Anupong
Turner	Christopher
Vaze	Onkar
Vienneau	Brenda
Walsh	Michael
Whalen	Carla
White	Scott
WIlliams	Brett
Wilson	Lindsey
Zeoli	Samantha
Zhu	Viola

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2024

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number: 001-40671

Nuvalent

NUVALENT, INC.

(Exact name of registrant as specified in its charter)

Delaware	**81-5112298**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification Number)**
One Broadway, 14th Floor Cambridge, MA	**02142**
(Address of principal executive offices)	**(Zip Code)**

Registrant's telephone number, including area code: (857) 357-7000

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A Common Stock, $0.0001 par value per share	NUVL	The Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
Emerging growth company	☐		

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

Based on the closing price of the registrant's Class A common stock on the last business day of the registrant's most recently completed second fiscal quarter, which was a closing price of $75.86 per share on June 28, 2024, as reported on the Nasdaq Global Select Market, the aggregate market value of its Class A common stock and Class B common stock held by non-affiliates was approximately $2.6 billion.

As of February 20, 2025, there were 66,162,666 shares of the registrant's Class A Common Stock, $0.0001 par value per share, outstanding and 5,435,254 shares of the registrant's Class B Common Stock, $0.0001 par value per share, outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Proxy Statement for its 2025 Annual Meeting of Stockholders, which the registrant intends to file with the Securities and Exchange Commission not later than 120 days after the registrant's fiscal year ended December 31, 2024, are incorporated by reference into Part III of this Annual Report on Form 10-K.

Nuvalent, Inc.
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CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS AND INDUSTRY DATA

This Annual Report on Form 10-K (Annual Report) of Nuvalent, Inc. contains express or implied forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, Section 27A of the Securities Act of 1933, as amended (the Securities Act), and Section 21E of the Securities Exchange Act of 1934, as amended (the Exchange Act), that are based on our management's beliefs and assumptions and on information currently available to our management. These statements relate to future events or our future operational or financial performance, and involve known and unknown risks, uncertainties and other factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by these forward-looking statements. Forward-looking statements contained in this Annual Report include, among other things, statements about:

- the initiation, timing, progress, results, and costs of our zidesamtinib (NVL-520), neladalkib (NVL-655), NVL-330 and discovery programs and our current and future preclinical studies and clinical trials, including statements regarding the timing of initiation and completion of studies or trials and related preparatory work, alignment with the U.S. Food and Drug Administration (FDA) regarding the design of trials, and when the results of the studies or trials will become available;
- the ability of our preclinical studies and clinical trials to demonstrate safety and efficacy of our product candidates, and other positive results;
- the beneficial characteristics, and the potential safety, efficacy and therapeutic effects of our product candidates;
- the timing, scope and likelihood of regulatory filings and approvals, including timing of Investigational New Drug applications (INDs), New Drug Applications (NDAs), and final FDA approval of our current product candidates or any future product candidates;
- the timing, scope or likelihood of foreign regulatory filings and approvals;
- our ability to identify research priorities and apply a risk-mitigated strategy to efficiently discover and develop product candidates, including by applying learnings from one program to other programs and from one indication to other indications;
- our estimates of the number of patients that we will enroll and our ability to initiate, recruit, and enroll patients in and conduct and successfully complete our clinical trials at the pace that we project;
- our ability to scale-up our manufacturing and processing approaches to appropriately address our anticipated commercial needs, which will require significant resources;
- our ability to maintain and further develop the specific shipping, storage, handling and administration of zidesamtinib, neladalkib and NVL-330 at clinical sites;
- our ability to obtain funding for our operations necessary to complete further development and commercialization of our product candidates;
- our ability to take advantage of accelerated regulatory pathways for our product candidates;
- our ability to obtain and maintain regulatory approval of our product candidates;
- our ability to commercialize our product candidates, if approved, including the geographic areas of focus and sales strategy;
- the pricing and reimbursement of our product candidates, if approved;
- the implementation of our business model, and strategic plans for our business, product candidates, and technology;
- the scope of protection we are able to establish and maintain for intellectual property rights covering our product candidates and other product candidates we may develop, including the extensions of existing patent terms where available, the validity of intellectual property rights held by third parties, and our ability not to infringe, misappropriate or otherwise violate any third-party intellectual property rights;
- estimates of our future expenses, revenues, capital requirements, and our needs for additional financing;
- the period over which we estimate our existing cash, cash equivalents and marketable securities will be sufficient to fund our future operating expenses and capital expenditure requirements;
- future agreements with third parties in connection with the development and commercialization of our product candidates;
- the size and growth potential of the markets for our product candidates, and our ability to serve those markets;
- our financial performance;
- the rate and degree of market acceptance of our product candidates, if approved;

- regulatory developments in the United States (the U.S.) and foreign countries;
- our ability to contract with third-party suppliers and manufacturers and their ability to perform adequately;
- our ability to produce our product candidates with advantages in turnaround times or manufacturing cost;
- our competitive position and the success of competing therapies that are or may become available;
- our need for and ability to attract and retain key scientific, management and other personnel;
- the impact of laws and regulations;
- developments relating to our competitors and our industry;
- the effect of public health emergencies, natural disasters or geopolitical events, including civil or political unrest or military conflicts, on any of the foregoing or other aspects of our business operations, including but not limited to our preclinical studies and clinical trials; and
- other risks and uncertainties, including those listed under the section titled "Risk Factors."

In some cases, you can identify forward-looking statements by terminology such as "may," "might," "could," "would," "should," "expect," "plan," "anticipate," "intend," "believe," "expect," "estimate," "seek," "predict," "future," "project," "potential," "continue," "target," "aim" or the negative of these terms or other comparable terminology. These statements are only predictions. You should not place undue reliance on forward-looking statements because they involve known and unknown risks, uncertainties, and other factors, which are, in some cases, beyond our control and which could materially affect results. Factors that may cause actual results to differ materially from current expectations include, among other things, those listed under the sections titled "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations," and elsewhere in this Annual Report. If one or more of these risks or uncertainties were to occur, or if our underlying assumptions prove to be incorrect, actual events or results may vary significantly from those implied or projected by the forward-looking statements. No forward-looking statement is a guarantee of future performance. You should read this Annual Report and the documents that we reference in this Annual Report and have filed with the Securities and Exchange Commission (SEC) completely and with the understanding that our actual future results may be materially different from any future results expressed or implied by these forward-looking statements.

The forward-looking statements in this Annual Report represent our views as of the date of this Annual Report. We do not undertake any obligation to publicly update any forward-looking statement except to the extent required by applicable law. You should therefore not rely on these forward-looking statements as representing our views as of any date subsequent to the date of this Annual Report.

This Annual Report also contains estimates, projections and other information concerning our industry, our business and the markets for our product candidates. Information that is based on estimates, forecasts, projections, market research or similar methodologies is inherently subject to uncertainties and actual events or circumstances may differ materially from events and circumstances that are assumed in this information. Unless otherwise expressly stated, we obtained this industry, business, market and other data from our own internal estimates and research as well as from reports, research surveys, studies, and similar data prepared by market research firms and other third parties, industry, medical and general publications, government data and similar sources. All of the market data used in this Annual Report involve a number of assumptions and limitations, and you are cautioned not to give undue weight to such data. Industry publications and third-party research, surveys and studies generally indicate that their information has been obtained from sources believed to be reliable, although they do not guarantee the accuracy or completeness of such information. Our estimates of the potential market opportunities for our product candidates include several key assumptions based on our industry knowledge, industry publications, third-party research and other surveys, which may be based on a small sample size and may fail to accurately reflect market opportunities. While we believe that our internal assumptions are reasonable, no independent source has verified such assumptions.

Except where the context otherwise requires or where otherwise indicated, the terms "Nuvalent," "we," "us," "our," "our Company," "the Company," and "our business" in this Annual Report refer to Nuvalent, Inc. and its consolidated subsidiary.

SUMMARY OF RISK FACTORS

Below is a summary of the principal factors that make an investment in our common stock speculative or risky. This summary does not address all of the risks that we face. Additional discussion of the risks summarized in this risk factor summary, and other risks that we face, can be found below under the section titled "Risk Factors" and should be carefully considered, together with other information in this Annual Report and our other filings with the SEC before making investment decisions regarding our common stock.

- We have a limited operating history, have not completed any later-stage clinical trials, have no products approved for commercial sale and have not generated any revenue, which may make it difficult for investors to evaluate our current business and likelihood of success and viability;
- We have incurred significant net losses in each period since our inception, and we expect to continue to incur significant net losses for the foreseeable future;
- Our future prospects are substantially dependent on zidesamtinib (NVL-520), neladalkib (NVL-655) and NVL-330. If we are unable to advance these product candidates through development, obtain regulatory approval and ultimately commercialize such product candidates, or experience significant delays in doing so, our business will be materially harmed;
- Our preclinical studies and clinical trials may fail to adequately demonstrate the safety and efficacy of any of our product candidates, which would prevent or delay development, regulatory approval and commercialization;
- Our discovery and development activities are focused on the development of targeted therapeutics for patients with cancer-associated genomic alterations, which is a rapidly evolving area of science, and the approach we are taking to discover and develop drugs may never lead to approved or marketable products;
- The outcome of preclinical testing and early clinical trials may not be predictive of the success of later clinical trials, and the results of our clinical trials may not satisfy the requirements of the FDA, European Medicines Agency (EMA) or other comparable foreign regulatory authorities;
- In addition to zidesamtinib, neladalkib and NVL-330, our prospects depend in part upon discovering, developing and commercializing additional product candidates from our discovery programs, which may fail in development or suffer delays that adversely affect their commercial viability;
- Our approach to the discovery and development of product candidates is unproven, and we may not be successful in our efforts to use and expand our approach to build a pipeline of product candidates with commercial value;
- We may not be able to submit INDs, clinical trial applications (CTAs) or comparable applications to commence clinical trials on the timelines we expect, and even if we are able to, the FDA, EMA or any comparable foreign regulatory authority may not permit us to proceed;
- Our product candidates may cause significant adverse events, toxicities or other undesirable adverse events when used alone or in combination with other approved products or investigational new drugs that may result in a safety profile that could prevent regulatory approval, prevent market acceptance, limit their commercial potential or result in significant negative consequences;
- Interim, preliminary and topline data from our preclinical studies and clinical trials that we announce or publish from time to time may change as more data become available and are subject to audit and verification procedures that could result in material changes in the final data;
- If we experience delays or difficulties in the enrollment or maintenance of patients in clinical trials, our regulatory submissions or receipt of necessary marketing approvals could be delayed or prevented;
- We have never commercialized a product candidate as a company before and currently lack all of the necessary expertise, personnel and resources to successfully commercialize any products on our own or together with suitable collaborators;
- We face substantial competition which may result in others discovering, developing or commercializing products before or more successfully than we do;
- The manufacture of drugs is complex, and our third-party manufacturers may encounter difficulties in production. If any of our third-party manufacturers encounter such difficulties, our ability to provide adequate supply of our product candidates for clinical trials or our products for patients, if approved, could be delayed or prevented;
- The market opportunities for any product candidates we develop, if approved, may be limited to certain smaller patient subsets and may be smaller than we estimate them to be;
- We may be unable to obtain U.S. or foreign regulatory approval and, as a result, may be unable to commercialize our product candidates;

- Even if our product candidates receive regulatory approval, they will be subject to significant post-marketing regulatory requirements and oversight;
- Where appropriate, we plan to pursue approval from the FDA, EMA or comparable foreign regulatory authorities through the use of accelerated registration pathways. If we are unable to obtain such approval, we may be required to conduct additional preclinical studies or clinical trials beyond those that we contemplate, which could increase the expense of obtaining, and delay the receipt of, necessary marketing approvals. Even if we receive accelerated approval from the FDA, EMA or comparable regulatory authorities, if our confirmatory trials do not verify clinical benefit, or if we do not comply with rigorous post-marketing requirements, the FDA, EMA or such other regulatory authorities may seek to withdraw accelerated approval;
- If our product candidates are licensed for marketing and receive federal healthcare reimbursement, any relationships we may have with healthcare providers will be subject to applicable healthcare fraud and abuse laws and regulations, which could expose us to criminal and civil penalties and exclusion from participation in government healthcare programs;
- Our reliance on a limited number of employees who provide various administrative, research and development, and other services across our organization presents operational challenges that may adversely affect our business;
- If we are unable to establish sales or marketing capabilities or enter into agreements with third parties to sell or market our product candidates, we may not be able to successfully sell or market our product candidates that obtain regulatory approval;
- If we are unable to obtain, maintain and enforce patent protection for our technology and product candidates, or if the scope of the patent protection obtained is not sufficiently broad, our competitors could develop and commercialize technology and products similar or identical to ours, and our ability to successfully develop and commercialize our technology and product candidates may be adversely affected;
- We may become involved in lawsuits to protect or enforce our patent or other intellectual property rights, which could be expensive, time-consuming and unsuccessful;
- Third parties may allege that we are infringing, misappropriating or otherwise violating their intellectual property rights, the outcome of which would be uncertain and could have a material adverse effect on our business;
- If we are unable to protect the confidentiality of our trade secrets and other proprietary information, our business and competitive position would be adversely affected;
- If our trademarks and trade names are not adequately protected, we may not be able to build name recognition in our markets of interest and our business may be adversely affected;
- We rely on third parties to conduct our preclinical studies and clinical trials, and those third parties may not perform satisfactorily, including failing to meet deadlines for the completion of such trials, research and studies;
- If we decide to establish collaborations, but are not able to establish those collaborations on commercially reasonable terms, we may have to alter our development and commercialization plans;
- Our operating results may fluctuate significantly, which makes our future operating results difficult to predict and could cause our operating results to fall below expectations or our guidance;
- Our principal stockholders own a significant percentage of our stock and can exert significant control over matters subject to stockholder approval. Two of our directors are affiliated with one of our principal stockholders; and
- We do not intend to pay dividends on our common stock so any returns will be limited to the value of our stock.

PART I

Item 1. Business

Overview

We are a clinical-stage biopharmaceutical company focused on creating precisely targeted therapies for patients with cancer. We leverage our team's deep expertise in chemistry and structure-based drug design to develop innovative small molecules that are designed with the aim to overcome the limitations of existing therapies for clinically proven kinase targets.

Limitations faced by currently available kinase inhibitors can include (i) kinase resistance, or the emergence of new mutations in the kinase target that can enable resistance to existing therapies, (ii) kinase selectivity, or the potential for existing therapies to inhibit other structurally similar kinase targets and lead to off-target adverse events, and (iii) limited brain penetrance, or the ability for the therapy to treat disease that has spread or metastasized to the brain. By prioritizing target selectivity, we believe our drug candidates have the potential to overcome resistance, avoid dose-limiting off-target adverse events, address brain metastases, and drive more durable responses. This may result in the potential to drive deeper, more durable responses with minimal adverse events, and we believe these potential benefits may support opportunities for clinical utility earlier in the treatment paradigm.

In January 2024, we announced our "OnTarget 2026" operating plan to guide efforts towards having our first potential approved product in 2026. In September 2024, we announced achievement of all of the 2024 milestones originally laid out in the OnTarget 2026 operating plan. We subsequently announced anticipated milestones for 2025.

Zidesamtinib (NVL-520)

Our first lead product candidate, zidesamtinib (NVL-520), is being developed for patients with ROS proto-oncogene 1 (ROS1)-positive non-small cell lung cancer (NSCLC). Zidesamtinib is a novel ROS1-selective inhibitor designed with the aim to address the clinical challenges of emergent treatment resistance, central nervous system (CNS)-related adverse events, and brain metastases that may limit the use of currently available ROS1 tyrosine kinase inhibitors (TKIs). Zidesamtinib has received FDA Breakthrough Therapy designation for the treatment of patients with ROS1-positive NSCLC who have previously been treated with two or more prior ROS1 TKIs, and orphan drug designation for ROS1-positive NSCLC.

Our ARROS-1 clinical trial is a first-in-human Phase 1/2, multicenter, open-label, dose-escalation and expansion study evaluating zidesamtinib as an oral monotherapy in patients with advanced ROS1-positive NSCLC and other solid tumors. Dosing was initiated in the Phase 1 portion of the ARROS-1 clinical trial in January 2022. From January 2022 to August 2023, the Phase 1 portion of the ARROS-1 trial enrolled 104 patients (99 NSCLC, 5 other solid tumors).

In September 2023, we announced the initiation of the Phase 2 portion of the ARROS-1 clinical trial, following alignment with the FDA on a recommended Phase 2 dose (RP2D) of 100 mg once daily (QD). The Phase 2 portion of the ARROS-1 clinical trial is designed to evaluate the safety and activity of zidesamtinib in patients with advanced ROS1-positive NSCLC and other solid tumors, examining several specific cohorts of patients based on the prior anti-cancer therapies that such patients have received. Phase 2 cohorts have been designed to support potential registration in TKI-naïve and/or TKI pre-treated ROS1-positive NSCLC patients.

At the European Society for Medical Oncology (ESMO) Congress in September 2024, we presented updated data from the Phase 1 dose-escalation portion of the ARROS-1 clinical trial based on a data cut-off date on July 1, 2024. Data presented showed that treatment with zidesamtinib resulted in durable clinical responses in heavily pre-treated patients with ROS1-positive NSCLC, including in subgroups of patients who had likely exhausted all available therapies, including lorlatinib and/or repotrectinib, had a history of brain metastases, or had the G2032R resistance mutation. Additionally, zidesamtinib was well-tolerated with a preliminary safety profile that was favorable and consistent with its ROS1-selective, tropomyosin receptor kinase (TRK)-sparing design.

Between September 2023 and December 31, 2024, 326 patients were enrolled in the Phase 2 portion of the ARROS-1 clinical trial. We periodically review data from the ARROS-1 clinical trial to provide progress updates on the trial's status and to form the basis for engagement with the FDA on, among other things, the appropriate amount of information that may be sufficient to support an NDA submission. We expect to report topline pivotal data for TKI pre-treated patients with advanced ROS1-positive NSCLC in the first half of 2025 in support of an anticipated NDA submission by mid-year 2025, with an initial target indication of TKI pre-treated patients with advanced ROS1-positive NSCLC. We plan to continue engagement with the FDA on accelerated opportunities towards a potential line-agnostic indication supported by the ongoing TKI-naïve cohort in the Phase 2 portion of the ARROS-1 trial.

Neladalkib (NVL-655)

Our second lead product candidate, neladalkib (NVL-655), is being developed for patients with anaplastic lymphoma kinase (ALK)-positive NSCLC. Neladalkib is a brain-penetrant ALK-selective inhibitor designed with the aim to address the clinical challenges of emergent treatment resistance, CNS-related adverse events, and brain metastases that may limit the use of first-generation (1G; crizotinib), second-generation (2G; ceritinib, alectinib, or brigatinib), and third-generation (3G; lorlatinib) ALK inhibitors. Neladalkib has received FDA Breakthrough Therapy designation for the treatment of patients with locally advanced or metastatic ALK-positive NSCLC who have been previously treated with two or more ALK TKIs, and orphan drug designation for ALK-positive NSCLC.

Our ALKOVE-1 clinical trial is a first-in-human Phase 1/2, multicenter, open-label, dose-escalation and expansion study evaluating neladalkib as an oral monotherapy in patients with advanced ALK-positive NSCLC and other solid tumors. Dosing was initiated in the Phase 1 portion of the ALKOVE-1 clinical trial in June 2022. From June 2022 to February 2024, the Phase 1 portion of the ALKOVE-1 trial enrolled 133 patients (131 NSCLC, 2 other solid tumors).

In February 2024, we announced the initiation of the Phase 2 portion of the ALKOVE-1 clinical trial, following alignment with the FDA on a RP2D of 150 mg QD. The Phase 2 portion of the ALKOVE-1 clinical trial is designed to evaluate the safety and activity of neladalkib in several expansion cohorts of patients defined based on the number and type of prior anti-cancer therapies they have received. The Phase 2 cohorts are designed with registrational intent for TKI pre-treated patients with ALK-positive NSCLC and to enable preliminary evaluation for patients with ALK-positive NSCLC who are TKI-naïve.

At the ESMO Congress in September 2024, we presented updated data from the Phase 1 dose-escalation portion of the ALKOVE-1 clinical trial, based on a data cut-off date of June 15, 2024. Data presented showed that treatment with neladalkib resulted in durable clinical responses in heavily pre-treated patients with ALK-positive NSCLC, including in subgroups of patients who had likely exhausted all available therapies, including lorlatinib, had a history of brain metastases, or had single or compound ALK resistance mutations. Additionally, neladalkib demonstrated a favorable preliminary safety profile consistent with its ALK-selective, TRK-sparing design.

Between February 2024 and December 31, 2024, 463 patients were enrolled in the Phase 2 portion of the ALKOVE-1 clinical trial. We expect to report pivotal data for TKI pre-treated patients with advanced ALK-positive NSCLC by year-end 2025.

We believe that the previously presented data in heavily pre-treated patients could have the potential to translate to deep, durable responses in the front-line setting. In the first half of 2025, we plan to initiate a Phase 3 clinical trial, which we refer to as the ALKAZAR trial, with registrational intent for TKI-naïve patients. The ALKAZAR trial will be a global, randomized, controlled trial designed to evaluate neladalkib versus the current standard of care for the treatment of patients with TKI-naïve ALK-positive NSCLC. Patients will be randomized 1:1 to receive neladalkib monotherapy or ALECENSA® (alectinib) monotherapy, reflecting input from collaborating physician-scientists and alignment with the FDA. The ALKAZAR trial is designed to enroll approximately 450 patients with TKI-naïve ALK-positive NSCLC. The primary endpoint is progression free survival (PFS) based on Blinded Independent Central Review (BICR). Secondary endpoints include overall survival, PFS based on investigator's assessment, time to intracranial response, and BICR assessment of intracranial objective response rate (IC-ORR), intracranial duration of response (IC-DOR), objective response rate (ORR), duration of response (DOR), time to intracranial progression, and safety.

NVL-330

Our third product candidate, NVL-330, is a brain-penetrant human epidermal growth factor receptor 2 (HER2)-selective inhibitor designed with the aim to address the combined medical need of treating tumors driven by HER2 mutations and alterations, including HER2 exon 20 insertion mutations (HER2ex20), treating brain metastases, and avoiding treatment-limiting adverse events including due to off-target inhibition of wild-type epidermal growth factor receptor (EGFR). Preclinical data have shown that NVL-330 inhibited a broad range of HER2 oncogenic alterations, including HER2ex20, in cell-based assays, was brain penetrant and was selective for HER2 oncogenic alterations over the structurally related wild-type EGFR.

We are currently enrolling patients in the HEROEX-1 clinical trial, a Phase 1a/1b, multicenter, open-label, dose-escalation and expansion trial evaluating NVL-330 in pre-treated patients with advanced HER2-altered NSCLC, including those with HER2ex20 mutations. In July 2024, we announced that the first patient was dosed with NVL-330 in the HEROEX-1 trial. The HEROEX-1 trial is evaluating the overall safety and tolerability of NVL-330. Additional objectives include determination of the RP2D, characterization of the pharmacokinetic profile, and preliminary evaluation of anti-tumor activity.

Discovery Programs

We have prioritized a number of additional small molecule research programs following an assessment of medical need. Research for these programs is ongoing.

Our approach

Our approach is built on three core principles:

- ***Patient-driven focus.*** We prioritize therapeutic targets where patient needs and limitations of existing therapies can be identified and characterized in partnership with physician-scientists. Leveraging our team's deep expertise and experience in drug discovery, we translate those medical insights into detailed target product profiles with well-defined selection criteria to ensure that our product candidates are purpose-built to address specific and current medical needs.

- ***Deep expertise in chemistry and structure-based drug design to achieve precise selectivity ("Threading the needle").*** We prioritize exquisite target selectivity in the design of our molecules to precisely meet the selection criteria we have pre-defined in our target product profiles. Leveraging our team's deep expertise in chemistry and structure-based drug design, we 'thread the needle' to navigate competing molecular challenges and develop innovative small molecules that have the potential to overcome resistance, minimize adverse events, optimize CNS activity, and drive more durable responses.

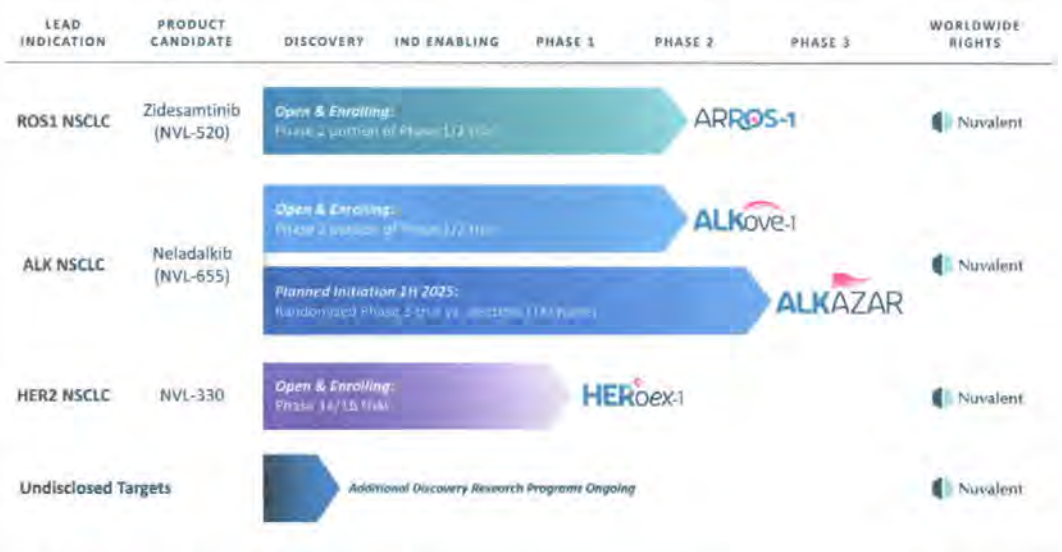
•***Efficient drug discovery and development.*** We prioritize programs that may leverage our pipeline discovery and development efforts and experience, with a specific focus on clinically proven kinase targets, with the goal of bringing our therapies to patients as soon as possible. Building on existing discovery tools and processes for the investigation of clinically proven kinase targets, we further leverage our team's deep experience in the advancement of oncology product candidates from nomination through clinical development, as well as potential opportunities for accelerated regulatory pathways, to achieve an efficient approach to drug discovery and development.

With the continued increase in the adoption of kinase inhibitors as the standard of care across a broadening set of indications, we believe that opportunities to apply our established approach of efficient drug discovery and development will continue to grow.

Our programs

We are currently advancing two parallel lead programs in addition to multiple early-stage development and discovery programs as summarized in Figure 1 below. We hold worldwide development and commercialization rights to our product candidates.

Figure 1. Our pipeline of kinase inhibitor product candidates



Zidesamtinib (NVL-520, ROS1-Selective inhibitor)

ROS1 rearrangements occur in up to approximately 3% of metastatic NSCLCs. At the time of diagnosis, up to 40% of these patients present with accompanying brain metastases. Beyond NSCLC, ROS1 rearrangements have also been reported across a wide range of solid tumors as well as lymphoma.

There are three FDA approved TKIs for the treatment of patients with ROS1-positive NSCLC: Xalkori (crizotinib), Rozlytrek (entrectinib), and Augtyro (repotrectinib). Additional treatment options for patients who are TKI pre-treated include the TKI lorlatinib, recommended for use according to the National Comprehensive Cancer Network (NCCN) guidelines, chemotherapy with or without immunotherapy, or experimental therapies in clinical trials. The current standard of care for TKI-naïve patients with ROS1-positive NSCLC is crizotinib. As of 2024, Pfizer Inc. (Pfizer) no longer separately reports crizotinib sales but for 2023 reported an estimated $374 million in global net sales across all indications. There is no clear standard of care for TKI pre-treated patients with ROS1-positive NSCLC.

Zidesamtinib is a brain-penetrant ROS1-selective inhibitor designed with the aim to remain active in tumors that have developed resistance to currently available ROS1 inhibitors, including tumors with the prevalent G2032R resistance mutation and those with the S1986Y/F, F2004C, F2004V, L2026M, D2033N, or G2101A resistance mutations. We believe we have optimized zidesamtinib for brain penetrance and ROS1 selectivity to potentially improve treatment options for patients with brain metastases and avoid CNS adverse events related to off-target inhibition of the structurally related TRK family.

We are currently investigating zidesamtinib in the Phase 2 portion of our ARROS-1 clinical trial, a first-in-human Phase 1/2, multicenter, open-label, dose-escalation and expansion study evaluating zidesamtinib as an oral monotherapy in patients with advanced ROS1-positive NSCLC and other solid tumors. The Phase 1 dose-escalation portion of ARROS-1 was conducted in patients with advanced ROS1-positive NSCLC or other solid tumors who had received at least one prior ROS1 TKI or any prior therapy, respectively, and evaluated the safety, tolerability and RP2D of zidesamtinib, among other objectives. Upon determination of the RP2D (100 mg QD), the trial transitioned into the ongoing Phase 2 portion designed to evaluate zidesamtinib in patients with advanced ROS1-positive NSCLC and other solid tumors and to support potential registration of zidesamtinib in ROS1-positive patients with NSCLC who are TKI-naïve and who have been previously treated with ROS1 kinase inhibitors.

We expect to report pivotal data for TKI pre-treated patients with advanced ROS1-positive NSCLC in the first half of 2025 in support of an anticipated NDA submission by mid-year 2025, with an initial target indication of TKI pre-treated patients with advanced ROS1-positive NSCLC. We plan to continue engagement with the FDA on accelerated opportunities towards a potential line-agnostic indication supported by the ongoing TKI-naïve cohort in the Phase 2 portion of the ARROS-1 trial.

Neladalkib (NVL-655, ALK-Selective inhibitor)

ALK rearrangements occur in approximately 5% of metastatic NSCLCs. At the time of initial diagnosis, up to 40% of these patients present with accompanying brain metastases. Beyond NSCLC, ALK fusions have also been reported in various other solid tumors as well as lymphoma.

There are six FDA approved TKIs for the treatment of patients with ALK-positive NSCLC: Xalkori (crizotinib), Zykadia (ceritinib), Alecensa (alectinib), Alunbrig (brigatinib), Lorbrena (lorlatinib), and Ensacove (ensartinib). Additional treatment options for patients who are TKI pre-treated include chemotherapy with or without immunotherapy, or experimental therapies in clinical trials. The current standard of care for TKI-naïve patients with ALK-positive NSCLC is alectinib, which had an estimated $1.7 billion in reported global 2024 net sales. Following treatment with alectinib, the current second-line TKI standard of care is lorlatinib with an estimated $731 million in reported global 2024 net sales across all indications. There is no clear third-line TKI standard of care for patients with ALK-positive NSCLC.

Neladalkib is a brain-penetrant ALK-selective inhibitor designed with the aim to remain active in tumors that have developed resistance to first-, second-, and third-generation ALK inhibitors, including tumors with the G1202R (GR) resistance mutation or compound resistance mutations, including G1202R/L1196M (GRLM), G1202R/G1269A (GRGA), or G1202R/L1198F (GRLF). We believe we have optimized neladalkib for brain penetrance and ALK selectivity to potentially improve treatment options for patients with brain metastases and avoid CNS adverse events related to off-target inhibition of the structurally related TRK family.

We are currently investigating neladalkib in the Phase 2 portion of our ALKOVE-1 clinical trial, a first-in-human Phase 1/2, multicenter, open-label, dose-escalation and expansion study evaluating neladalkib as an oral monotherapy in patients with advanced ALK-positive NSCLC and other solid tumors. The Phase 1 dose-escalation portion of ALKOVE-1 was conducted in patients with advanced ALK-positive NSCLC or other solid tumors who had received at least one prior ALK TKI or at least one prior systemic anticancer therapy, respectively, and evaluated the safety, tolerability and RP2D of neladalkib, among other objectives. Upon determination of the RP2D (150 mg QD), the trial transitioned into the ongoing Phase 2 portion designed to evaluate neladalkib in patients with advanced ALK-positive NSCLC and other solid tumors, to support potential registration of neladalkib for TKI pre-treated patients with ALK-positive NSCLC, and to enable preliminary evaluation for patients with ALK-positive NSCLC who are TKI-naïve. We expect to report pivotal data for TKI pre-treated patients with advanced ALK-positive NSCLC from the ALKOVE-1 trial by year-end 2025.

In the first half of 2025, we plan to initiate our ALKAZAR Phase 3 clinical trial with registrational intent for TKI-naïve patients. The ALKAZAR trial will be a global, randomized, controlled trial designed to evaluate neladalkib versus the current standard of care, ALECENSA® (alectinib), for the treatment of patients with TKI-naïve ALK-positive NSCLC.

NVL-330 (HER2-Selective inhibitor)

Mutations and alterations in HER2 are oncogenic and are found in approximately 3% of cancers, including up to 4% of advanced NSCLC patients. Within NSCLC, 90% of HER2 mutations occur through HER2ex20. HER2 mutations have also been identified in multiple cancers, including breast, esophageal, endometrial, bladder, colorectal, skin, ovarian, head and neck, and cervical. Brain metastases are present at diagnosis in an estimated 19% of HER2 mutant-positive NSCLC patients, and more patients will develop them during treatment.

NVL-330 is a brain-penetrant HER2-selective inhibitor which we believe we have optimized for selectivity versus the structurally related wild-type EGFR that is associated with dose-limiting side effects including skin rash and gastrointestinal toxicity. We are currently investigating NVL-330 in our ongoing HEROEX-1 clinical trial, a first-in-human Phase 1a/1b, multicenter, open-label, dose-escalation and expansion trial evaluating NVL-330 as an oral monotherapy in pre-treated patients with advanced HER2-altered NSCLC, including those with HER2ex20 mutations.

Discovery programs

We continue to evaluate new program areas with a focus on addressing the limitations of existing therapies for other clinically proven kinase targets in oncology. As treatment landscapes evolve, we also continue to work with our physician-scientist partners to anticipate emerging patient needs in established areas of development and leverage our existing expertise in the area with the aim to efficiently discover and develop new product candidates with the potential to comprehensively address those emerging challenges. We believe that opportunities to apply our established model of efficient drug discovery and development continue to expand, and align with the increasing adoption of kinase inhibitors as standard of care across a broadening set of indications.

OnTarget 2026 operating plan

OnTarget 2026 delineates our three-year operating plan towards bringing new, potential best-in-class medicines to patients with cancer and is summarized in Figure 2 below. As part of this plan announced in January 2024, we have outlined the following completed 2024 milestones and anticipated 2025 milestones, leading to our first potential approved product in 2026:

- **2024: Execute on Global Registrational Strategies**
  - ✓ Progress the Phase 2 portion of the ARROS-1 trial of zidesamtinib in patients with advanced ROS1-positive NSCLC with registrational intent;
  - ✓ Initiate the Phase 2 portion of the ALKOVE-1 trial of neladalkib in patients with advanced ALK-positive NSCLC with registrational intent;
  - ✓ Launch our front-line development strategy for our ALK program;
  - ✓ Present interim data from the ongoing ARROS-1 and ALKOVE-1 clinical trials at medical meetings; and
  - ✓ Initiate a Phase 1 trial for our HER2 program.
- **2025: First Pivotal Data**
  - Report pivotal data for TKI pre-treated patients with advanced ROS1-positive NSCLC from our ARROS-1 Phase 1/2 trial of zidesamtinib in the first half of 2025;
  - Submit an NDA for zidesamtinib, with an initial target indication of TKI pre-treated patients with advanced ROS1-positive NSCLC by mid-year 2025;
  - Report pivotal data for TKI pre-treated patients with advanced ALK-positive NSCLC from our ALKOVE-1 Phase 1/2 trial of neladalkib by year-end 2025;
  - Initiate the ALKAZAR Phase 3 randomized, controlled trial of neladalkib for TKI-naïve patients with ALK-positive NSCLC in the first half of 2025; and
  - Progress the HEROEX-1 Phase 1a/1b trial of NVL-330 for patients with advanced HER2-altered NSCLC.
- **2026: First Approved Product**

Figure 2. OnTarget 2026 Operating Plan: The Path to Patient Impact



Our team

We have assembled a management team of biopharmaceutical industry veterans with extensive experience in developing novel oncology therapies from research through commercialization. Our team is led by our Chief Executive Officer, James R. Porter, Ph.D., who has over 20 years of experience, including at Infinity Pharmaceuticals, Inc. (Infinity) and Verastem Oncology. Our Chief Financial Officer, Alexandra Balcom, MBA, CPA, has nearly 20 years of industry experience and was previously at SQZ Biotechnologies Company and Agios Pharmaceuticals, Inc. Our Chief Medical Officer, Christopher D. Turner, M.D., has over 20 years of experience in drug development, including at ARIAD Pharmaceuticals, Inc. and Blueprint Medicines Corporation. Our Chief Legal Officer, Deborah Miller, Ph.D., J.D., has over 20 years of legal experience managing the entire pharmaceutical lifecycle from early discovery through litigation, including at Sumitomo Dainippon Pharma America, Inc. and Infinity. Our Chief Development Officer, Darlene Noci, A.L.M., has over 20 years of experience in global drug development in rare diseases and oncology, including at Genzyme Corporation and EMD Serono, the North America biopharma business of Merck KgaA, Darmstadt, Germany. Our Chief Scientific Officer, Henry Pelish, Ph.D., has over 15 years of experience in cancer biology, chemical biology and organic synthesis.

Our seasoned leadership team has broad experience at both large global organizations, including C.H. Boehringer Sohn AG & Ko. KG, Pfizer, Sanofi S.A., EMD Serono, GlaxoSmithKline plc, and BeiGene, Ltd., as well as established biotech companies, including Infinity, Agios Pharmaceuticals Inc., Blueprint Medicines Corporation, and ARIAD Pharmaceuticals, Inc. Together, our leadership team has contributed directly to the regulatory approval of 12 therapies, including five kinase inhibitors, nine oncology therapeutics, and 10 small molecules: CLOLAR®/Evoltra® (clofarabine), FABRAZYME® (agalsidase beta), COPIKTRA® (duvelisib), BRUKINSA® (zanubrutinib), MOZOBIL® (plerixafor injection), BAVENCIO® (avelumab), TIBSOVO® (ivosidenib tablets), TIVICAY® (dolutegravir), ICLUSIG® (ponatinib), GAVRETO™ (pralsetinib), ALUNBRIG® (brigatinib) and PYRUKYND® (mitapivat).

Our discovery approach leverages the experience and ongoing support of our scientific founder and head scientific advisor Matthew Shair, Ph.D., Professor of Chemistry and Chemical Biology at Harvard University. In leading his laboratory at Harvard, Dr. Shair has integrated organic chemistry, human disease biology, and drug development to focus on the development of novel small molecule therapeutics, and he has developed ways to efficiently assemble complex small molecules.

Our scientific advisors include additional researchers who publish widely cited research on topics relevant to the study and treatment of cancer, lead clinical units at experienced precision medicine cancer centers in the U.S., and are actively involved in our drug development process and programs. Our accomplished scientific advisory board includes:

•Matthew Shair, Ph.D., head scientific advisor, Professor of Chemistry and Chemical Biology at Harvard University. Dr. Shair is the scientific founder of Nuvalent and is on our board of directors;

•Pasi Jänne, M.D., Ph.D., clinical advisor, Dana Farber Cancer Institute;

•Ross Camidge, M.D., Ph.D., clinical advisor, Professor at University of Colorado;

•Alexander Drilon, M.D., clinical advisor, Memorial Sloan Kettering;

•Aaron Hata, M.D., Ph.D., translational research advisor, Massachusetts General Hospital;

•Nancy Kohl, Ph.D., translational research advisor, independent consultant; and

•Alice T. Shaw, M.D., Ph.D., clinical advisor, Dana-Farber Cancer Institute.

We have also established collaborations through service agreements with global clinical research organizations (CROs) to provide scale and expertise in research chemistry, chemical manufacturing, biology, pharmacology and toxicology, and clinical studies.

Our values

Our three core values are:

•***Patient Impact***. We care deeply about what we are building to change the future for patients.

•***Empowerment***. We are all responsible for delivering on our mission to develop new medicines for patients: listen, speak up, engage.

•***Collaboration***. We know that we are better together and thrive when we challenge each other to find a better way for patients.

Our strategy

Our goal is to be a leading biopharmaceutical company that translates our deep expertise in structure-based drug design to discover, develop, and deliver novel, selective therapeutics that enable durable responses for patients with cancer. The key elements of our strategy include:

•***Advance zidesamtinib, our first lead product candidate and a differentiated ROS1-selective inhibitor, through the Phase 2 portion of our ARROS-1 study designed to support potential regulatory approval.*** Clinical investigation of zidesamtinib is ongoing in the Phase 2 portion of our ARROS-1 study, a first-in-human Phase 1/2 clinical trial investigating zidesamtinib in advanced ROS1-positive NSCLC and other solid tumors. Zidesamtinib has received FDA Breakthrough Therapy designation for the treatment of patients with ROS1-positive NSCLC who have previously been treated with two or more prior ROS1 TKIs. We plan to engage with regulators to discuss whether we may qualify for any additional expedited drug development pathways.

•***Advance the ongoing clinical development of neladalkib, our second lead product candidate, a differentiated ALK-selective inhibitor, through the Phase 2 portion of our ALKOVE-1 study designed to support potential regulatory approval for patients with TKI pre-treated ALK-positive NSCLC.*** Clinical investigation is ongoing in the Phase 2 portion of our ALKOVE-1 study, a first-in-human Phase 1/2 clinical trial investigating neladalkib in advanced ALK-positive NSCLC and other solid tumors. Neladalkib has received FDA Breakthrough Therapy designation for the treatment of patients with locally advanced or metastatic ALK-positive NSCLC who have been previously treated with two or more ALK TKIs. Pending supportive data, we plan to engage with regulators to discuss whether we may qualify for any additional expedited drug development pathways.

•***Initiate and progress the planned ALKAZAR Phase 3 randomized, controlled trial of neladalkib versus ALECENSA® (alectinib), designed to support potential regulatory approval for patients with TKI-naïve ALK-positive NSCLC.*** Initiation of the ALKAZAR trial is anticipated in the first half of 2025.

•***Progress our other development and discovery stage programs, including for HER2-Altered NSCLC, while continuing to expand our pipeline of precisely targeted novel product candidates.*** We prioritize clinically proven kinase targets where the design of exquisitely selective inhibitors may overcome challenges of existing therapies including kinase resistance, kinase selectivity, and limited CNS activity. We intend to develop product candidates as monotherapy treatment and may also strategically pursue the development of synergistic combinations.

•***Continue to partner with physician-scientists to characterize current and emerging medical needs for patients and the limitations of existing therapies.*** We prioritize clinically proven kinase targets where clear remaining or emerging medical needs for patients can be defined by our physician-scientist partners, and where we believe those needs can be addressed through the design of highly selective small molecule inhibitors. Combining clinical insight with our drug design capabilities and our development expertise, we seek to meet real-world medical needs through the development of detailed product profiles and well-defined selection criteria. We believe this approach maximizes our opportunity to address the challenges of existing therapies and develop molecules that achieve deep, durable responses with minimal adverse events.

•***Commercialize our product candidates in key geographies and opportunistically pursue strategic collaborations to maximize the full potential of our pipeline.*** We retain full development and worldwide commercialization rights to our pipeline of precisely targeted therapies. We intend to build a fully integrated biopharmaceutical company and independently pursue the development and commercialization of our key product candidates, if approved. In the future, we may enter into strategic collaborations around certain targets, product candidates, disease areas, or geographies, if we believe these collaborations could accelerate the development and commercialization of our product candidates and allow us to realize the full potential of our pipeline.

Competition

The pharmaceutical and biotechnology industries are characterized by rapidly advancing technologies, intense competition, and a strong emphasis on proprietary products. While we believe that our technology, the expertise of our team, and our development experience and scientific knowledge provide us with competitive advantages, we face competition from many different sources, including pharmaceutical and biotechnology companies, academic institutions, governmental agencies, and public and private research institutions.

Product candidates that we successfully develop and commercialize may compete with existing therapies and new therapies that may become available in the future, and we cannot predict what the standard of care will be as our product candidates progress through clinical development. We believe the key competitive factors affecting the success of all of our programs are likely to be efficacy, including DOR, safety, and patient convenience. Potentially competitive therapies fall primarily into the following groups of treatment:

•traditional cancer therapies, including surgery, radiation, and drug therapy, including chemotherapy, hormone therapy and targeted drug therapy or a combination of such methods;

•approved kinase inhibitors, including FDA approved ROS1 TKIs (Xalkori, Rozlytrek, and Augtyro, marketed by Pfizer, Roche and Bristol-Myers Squibb Company, respectively), and FDA approved ALK TKIs (Xalkori, Zykadia, Alecensa, Alunbrig, Lorbrena and Ensacove, marketed by Pfizer, Novartis AG, Chugai Pharmaceutical Co. Ltd./Roche, Takeda Pharmaceutical Company Limited, Pfizer, and Xcovery Holdings, Inc., respectively);

•one ROS1 TKI program in clinical trials being developed by Nuvation Bio, Inc;

•ALK TKIs in clinical development;

•HER2ex20 TKIs in clinical development;

•TKIs not approved but recommended for use in the NCCN guidelines; and

•other therapies targeting kinases, including antibody or antibody-drug conjugate approaches, that are approved or in clinical development.

Many of our competitors, either alone or with their collaborators, have significantly greater financial resources, established presence in the market, and expertise in research and development, manufacturing, preclinical and clinical testing, obtaining regulatory approvals and reimbursement and marketing approved products than we do. These competitors also compete with us in recruiting and retaining qualified scientific and management personnel, establishing clinical trial sites and patient registration for clinical trials, as well as in acquiring technologies complementary to, or necessary for, our programs. Smaller or early-stage companies may also prove to be significant competitors, particularly through collaborative arrangements with large and established companies. Additional mergers and acquisitions may result in even more resources being concentrated in our competitors.

The availability of reimbursement from government and other third-party payors will also significantly affect the pricing and competitiveness of our products. Some cancer treatments are branded and subject to patent protection, and others are available on a generic basis. Insurers and other third-party payors may also encourage the use of generic products or specific branded products. We expect that if our product candidates are approved, they will be priced at a significant premium over competitive generic, including branded generic, products. In addition, our competitors may obtain FDA or other regulatory approval for their products more rapidly than we may obtain approval for our products, which could result in our competitors establishing a strong market position before we are able to enter the market. As a result, obtaining market acceptance of, and gaining significant share of the market for, any of our product candidates that we successfully introduce to the market will pose challenges.

Revenue Sharing Agreements

Revenue Sharing Agreement with Deerfield

We are party to an Amended and Restated Revenue Sharing Agreement with Deerfield Healthcare Innovations Fund, L.P. and Deerfield Private Design Fund, IV, L.P. (collectively, Deerfield) pursuant to which we are obligated to pay Deerfield a fixed low single-digit percentage rate of net sales of certain commercial products discovered, identified or generated by the Company during the period commencing on February 2, 2017 and ending on the date that is the earlier of (i) five years after Deerfield's last investment in our capital stock and (ii) the fifth anniversary of our initial public offering (IPO). Any payments in respect of such products would be

through the later of 12 years from the first commercial sale in a country or the expiration of the last-to-expire patent in that country. To date, we have not recorded any net sales and, as a result, have not paid any amounts under this agreement. There are no upfront fees or milestone payments required to be paid by us under this agreement.

Revenue Sharing Agreement with our scientific founder

We are party to an Amended and Restated Revenue Sharing Agreement with our scientific founder and director, Matthew Shair, Ph.D., pursuant to which we are obligated to pay Dr. Shair a fixed low single-digit percentage rate of net sales of certain commercial products that either have a mechanism of action of (i) ROS1 inhibition and contain zidesamtinib or a backup compound substituted therefore in the event of a product development failure or (ii) ALK inhibition and contain neladalkib or a backup compound substituted therefore in the event of a product development failure, in each case through the later of 12 years from the first commercial sale in a country or the expiration of the last-to-expire patent in that country. To date, we have not recorded any net sales and, as a result, have not paid any amounts under this agreement. There are no upfront fees or milestone payments required to be paid by us under this agreement.

Intellectual property

Our commercial success depends in part on our ability (i) to obtain and maintain patent and other proprietary and/or intellectual property rights and protection for our technology, inventions, and improvements; (ii) to protect and preserve the confidentiality of our trade secrets; (iii) to defend and enforce our proprietary and intellectual property rights, including any patents that we may own or license in the future; and (iv) to operate without infringing the valid and enforceable patents and other proprietary and/or intellectual property rights of third parties.

We wholly own Patent Cooperation Treaty (PCT) applications, U.S. patent applications, U.S. patents, U.S. provisional patent applications, foreign patents, and foreign patent applications relating to our lead and planned product candidates. We strive to protect our proprietary position by, among other methods, filing patent applications in the U.S. and in jurisdictions outside of the U.S. directed to our proprietary technology, inventions, improvements, and product candidates that are important to the development and implementation of our business. We also rely on trade secrets and know-how relating to our proprietary technology and product candidates and continuing innovation to develop, strengthen and maintain our proprietary position in the field of oncology. Our strategic plans also include reliance on data exclusivity, market exclusivity, and patent term extensions when available.

Our ability to stop third parties from making, using, selling, offering to sell, or importing products identical or similar to ours will depend on the extent to which we have rights under valid and enforceable patents, trade secrets, or other intellectual property rights that cover these activities. The patent rights of biotechnology and pharmaceutical companies like ours are generally uncertain and can involve complex legal, scientific, and factual issues. Our and any future licensor's current and future patent applications may not result in the issuance of any patent in any particular jurisdiction, and the claims of any current or future issued patents, even if those claims are valid and enforceable, may not provide sufficient protection from competitors. Any owned or in-licensed patent rights we may obtain may not enable us to prevent others from replicating, manufacturing, using, or administering our product candidates for any indication. Moreover, the subject matter initially claimed in a patent application may be significantly reduced before a patent is issued, and a patent's scope can be reinterpreted after issuance. In addition, any patent we may own or in-license may be challenged, circumvented or invalidated by third parties. As a result, we cannot ensure that any of our product candidates will be protected by valid and enforceable patents. See "Risk Factors—Risks related to our intellectual property" for a more comprehensive description of risks related to our intellectual property.

We have filed certain patent applications directed generally to compositions of matter, pharmaceutical formulations, and therapeutic methods of using the foregoing related to our ROS1, ALK, and HER2 programs, as summarized below. We also possess substantial know-how and trade secrets relating to the development and commercialization of our product candidates, including related manufacturing processes and technology. In addition, we own certain registered trademarks and pending trademark applications in the U.S. and other countries.

With respect to our ROS1 program, we own two pending PCT patent applications, three pending U.S. patent applications, three issued U.S. patents, one pending U.S. provisional patent application, 61 pending foreign patent applications, and two issued foreign patents directed to compositions of matter for our ROS1 inhibitory compounds (e.g., zidesamtinib) and related solid forms as well as methods of use. Any U.S. or foreign patent that has issued or may issue based on the pending patent applications is expected to expire no earlier than 2041, not including any patent term adjustments or patent term extensions that may be awarded. With respect to our ALK program, we own two pending PCT patent applications, three pending U.S. patent applications, one issued U.S. patent, 59 pending foreign patent applications, and two issued foreign patents directed to compositions of matter for our ALK inhibitory compounds (e.g., neladalkib) and related solid forms as well as methods of use. Any U.S. or foreign patent that may issue based on the pending patent applications is expected to expire no earlier than 2041, not including any patent term adjustments or patent term extensions that may be awarded. With respect to our HER2 program, we own one pending U.S. patent application, one issued U.S. patent, one pending U.S. provisional patent application, and 25 pending foreign patent applications directed to compositions of matter for our HER2 inhibitory compounds (e.g., NVL-330) and related methods of use. Any U.S. or foreign patent that may issue based on the pending

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Outset Medical Inc

Physical Address: 3052 Orchard Drive

City: San Jose State: CA Zip: 95134

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (669) 231-8200 Website: www.outsetmedical.com

Name of Designated Representative (DR): Dinamarie Stefani

Licensing Company Email: _____ DR Email: dstefani@outsetmedical.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: distributor

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Rockwell Medical
Address: 30142 Wixom Road City: Wixom State: MI Zip: 48393

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): n/a
Corporation Name: Outset Medical Inc
Mailing Address: 3052 Orchard Drive
City: San Jose State: CA Zip: 95134
Telephone: (669) 231-8200 Email: jmazzola@outsetmedical.com
Contact Person Name: Jim Mazzola

Date of SEC Registration: 08/21/2020 | SEC Registration Number: 0001484612 | Stock Exchange Symbol: OM

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Outset Medical

Facility Name

Dinamarie Stefani

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

April 18, 2025

Date

Board Use Only	Date Received: 11/21/25	Amount: $1000.00

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
Outset Medical, Inc.
3052 Orchard Drive
San Jose, CA 95134
Registration Number: 3010355846
FEI Number*: 3010355846
Status: Active
Date Of Registration Status: 2025

Owner/Operator:
Outset Medical, Inc.[6]
3052 Orchard Drive
San Jose, CA US 95134
Owner/Operator Number: 10047467[7]

Official Correspondent:
Dinamarie Stefani
3052 Orchard Dr
San Jose, CA 95134
Phone: 1-669-2318200

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10047467&OwnerOperatc

Page Last Updated: 05/05/2025

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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From: Dina Stefani <dstefani@outsetmedical.com>
Sent: Tuesday, May 13, 2025 5:18 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Out-of-State Wholesaler Application-Outset Medical Inc.

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Maria,

I've attached a copy of our liability insurance, and the full list of employees located in the Outset Medical facility.
Here is a list of all Outset Medical Inc. Officers and Directors:

Outset Medical Officers:
Leslie Trigg
Nabeel Ahmed
Marc Nash
John Brottem

Outset Medical Directors:
Leslie Trigg
Keith Grossman
Brent Lang
Dale Jones
Pat Hackett
Andrea Saia
Karen Drexler

Kind regards,
Dinamarie Stefani

.Outset

Dinamarie Stefani | Sr. VP, RA & QA

m: +1.949.333.1222
w: www.outsetmedical.com
e: dstefani@outsetmedical.com
a: 3052 Orchard Drive
San Jose, CA 95134

CONFIDENTIALITY NOTICE: This email message and any attachments thereto are intended only for use by the addressee(s) named above, and may contain legally privileged and/or confidential information. If you are not the intended addressee, you are hereby kindly notified that any dissemination, distribution or copying of this email and any attachments thereto is strictly prohibited. If you have received this email in error, kindly delete it from your computer system and notify me at the email address provided for above. Thank you.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "OUTSET MEDICAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FIFTH DAY OF MAY, A.D. 2003, AT 9:18 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2010, AT 12:24 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE FOURTH DAY OF SEPTEMBER, A.D. 2014, AT 6:22 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "HOME DIALYSIS PLUS, LTD." TO "OUTSET MEDICAL, INC.", FILED THE FIFTH DAY OF JANUARY, A.D. 2015, AT 1:05 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FOURTH DAY OF MAY, A.D. 2015, AT 7:38 O`CLOCK P.M.





3654851 8310

SR# 20244481651

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205121162

Date: 12-12-24

Delaware

The First State

RESTATED CERTIFICATE, FILED THE EIGHTEENTH DAY OF APRIL, A.D. 2017, AT 3:38 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTIETH DAY OF JUNE, A.D. 2017, AT 3:19 O`CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2017, AT 8:31 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FOURTEENTH DAY OF AUGUST, A.D. 2018, AT 7:12 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE FOURTEENTH DAY OF NOVEMBER, A.D. 2018, AT 11:05 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2019, AT 8:09 O`CLOCK A.M.

RESTATED CERTIFICATE, FILED THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2020, AT 8:21 O`CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWELFTH DAY OF AUGUST, A.D. 2020, AT 7:21 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE EIGHTH DAY OF SEPTEMBER, A.D. 2020, AT 7:03 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

3654851 8310

SR# 20244481651

Authentication: 205121162

Date: 12-12-24

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Delaware

The First State

RESTATED CERTIFICATE, FILED THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2020, AT 8:46 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "OUTSET MEDICAL, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3654851 8310

SR# 20244481651

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205121162

Date: 12-12-24

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Outset Medical, Inc.
3052 Orchard Dr
San Jose, CA 95134

LICENSE NUMBER: 112796
EXPIRATION DATE: 11/30/2026

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/3/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Woodruff-Sawyer & Co. 50 California Street, Floor 12 San Francisco CA 94111	**CONTACT NAME:** WS Certificates **PHONE (A/C, No, Ext):** 844-972-6326 **FAX (A/C, No):** **E-MAIL ADDRESS:** certificates@woodruffsawyer.com
INSURED OUTSMED-01 Outset Medical, Inc. 3052 Orchard Drive San Jose, CA 95134	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Federal Insurance Company — 20281 **INSURER B :** Chubb National Insurance Company — 10052 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1573189420 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			36085158	6/5/2025	6/5/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ Included $
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			73642523	6/5/2025	6/5/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $			56722563	6/5/2025	6/5/2026	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		71840268	6/5/2025	6/5/2026	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Products Liability			99510872	6/5/2025	6/5/2026	Aggregate Limit Each Occurance	$10,000,000 $10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Evidence of Insurance
Outset Medical, Inc.
3052 Orchard Drive
San Jose, CA 95134

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Zoe Overbay

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Dinamarie Stefani — MDEG License # (if applicable): N/A

Physical Address: 3052 Orchard Drive

City: San Jose — State: CA — Zip: 95134

Mailing Address (if different from physical address):

City: — State: — Zip:

Telephone: (669) 231-8200 — Website: www.outsetmedical.com

Licensing Company Email: dstefani@outsetmedical.com

Section 2: Personal Information

First: Dinamarie — Middle: — Last: Stefani

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Truckee — State: CA — Zip: [redacted]

Telephone: [redacted] — Email: dstefani@outsetmedical.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Harvard Business School			
Address	City	State	Zip
Diploma/Degree obtained, if any			
Harvard Business Analytics Program Certificate			

School Name			From - To (MM/YY – MM/YY)
Seton Hall Law School			
Address	City	State	Zip
Diploma/Degree obtained, if any			
MS in Jurisprudence, emphasis in Health Care, Medical Devices, and Pharmaceuticals			

School Name			From - To (MM/YY – MM/YY)
Webster University			
Address	City	State	Zip
Diploma/Degree obtained, if any			
MBA			

School Name			From - To (MM/YY – MM/YY)
California State University Long Beach			
Address	City	State	Zip
Diploma/Degree obtained, if any			
BS Biomedical and Clinical Engineering			

School Name			From - To (MM/YY – MM/YY
John F. Kennedy High School			
Address	City	State	Zip
Diploma/Degree obtained, if any			
Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/24-present	[redacted]	Truckee	CA	[redacted]
11/19-5/24		San Francisco	CA	
6/19-11/19		Oakland	CA	
11/10-6/19		Corona del Mar	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Outset Medical Inc			11/24-Present
Business Address	**City**	**State**	**Zip**
3052 Orchard Drive	San Jose	CA	95134
Phone	**Title**		**Number of Employed Hours**
(669) 231-8200	Senior VP, Regulatory Affairs and Quality Assurance		40 hrs/wk

Description of Duties

Responsible for the regulatory compliance and quality assurance of medical devices across the lifecycle. Includes premarket design/submissions, manufacturing, and post-market distribution, service and surveillance/reporting.

Business Name			From - To (MM/YY – MM/YY)
Verily Life Sciences, LLC			9/22-11/24
Business Address	**City**	**State**	**Zip**
269 E Grand Ave.	South San Francisco	CA	94080
Phone	**Title**		**Number of Employed Hours**
	Head of Quality and Regulatory Affairs		40 hrs/wk

Description of Duties

Responsible for the regulatory compliance and quality assurance of medical devices across the lifecycle. Includes premarket design/submissions, manufacturing, and post-market distribution, service and surveillance/reporting.

Business Name			From - To (MM/YY – MM/YY)
Abbott Diabetes Care Inc			6/19-9/22
Business Address	**City**	**State**	**Zip**
1420 Harbor Bay Pkwy	Alameda	CA	94502
Phone	**Title**		**Number of Employed Hours**
	Divisional VP, QA and Compliance		40 hrs/wk

Description of Duties

Responsible for the regulatory compliance and quality assurance of medical devices across the lifecycle. Includes premarket design, manufacturing, and post-market distribution, service and surveillance/reporting.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Dinamarie Stefani, **certify that as the MDEG Administrator for**

Outset Medical,

that I (initial that you have read and meet the following requirements):

1. DS Have a high school diploma or its equivalent;
2. DS Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. DS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. DS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dinamarie Stefani
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

April 18, 2025
Date

Board Use Only	Date Received: 4/21/25

Employee Name

Ahmed, Nabeel
Andazola, Santos
Bartkowiak, Katherine Maxine
Brottem, John
Bui, ThaoTien Thi
Bui, Thong Q
Chatrath, Binny
Dileo, David E
Ferrer, Norman
Gaikwad, Akshay Gokul
Gallinat, Douglas J
Garcia, Richard
Garcia, Marc
Gengrinovich, Semion
Golzar, Shapour
Gonzales, John
Griffith, Andrew Parrish
Hadjiradeva, Silvia
Ho, Wayne W
Hogard, Michael E
Infante - Mendez, Indira
Khemani, Manish
Kolev, Iovka
Lam, Brian
Le, Richard
Levin, Roland Paul
Lieu, Jay M
Masuda, Brandon
Mendoza, Alonso Antonio
Merrill, Amelia Elizabeth
Morales, Marco
Nguyen, Peter D
Ortiz, Jose D
Patel, Rathin D
Phan, Thanh
Raut, Siddhi
Ritson, James
Seetharamaiah, Sridhar
Serrano, Lori
Shah, Kasim
Shashikumar, Nidhi
Siomos, Matthew James
Smith, Blake Anthony
Stefani, Dinamarie
Stockwell, Isaac M
Terrazas, Emily
Tong, Rhiana
Trigg, Leslie L
Twiggs, Gail Lyn
Van Der Laan, Neal
Varghese, Saji
Verovkina, Tatiana
Wall, Eric Daniel

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2024

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**
FOR THE TRANSITION PERIOD FROM TO

Commission File Number 001-39513

Outset Medical, Inc.

(Exact name of Registrant as specified in its Charter)

Delaware	**20-0514392**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**
3052 Orchard Dr. **San Jose, California**	**95134**
(Address of principal executive offices)	**(Zip Code)**

Registrant's telephone number, including area code: (669) 231-8200

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.001 per share	OM	The Nasdaq Stock Market LLC

Securities registered pursuant to Section 12(g) of the Act: **None**

Indicate by check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. YES ☒ NO ☐

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. YES ☐ NO ☒

Indicate by check mark whether the Registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the Registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. YES ☒ NO ☐

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the Registrant was required to submit such files). YES ☒ NO ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☒
Non-accelerated filer	☐	Smaller reporting company	☒
Emerging growth company	☐		

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). YES ☐ NO ☒

Aggregate market value of registrant's common stock held by non-affiliates of the registrant, based upon the closing price of a share of the registrant's common stock on June 30, 2024 (the last business day of the registrant's most recently completed second quarter) as reported by Nasdaq Global Market on that date was approximately $198.2 million.

The number of shares of the registrant's common stock, par value $0.001 per share, outstanding as of February 24, 2025 was 53,896,936.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Proxy Statement for its 2025 Annual Meeting of Stockholders, which is to be filed with the Securities and Exchange Commission within 120 days of the registrant' fiscal year ended December 31, 2024, are incorporated by reference into Part III of this Annual Report on Form 10-K to the extent stated herein.

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SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K (this Annual Report) contains forward-looking statements within the meaning of the federal securities laws. All statements other than statements of historical fact contained in this Annual Report are forward-looking statements. In some cases, you can identify forward-looking statements by terms such as "may," "should," "expects," "plans," "anticipates," "could," "intends," "target," "projects," "contemplates," "believes," "estimates," "predicts," "potential" or "continue" or the negative of these terms or other similar expressions. These forward-looking statements include, but are not limited to, statements about:

- our future results of operations and financial position, including our expectations and projections regarding our revenues, recurring revenues and revenue growth rate, cost of revenues, gross margin, operating expenses, capital expenditures, cash burn and cash position;
- our business strategy, plans and objectives of management;
- key factors we believe affect our performance, including our beliefs about the opportunities presented by these factors, our ability to successfully address each of these factors and the anticipated impacts of these factors on our business, financial condition and result of operations;
- continued execution of our various initiatives designed to expand gross margins, including by continuing to sell Tablo cartridges, services and accessories for Tablo console, reducing the cost of service and reducing the cost of Tablo consoles;
- our ability to achieve and sustain future profitability, including our ability to expand gross margins, optimize operating expenses (including the anticipated benefits from cost reduction initiatives such as organizational restructurings) and optimize working capital;
- our expectations regarding the market sizes and growth potential for Tablo, and the total addressable market opportunities for Tablo in the acute care and home settings;
- our planned expansion within the home dialysis market and our assumptions about the home market, including expected drivers of home dialysis adoption;
- any ongoing impact of macroeconomic factors on our business and results of operations, and on our customers and suppliers;
- our ability to retain our commercial team, optimize our sales processes and expand the adoption of Tablo as we focus more heavily on enterprise selling;
- our plans to continue to invest in our research and development efforts to enhance existing products and develop new products;
- our ability to respond to any reports, observations or other actions by the FDA or other regulators in a timely and effective manner; and
- our expectations regarding the uses and sufficiency of our capital resources.

The forward-looking statements in this Annual Report are only predictions and are based largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition and results of operations. These forward-looking statements are subject to a number of known and unknown risks, uncertainties and assumptions that may cause our actual results, performance or achievements to be materially different from those expressed or implied by the forward-looking statements. Such risks and uncertainties include those described throughout this Annual Report, including in the sections titled "Risk Factors" under Part I, Item 1A below and "Management's Discussion and Analysis of Financial Condition and Results of Operations" under Part II, Item 7 below.

The forward-looking statements in this Annual Report are based upon information available to us as of the date of this Annual Report and, while we believe such information forms a reasonable basis for such statements, such information may be limited or incomplete, and our statements should not be read to indicate that we have conducted an exhaustive inquiry into, or review of, all potentially available relevant information. These forward-looking statements, like all statements in this Annual Report, speak only as of their date, and except as required by applicable law, we undertake no obligation to update or revise these statements, whether as a result of any new information, future developments or otherwise. These statements are inherently uncertain and investors are cautioned not to unduly rely upon these statements.

Unless the context requires otherwise, all references in this Annual Report to "we," "us," "our," "Outset" and "the "Company" refer to Outset Medical, Inc.

We have proprietary rights to trademarks, trade names and service marks appearing in this Annual Report that are important to our business. Solely for convenience, the trademarks, service marks, logos and trade names referred to in this Annual Report are without the ® and ™ symbols, but such references are not intended to indicate that we will not assert our rights or the rights of the applicable licensors in these trademarks, service marks and trade names. All trademarks, trade names and service marks appearing in this Annual Report are the property of their respective owners.

PART I

Item 1. Business.

Our Company

Outset is a medical technology company pioneering a first-of-its-kind technology to reduce the cost and complexity of dialysis. We believe the Tablo® Hemodialysis System (Tablo) represents a significant technological advancement that transforms the dialysis experience for patients and operationally simplifies it for providers. We designed Tablo from the ground up to be a single enterprise solution that can be utilized across the continuum of care, allowing dialysis to be delivered anytime, anywhere and by virtually anyone. Tablo is currently cleared by the U.S. Food and Drug Administration (FDA) for use in the hospital, clinic or home setting. Our technology is designed to elevate the dialysis experience for patients, and help providers overcome traditional care delivery challenges. Our focus on flexibility, ease of use and user experience translates to meaningfully reduced training times and fixed infrastructure requirements. Requiring only an electrical outlet and tap water to operate, Tablo frees patients and providers from the burdensome infrastructure required to operate traditional dialysis machines. The integration of water purification and on-demand dialysate production in a single 35-inch compact console enables Tablo to serve as a dialysis clinic on wheels. Tablo leverages cloud technology, making it possible for providers to monitor devices and treatments remotely, perform patient and population analytics and automate clinical recordkeeping. With a simple-to-use touchscreen interface, two-way wireless data transmission and a proprietary data analytics platform, Tablo is a new holistic approach to dialysis care. Unlike traditional hemodialysis machines, which have limited clinical versatility across care settings, Tablo can be used seamlessly across multiple care settings and a wide range of clinical applications.

We have generated meaningful evidence to demonstrate that providers can realize significant operational efficiencies, including reducing the cost of their dialysis programs. In addition, Tablo has been shown to deliver robust clinical care. In studies and surveys we have conducted, patients have reported quality of life benefits on Tablo compared to other dialysis machines. We believe Tablo empowers patients, who have traditionally been passive recipients of care, to regain agency and ownership of their treatment.

Kidney failure can be temporary and occur spontaneously due to an underlying medical condition, as is the case in acute kidney injury (AKI), or can worsen gradually over time, as is the case in chronic kidney disease (CKD), which may result in end-stage renal disease (ESRD). Kidney failure is commonly managed with hemodialysis, a procedure by which waste products and excess fluid are directly removed from a patient's blood using an external dialysis machine. ESRD patients require complex management and the cost burden of administering dialysis is significant. Hemodialysis can be performed in multiple care settings, including the hospital, clinic or the patient's home. Typically, different types of dialysis machines are used in different care settings and for different clinical needs. Tablo is an enterprise dialysis solution that allows providers to standardize to a single technology platform.

Driving adoption of Tablo in the acute setting has been our primary focus since Tablo's clearance by the FDA for use in an acute or chronic care facility. We have invested in growing our economic and clinical evidence, built veteran field service, sales and clinical support teams with significant expertise, and implemented a comprehensive training and customer experience program. Our experience in the acute market has demonstrated Tablo's clinical flexibility and operational versatility, while also delivering meaningful cost savings to the providers. In addition, we are working with skilled nursing facilities (SNFs), long-term acute care hospitals (LTACHs), and other post-acute providers to raise awareness of Tablo's economic and clinical benefits to them and to patients. We plan to continue leveraging our commercial infrastructure, including our sales, field service and marketing teams, to broaden our installed base in the acute and post-acute care markets, as well as driving utilization and fleet expansion with our existing customers.

Tablo is also utilized for home-based dialysis. In 2020, Tablo was cleared by the FDA for patient use in the home. We believe our ability to reduce training time, patient dropout, and supplies and infrastructure required to deliver dialysis in the home can drive efficiency and economic improvements to the home care model. In our home investigational device exemption (IDE) trial, patients reported specific quality of life improvements compared to their experience on the incumbent home dialysis machine. To penetrate this market successfully, we have made investments in, and continue to focus on refining our home distribution, logistics, service and support systems to help ensure they continue to scale. We are also working with providers, patients and payors to increase awareness and adoption of transitional care units (TCUs) as a bridge to home based therapy. To demonstrate the cost advantages of Tablo in the home setting, we are continuing to collect additional patient clinical experience and outcomes data.

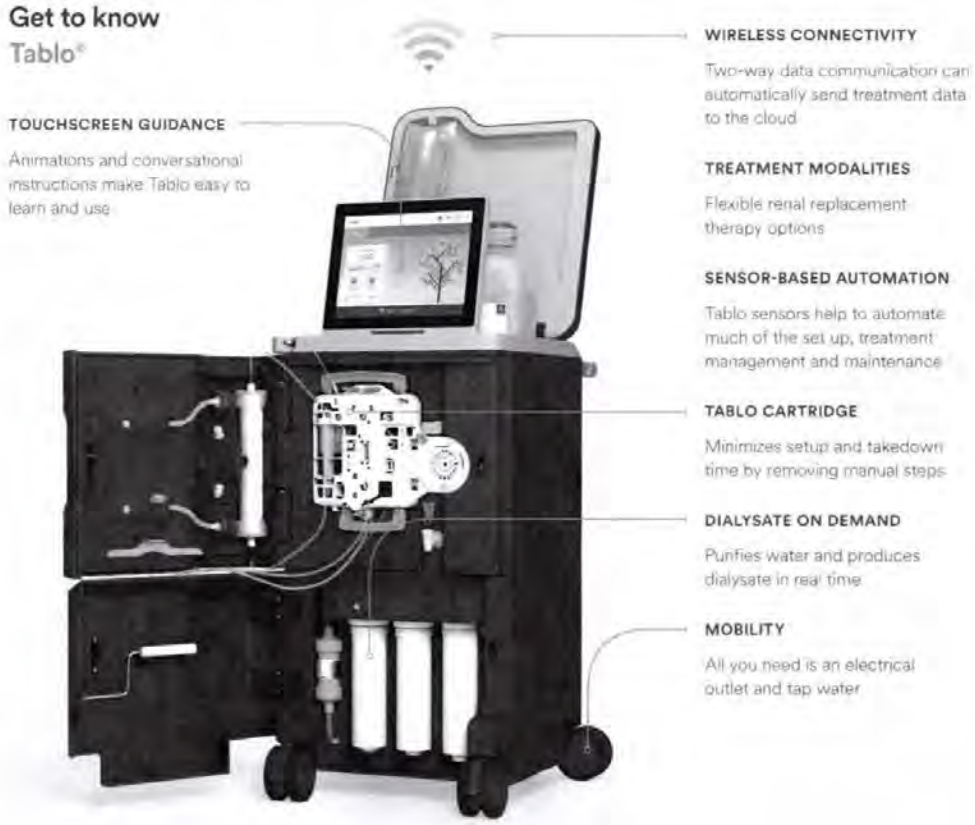
Tablo Hemodialysis System

Tablo is an FDA-cleared single enterprise solution for hemodialysis, comprised of a compact console with integrated water purification, on-demand dialysate production and advanced software and connectivity capabilities. We designed Tablo from the ground up to be a single enterprise solution that can be utilized across the continuum of care, allowing dialysis to be delivered anytime, anywhere, and by virtually anyone. Unlike traditional hemodialysis machines, Tablo can be used seamlessly across multiple

care settings and a wide range of clinical applications, all with the benefit of remote system management, monitoring and maintenance through two-way wireless data transmission capabilities.

Tablo is comprised of the following components:

- Tablo Console. A proprietary, compact, mobile and versatile machine consisting of an integrated water purification, on-demand dialysate production system and simple-to-use touchscreen interface with 3D animations that guide the user through treatment from start to finish. Using advanced sensors, the console automates much of treatment setup and management and can automatically self-diagnose for potential machine issues. Tablo console can accommodate a wide range of treatment modalities, durations and flow rates, allowing for broad clinical applications. Tablo console requires only a standard electrical outlet and tap water to operate. This eliminates the need for industrial water treatment rooms, separate water purification machines and pre-filled bags of dialysate associated with traditional dialysis machines. We also offer TabloCart with Prefiltration drawer or storage drawer, an accessory for Tablo, that is configured based on the customer's needs.
- Tablo Cartridge. A proprietary, disposable single use pre-strung cartridge that easily clicks into place, minimizing steps, touch points and connections, allowing for set up of treatment supplies in less than 12 minutes. Tablo cartridge was designed to simplify and streamline treatment setup to minimize the potential for user error. Tablo cartridge is intended to facilitate extracorporeal blood purification for patients. One cartridge is used per treatment, except in the case of extended therapy, where multiple cartridges can be used if needed. Tablo cartridge consists of a user-friendly pre-configured blood, saline, and infusion tubing. Tablo cartridge requires only two connections to operate as compared to other machines that require stringing, hanging, snapping and tapping multiple lines. In our home IDE trial, patients were able to set up Tablo cartridge and dialysate concentrates in less than 12 minutes, on average. With an average prime period of approximately eight minutes, an uninterrupted patient can initiate therapy in as little as around 20 minutes, representing a significant improvement over traditional machines, which can take approximately 45 minutes to set up.
- Tablo Data Ecosystem. As further described below in the section entitled "Tablo Data Ecosystem", with Tablo, we are bringing data to dialysis. Tablo is built to live in a connected setting with cloud-based system monitoring, patient analytics and clinical recordkeeping.



Tablo Data Ecosystem

Tablo's two-way wireless data transmission and connectedness help reduce maintenance costs and enable ongoing system improvements. This is all made possible by our growing team of experienced software, data science, and machine learning engineers.

Tablo leverages cloud technology to make it possible for providers to monitor devices remotely, view treatment data, perform patient and population analytics, and automate clinical recordkeeping. Tablo's wireless connectivity enables us to release training, new features, and enhancements over-the-air (OTA) without interventions by field service engineers (FSEs). This means that customers can train and upgrade their device on their own schedule. We use these OTA updates to add new features designed to extend Tablo's clinical applicability and enhance device uptime. We believe these OTA updates help Tablo get smarter over time.

Tablo's connectedness allows continuous streaming of over 500,000 device performance data points to the cloud for every treatment. We use this data in conjunction with our diagnostic and predictive algorithms to monitor device performance, identify and diagnose failures and, in some instances, predict and prevent potential future device failures or malfunctions. Equipped with this information, our FSEs can visit sites knowing they have the correct parts and consumables to address the issues reported, and sometimes even those that are yet to come. In effect, this contributes to a reduction in service hours and an increase in device uptime.

The above functionality is enabled through the following key platforms: TabloHub®, a customer-facing portal; MyTablo, a patient-facing portal; and TabloDash, an internal data analytics platform.

TabloHub

TabloHub is designed to be a one-stop shop for providers that allows customers to monitor treatments in real-time across their fleet, visualize historical treatment records and statistics, see system disinfection and service records, search documentation, read news about Tablo, and perform various training. It is accessible from any device equipped with a web browser, be it a smart phone, a tablet, or a computer.

Through the Tablo application programming interface (API), providers can integrate Tablo with their Electronic Medical Records (EMR) to receive Tablo treatment data and flowsheets automatically. This helps reduce manual record keeping, record-entry errors, and auditing risks. This additional point of connectedness is designed to deliver data in compliance with the federal Health Insurance Portability and Accountability Act (HIPAA) Security Rule, and does not require any special equipment from the providers: it connects to the cloud using any standard Ethernet or Wi-Fi internet connections. TabloHub strengthens care, simplifies meeting documentation requirements, and makes system management easy.

MyTablo

MyTablo is a version of TabloHub designed for patients who are dialyzing at home or performing self-care at a clinic. Using MyTablo, patients can access training and download their treatment reports.

TabloDash

TabloDash is a powerful data analytics platform used by Outset team members to analyze diagnostic data produced by connected devices across all fleets, data from our customer relationship management system, and various other sources. Tablo captures more than 500,000 machine performance data points during every treatment, which is then used to fuel data analytics and machine learning algorithms that drive our research and development pipeline.

Through TabloDash, data can be visualized, graphed, aggregated, and queried to answer complex business intelligence questions, and build performance monitoring dashboards. For example, our service team uses TabloDash to analyze field response times, categorize failures by types, diagnose specific device issues, and monitor customer fleet performance.

The real-time nature of TabloDash allows our FSEs to troubleshoot and adjust a device remotely during a call with a customer and avoid the need to send FSEs to a site unnecessarily. If it is necessary to dispatch an FSE, we can use TabloDash to help ensure they arrive with the correct parts to complete the repair and are able to address any preventive maintenance predicted by our algorithms, all during the same visit. TabloDash is the linchpin that helps us optimize the cost of service while increasing the quality of service by reducing unnecessary visits, time spent on-site, and device downtime.

With the above features and benefits in mind, we believe Tablo is well-positioned as a differentiated, all-in-one solution enabling transformational dialysis across the continuum of care, from hospital to home, in one of the largest, most expensive, least changed areas of healthcare.

Competition

There are a number of dialysis machine manufacturers in the United States, Europe and Asia. Notable competitors in the United States include Fresenius Medical Care AG & Co. KGaA (Fresenius), Vantive, formerly the Baxter kidney care segment, and B. Braun. Medical Inc. (B. Braun). In addition, Quanta Dialysis Technologies Ltd.'s (Quanta) dialysis system has received FDA 510(k)

clearance for use in acute and/or chronic and home settings. Of these competitors, Fresenius is the largest, and is vertically integrated, both manufacturing dialysis products and operating dialysis clinics along with providing inpatient dialysis services to hospitals and health systems. Additionally, companies with dialysis machine development programs include Medtronic plc (Medtronic). With the exception of Quanta, our competitors are significantly larger than us with greater financial, marketing, sales and personnel resources, greater brand recognition and longer operating histories. We believe our ability to compete effectively will be dependent on our ability to build the commercial infrastructure necessary to effectively demonstrate the value of Tablo, maintain and improve product quality and feature functionality, build the infrastructure to support the operating needs of the business and achieve cost reductions.

Acute Care

While historically customers in this market have focused on machine functionality and price, we believe they are increasingly focused on the total cost of patient care, which favors technology that can provide clinical versatility and improve operational efficiency. In the acute care setting, the dialysis machine manufacturers that we compete with include Fresenius, Vantive and B. Braun. We compete primarily on the basis that Tablo is designed to drive operational efficiency through ease of use and cost reduction by reducing infrastructure and supplies cost.

Further, hospital and post-acute customers in this market have generally outsourced their dialysis services to third party providers, for example, Fresenius, rather than offering on-site inpatient dialysis services on their own. We may also compete against these outsourced dialysis providers. In such instances, we believe our ability to compete effectively will depend on our ability to demonstrate Tablo's economic, clinical and operational benefits relative to outsourcing dialysis services.

Home Care

We believe competition in the home setting is based on a system's clinical performance, its cost efficiency, its ease of use and patient preference. In the home hemodialysis setting, competitors include Fresenius (through its acquisition of NxStage) and Quanta which received FDA 510(k) clearance for home use in 2024. We believe through Tablo's unique advantages it is easier and faster for patients to learn, and simpler for patients to operate at home, which may position us well against existing or future competitors. We believe these factors will reduce patient or caregiver burn-out, thereby extending patient retention, increasing home hemodialysis growth and improving associated margin for providers. We do not consider peritoneal dialysis (PD) to be competitive to our products given the differences in treatment modality, that PD is clinically limited to patients with certain pre-existing conditions such as congestive heart failure and obesity and that PD is regarded as a "temporary" modality since approximately 80% of patients are on the therapy for less than three years.

Intellectual Property

Our success depends in part on our ability to protect our proprietary technology and intellectual property rights. We rely on a combination of federal, state, common law and international rights, as well as contractual restrictions, to protect our intellectual property.

We seek patent protection for certain of our key innovations, processes and other inventions. We pursue the registration of our trademarks, service marks and domain names in the United States and in certain other locations. We control access to our proprietary technology by entering into confidentiality and invention assignment agreements with our employees and contractors, and confidentiality agreements with third parties. Our intellectual property includes specific algorithms for Tablo console, including those related to pressure sensors, blood leakage and pump control loops.

Patents

As of December 31, 2024, we had 23 issued U.S. patents, as well as 10 pending U.S. patent applications. We had an aggregate of 40 issued patents in Australia, Canada, China, France, Germany, Hong Kong, Japan, Spain, Sweden and the United Kingdom, as well as 36 pending patent applications in Australia, Brazil, Canada, China, the European Patent Office, Hong Kong, Japan, Saudi Arabia and United Arab Emirates. Some of our patents and other intellectual property cover aspects of Tablo that enable it to be used by anyone, including the patient, through the automation of functions formerly performed by dialysis center technicians using traditional dialysis systems. Our proprietary data ecosystem provides what we believe is a unique way of connecting providers and patients for real-time treatment monitoring, automated treatment documentation, and simplified compliance and record-keeping.

Our patents expire between October 2025 and April 2040. The term of individual patents depends upon the legal term for patents in the countries in which they are granted. In most countries, including the United States, the patent term is 20 years from the earliest claimed filing date of a non-provisional patent application in the applicable country. In the United States, a patent's term may, in certain cases, be lengthened by patent term adjustment, which compensates a patentee for administrative delays by the United States Patent and Trademark Office (USPTO) in examining and granting a patent, or it may be shortened if a patent is terminally disclaimed

over a commonly owned patent or a patent naming a common inventor and having an earlier expiration date. We cannot be sure that our pending patent applications or future patent applications will result in issued patents or that any patents that have issued or might

issue in the future will protect our current or future products, provide us with any competitive advantage or will not be challenged, invalidated, or circumvented.

Various aspects of Tablo, including, without limitation, sensor technology, connectivity, automation, analytics and interface are covered by software, algorithms, processes, trade secret or other proprietary rights. We protect our trade secrets through a variety of measures, including confidentiality agreements and proprietary information agreements with suppliers, employees, consultants and others who may have access to our proprietary information. Trade secrets and proprietary information can be difficult to protect, however. While we have confidence in the measures we take to protect and preserve our trade secrets and proprietary information, such measures can be breached, and we may not have adequate remedies for any such breach. In addition, our trade secrets and proprietary information may otherwise become known or be independently discovered by competitors.

There is no active patent litigation involving any of our patents, and we have not received any notices claiming that our activities infringe a third party's patent.

Manufacturing, Supply Chain and Logistics

We direct the manufacturing and supporting supply chain, distribution and logistics for Tablo console, Tablo cartridge and other consumables (electrolyte concentrates and plastic tubing that transports the concentrates into Tablo to enable on-demand dialysate production). We operate under a Quality Management System that has been certified to ISO 13485 Medical Device Quality Management System standard.

We manufacture our Tablo consoles and a majority of Tablo cartridges at our manufacturing facility in Tijuana, Mexico. We are operating in Mexico in collaboration with TACNA Services (TACNA), a well-known outsourced business administration service provider that provides all the back-office and facility infrastructure support, allowing us to focus on our core competencies – design and high-volume manufacturing for reliability and cost reduction. Tablo consoles manufactured in our Mexico facility are tested at the facility using an integrated system testing protocols designed by us, and then direct-shipped to our distribution centers, using a network of short-haul and long-haul freight forwarders optimized for time and cost efficiency.

Pursuant to the terms of our manufacturing services agreement with TACNA (the TACNA Agreement), TACNA provides support services in connection with our manufacturing activities in Mexico. Under the TACNA Agreement, TACNA hires employees as requested by us and is responsible for human resource functions including maintenance of employee files and reports. TACNA is also responsible for performing internal statutory accounting and payroll services, as well as payables processing. Additional services that TACNA is obligated to provide under the TACNA Agreement include interfacing with both Mexican and U.S. governmental agencies, preparing import-export documentation, coordinating shipment of equipment, raw materials and finished products, and obtaining necessary permits and licenses required in Mexico. Under the TACNA Agreement, TACNA's services are generally performed under a pass-through cost model under which costs incurred are approved by us. We are also obligated to pay TACNA fees based on the number of employees under the TACNA Agreement. The TACNA Agreement has an initial three-year term and will continue thereafter until terminated by us or TACNA in accordance with the terms of the TACNA Agreement.

We also manufacture a portion of Tablo cartridges through Infus Medical Co. Ltd. (Infus), a contract manufacturer with two facilities in Thailand.

The number of suppliers required for Tablo console production is approximately 100 worldwide. We consider a discrete number of these suppliers, located in the United States, Mexico, Europe and Asia, as critical providers of components such as pumps, motors, valves and PCBA boards. The various components for Tablo cartridge are manufactured by 13 different single and dual-source suppliers located in various countries including the United States, Mexico, Europe and Asia.

Government Regulation

United States Food and Drug Administration

In the United States, our products are subject to regulation by the FDA as medical devices pursuant to the Federal Food Drug and Cosmetic Act (FDCA). The FDA regulates the development, design, non-clinical and clinical research, manufacturing, safety, efficacy, labeling, packaging, storage, installation, servicing, recordkeeping, premarket clearance or approval, adverse event reporting, advertising, promotion, marketing and distribution, and import and export of medical devices to ensure that medical devices distributed domestically are safe and effective for their intended uses and otherwise meet the requirements of the FDCA.

FDA Premarket Clearance and Approval Requirements

Unless an exemption applies, each medical device commercially distributed in the United States requires either FDA clearance of a 510(k) premarket notification, approval of a de novo application, or approval of a premarket approval (PMA). Under the FDCA,

medical devices are classified into one of three classes—Class I, Class II or Class III—depending on the degree of risk associated with each medical device and the extent of manufacturer and regulatory control needed to ensure its safety and

effectiveness. Class I includes devices with the lowest risk to the patient and are those for which safety and effectiveness can be assured by adherence to the FDA's General Controls for medical devices, which include compliance with the applicable portions of the Quality System Regulation (QSR), facility registration and product listing, reporting of adverse medical events, and truthful and non-misleading labeling, advertising, and promotional materials. Class II devices are subject to the FDA's General Controls, and special controls as deemed necessary by the FDA to ensure the safety and effectiveness of the device. These special controls can include performance standards, post-market surveillance, patient registries and FDA guidance documents.

While most Class I devices are exempt from the 510(k) premarket notification requirement, manufacturers of most Class II devices are required to submit to the FDA a premarket notification under Section 510(k) of the FDCA requesting permission to commercially distribute the device. The FDA's permission to commercially distribute a device subject to a 510(k) premarket notification is generally known as 510(k) clearance. Devices deemed by the FDA to pose the greatest risks, such as life sustaining, life supporting or some implantable devices, or devices that have a new intended use, or use advanced technology that is not substantially equivalent to that of a legally marketed device, are placed in Class III, requiring approval of a PMA. Some pre-amendment devices are unclassified, but are subject to FDA's premarket notification and clearance process in order to be commercially distributed. Tablo is a Class II device subject to 510(k) clearance.

510(k) Clearance Marketing Pathway

To obtain 510(k) clearance, we must submit to the FDA a premarket notification submission demonstrating that the proposed device is "substantially equivalent" to a predicate device already on the market. A predicate device is a legally marketed device that is not subject to PMA, i.e., a device that was legally marketed prior to May 28, 1976 (pre-amendments device) and for which a PMA is not required, a device that has been reclassified from Class III to Class II or I, or a device that was found substantially equivalent through the 510(k) process. The FDA's 510(k) clearance process usually takes from three to twelve months, but often takes longer. The FDA may require additional information, including clinical data, to make a determination regarding substantial equivalence. In addition, the FDA collects user fees for certain medical device submissions and annual fees for medical device establishments.

If the FDA agrees that the device is substantially equivalent to a predicate device currently on the market, it will grant 510(k) clearance to commercially market the device. If the FDA determines that the device is "not substantially equivalent" to a previously cleared device, the device is automatically designated as a Class III device. The device sponsor must then fulfill more rigorous PMA requirements, or can request a risk-based classification determination for the device in accordance with the "de novo" process, which is a route to market for novel medical devices that are low to moderate risk and are not substantially equivalent to a predicate device. If a de novo request is granted, the device may be legally marketed and a new classification is established. If the device is classified as Class II, the device may serve as a predicate for future 510(k) submissions. If the device is not approved through de novo review, then it must go through the standard PMA process for Class III devices.

After a device receives 510(k) marketing clearance, any modification that could significantly affect its safety or effectiveness, or that would constitute a major change or modification in its intended use, will require a new 510(k) clearance or, depending on the modification, PMA approval. The FDA requires each manufacturer to determine whether the proposed change requires submission of a 510(k) or a PMA in the first instance, but the FDA can review any such decision and disagree with a manufacturer's determination. If the FDA disagrees with a manufacturer's determination, the FDA can require the manufacturer to cease marketing and/or request the recall of the modified device until 510(k) marketing clearance or PMA approval is obtained. Also, in these circumstances, the manufacturer may be subject to significant regulatory fines or penalties.

PMA Approval Pathway

Class III devices require approval of a PMA before they can be marketed, although some pre-amendment Class III devices for which the FDA has not yet required a PMA are cleared through the 510(k) process. The PMA process is more demanding than the 510(k) premarket notification process. In a PMA application, the manufacturer must demonstrate that the device is safe and effective, and the PMA application must be supported by extensive data, including data from preclinical studies and human clinical trials. The PMA application must also contain a full description of the device and its components, a full description of the methods, facilities, and controls used for manufacturing, and proposed labeling. Following receipt of a PMA application, the FDA determines whether the application is sufficiently complete to permit a substantive review. If the FDA accepts the application for review, it has 180 days under the FDCA to complete its review of a PMA application, although in practice, the FDA's review often takes significantly longer, and can take up to several years. An advisory panel of experts from outside the FDA may be convened to review and evaluate the application and provide recommendations to the FDA as to the approvability of the device. The FDA may or may not accept the panel's recommendation. In addition, the FDA will generally conduct a pre-approval inspection of the applicant or its third-party manufacturers' or suppliers' manufacturing facility or facilities to ensure compliance with the QSR. PMA devices are also subject to the payment of user fees.

The FDA will approve the new device for commercial distribution if it determines that the data and information in the PMA application constitute valid scientific evidence and that there is reasonable assurance that the device is safe and effective for its intended use(s). A PMA may include post-approval conditions intended to ensure the safety and effectiveness of the device, including,

4T

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Replimune, Inc.

Physical Address: 33 New York Avenue, Suite 100

City: Framingham State: MA Zip: 01701

Mailing Address (if different from physical address): 500 Unicorn Park Drive, Suite 303

City: Woburn State: MA Zip: 01801

Telephone: (781) 222-9600 Website: https://replimune.com

Name of Designated Representative (DR): Mark Muscato

Licensing Company Email: StateLicensing@replimune.com DR Email: mark.muscato@replimune.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): Replimune Group, Inc.

Corporation Name: Replimune, Inc.

Mailing Address: 500 Unicorn Park Drive, Suite 303

City: Woburn State: MA Zip: 01801

Telephone: (781) 222-9600 Email: info@replimune.com

Contact Person Name: Bonnie Gaudette

Date of SEC Registration: 7/24/2018	SEC Registration Number: 0001737953	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Replimune, Inc.
Facility Name

Emily Hill
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/2/25
Date

Board Use Only	Date Received: 5/12/25	Amount: $1000 ck 3703



Company Information

Replimune Inc.
33 New York Avenue, Suite 100
Framingham, MA 01701
(781) 222-9600
www.replimune.com
StateLicensing@replimune.com:

FEIN: 47-4303094
State of Formation: DE
Date Incorporated: 6/11/2015

Ownership Information

Replimune Inc. is 100% owned by Replimune Group, Inc. a Publicly Traded company on the NASDAQ stock exchange under the symbol REPL.

Replimune Group Inc.
500 Unicorn Park Drive, Suite 303
Woburn MA 01801
(781) 222-9600
Parent Company FEIN: 82-2082553

Officers

Sushil Patel, Chief Executive Officer
33 New York Avenue, Suite 100
Framingham, MA 01701
(781) 222-9600

Emily Hill, Chief Financial Officer
33 New York Avenue, Suite 100
Framingham, MA 01701
(781) 222-9600

An official website of the United States government Here's how you know

FDA

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Drug Establishments Current Registration Site

New Search

Search Results for *Replimune, Inc.*

Showing 1 to 1 of 1 entries

Show 50 entries

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Registration Expiration Date
Replimune, Inc.	3022984544	079185250	ANALYSIS; API MANUFACTURE; LABEL; MANUFACTURE; PACK	33 New York Ave Ste 100, Framingham, Massachusetts (MA) 01701, United States (USA)	12/31/2025

Previous 1 Next

Data Current Through: Wednesday, May 07, 2025

New Search

DESCRIPTION OF OPERATIONS

Replimune, Inc. ("Replimune") is a private company owned by publicly held Replimune Group, Inc. (NASDAQ: REPL). Replimune is a Massachusetts-based, self-manufacturer focused on revolutionizing cancer treatment with therapies designed to activate an anti-tumor response for patients with cancer. Replimune is a self-manufacturer with hours of operation 8am - 5pm M-F.
Replimune's products will be distributed by their Third-Party logistics provider.

THIRD-PARTY LOGISTICS

Replimune utilizes the following facility for distribution of product:

Cardinal Health
501 Mason Road
LaVergne TN 37086
Douglas Redinger
(419) 308-7522

PRODUCTS
Labeler Code: 83616

Replimune's products are not controlled substances. Accordingly, Replimune is not required to maintain DEA registration.

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REPLIMUNE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF FEBRUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5711367 8300

SR# 20250607660

Authentication: 202969865

Date: 02-19-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

An official website of the Commonwealth of Massachusetts Here's how you know

Mass.gov | Office of Health and Human Services (EOHHS) License Verification Site

To view a list of status definitions please view the Bureau of Health Professions Licensure License Status Definitions.

License Information

License Type:	Drug Manufacturer or Drug Distributor Controlled Substance Registration
License Number:	RMD400156
Status:	Current
Organization Name:	Replimune, Inc.
Last Issue/Renewal Date:	February 04, 2025
Expiration Date:	February 04, 2026
Address:	33 New York Avenue, Suite 100 Framingham, MA 01701
Drug Schedules:	VI

Compliance Actions/Fines

There are no public compliance actions or fines against this license/registration record.

Verification of Licensure

To generate a Verification of Licensure for this license/registration record, please click the "Generate Verification of Licensure" button below.

Generate Verification of Licensure

Disclaimer: The information contained in this website ("website content") is made available as a public service by the Massachusetts Department of Public Health (the Department). The Department considers this information to constitute primary source verification. Click here for full disclaimer.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Drug Manufacturer or Drug Distributor Controlled Substance Registration to:

Replimune, Inc.
33 New York Avenue, Suite 100
Framingham, MA 01701

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: RMD400156

Type: Manufacture

Schedules: VI

Issue Date: 02/04/2025

Expiration Date: 02/04/2026

employee list

Group	Staff Member
OP's	Bullock, Paul
	Geer, David
	Stutzman, Michelle
	Goldstein, Molly
	Tsoutsis, Mishana
F&E	Muscato, Mark
	Howe, Brian
	Underwood, Steve
	Primavera, Mike
	Benson, Pat
	Pellazar, Juhx
	Flynn, Patrick
	Ferguson, Cameron
	Gelormini, Mike
Validation	Nicholson, Laura
	Habib, Kero
	Joshi, Suvarna
	Mylavarapu, Maanas
	Amin, Mashrul
	Kearns, Duncan
	Rejinthala, Santhosh
	Patel, Neil
Manufacturing	Zbikowski, Jonathan
	Levy, Erickson
	DelValle, Miguel
	Stonionis, Andy
	Bowen, Jenna
	Larned, Phillip
	Bettancourt, Jose
	Martinez, Christian
	Silva, Samantha
	Revolorio, Gisela
	Hashmi, Muhammad
	Hines, Alex
	Famania, Karla
	Santos, Evan
	Charles, Claudine
	Boehner, Kristen
	Ramirez, Jonathan
	Matos, Jonaliz
	Kassaye, Elias
Warehouse & Supply Chain	Gomez, Enrique
	Laudate, Tony

	Papelian, Maryellen
	Ailani, Ashish
	Dwumfour, Davis
	McCubrey, David
	Wyatt, Tammy
	Powell, Mark
	Gill, Tom
	Philippeaux, Emerson
	Fosu, Richard
	Castano, Joseph
	Roche, David
	Trask, Sam
	Simjian, Thomas
	Hraiz, Mmiriam
	Barker, Christopher
	Patel, Kaushal
	Upadhyay, Pratik
	Sok, Nick
	Vaghela, Pratipalsinh
	Smith, Sinque
	Sharma, Neel
	Karna, Supriya
Process Development	Kellogg, Tim
	Okray, Andrea
	Ward, Lynn
	Kromplewski, Christina
	Kohlstrom, Nick
	Rembert, Kelvin
	O'Connell, Catherine
	Vernet-Cruz, Ada
	Ramos, Lucas
	Bach, Chris
	Thadi, Surekha
	Zhou, Zichen
	Tang, Zike
	Holar, Sonia
	Bangari, Kiran
	Frankenbush, Ken
	Thomasi, Betty
	Pehlivaner, Meryem
Analytical Development	Kakar, Prateek
	Kalaichelvan, Gobika
	Butler, Chance
	Guerrero, Daniel

Quality Control	Cole, Thomas
	Landrith, Rebecca
	Gaucher, Danielle
	Johanning, Steven
	Harris, William
	Kaur, Harmanjot
Quality Control Micro	Raices, Luis
	Pimentel, Ali
	Mellado, Jacqueline
	Avendano, Manuel
	Barnett, Christin
	Mariluz, Andrea
	Sprague, Jonathan
Quality Control Analytical	Alberg, Elizabeth
	Cote David
	McIntosh, Abbigayle
	O'Connor, Nicole
	Wolfenden, Bill
Quality Assurance	Brady, Christian
	Trott, Carolyn
	Patel, Birajuben
	Hebert, Patricia
	Flynn, April
	Lemieux, Martha
	McCarthy, Julie
	Attia, Abdelrahman
	Mason, Helene
	Couturier, Elizabeth
	Arroyo-Cruzado, Saribell
	Rooney, Sigita
	Astrofsky, Richard
	DeFuria, Michael
	Pham, Jaime
	Resca, Shamima
	Saysouk, Miranda
	Varnau, Victoria
	Stone, Jessica
Quality Systems	Back-Moore, Karen
	Gade, Sri Devi
	Kennedy, Elizabeth
	Gavirneni, Anish
	Fields, LaMonte
	Small, Brenda
	Forbes, Kimberly

	Taccini, Gary
IT	Kiklis, David
	Medine, Gabe
	Eule, Andrew
	Glidden, Kristy
	Dey, Archita
Second Shift -MFG	Holt, Jason
	Williams-Thomas, Daylon
	Pheang, Levi
	Luu, Pete
	Blythe, Mason
Second Shift - QC	Lyon, Sean
	Prempeh, Boadu
Second Shift - QA	Mulugeta, Himanot
	Lopez, Diana
Visiting Employees & Contractors	Cupp, Jason
	Bennett, Randy
	Desai, Priyanka
	Allen, Beth

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

x **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended March 31, 2023

OR

o **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from to

Commission file number 001-38596

REPLIMUNE GROUP, INC.

(Exact name of registrant as specified in its charter)

Delaware	**82-2082553**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

500 Unicorn Park Drive

Suite 303

Woburn MA 01801

(Address of principal executive offices)
(Zip Code)

(781) 222-9600

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.001 per share	REPL	The Nasdaq Stock Market LLC (Nasdaq Global Select Market)

Securities registered pursuant to Section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No x

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No x

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes x No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes x No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐	Non-accelerated filer	☒	Smaller reporting company	☒
						Emerging growth company	☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. x

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No x

If securities are registered pursuant to Section 12 (b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1 (b) . ☐

The aggregate market value of the Common Stock held by non-affiliates of the registrant was approximately $486.9 million, based on the closing price of the registrant's Common Stock on September 30, 2022, the last business day of the registrant's most recently completed second fiscal quarter.

There were 57,775,993 shares of Common Stock outstanding as of May 15, 2023.

DOCUMENTS INCORPORATED BY REFERENCE

The registrant intends to file a definitive proxy statement pursuant to Regulation 14A within 120 days of the end of the fiscal year ended March 31, 2023. Portions of such definitive proxy statement are incorporated by reference into Part III of this Annual Report on Form 10-K.

REPLIMUNE GROUP, INC.
ANNUAL REPORT ON FORM 10-K
For the Year Ended March 31, 2023

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Special note regarding forward-looking statements

This Annual Report on Form 10-K contains forward-looking statements concerning our business, operations and financial performance and condition, as well as our plans, objectives and expectations for our business operations and financial performance and condition. Any statements contained herein that are not statements of historical facts may be deemed to be forward-looking statements. In some cases, you can identify these forward-looking statements by the use of words such as "outlook," "believes," "expects," "potential," "continues," "may," "will," "should," "seeks," "approximately," "predicts," "intends," "plans," "estimates," "anticipates" or the negative version of these words or other comparable words. Such forward-looking statements are subject to various risks and uncertainties. Accordingly, there are or will be important factors that could cause actual outcomes or results to differ materially from those indicated in these statements. We believe these factors include, among other things:

- the timing, progress, and results of preclinical studies and clinical trials for our product candidates, including the timing of initiation and completion of studies or trials and related preparatory work and the period during which the results of the trials will become available;
- our ability to obtain additional funding as necessary;
- the timing, scope or likelihood of regulatory filings and approvals, including timing of our Biologics License Application, or BLA, and filing for, and final approval by the U.S. Food and Drug Administration, or the FDA, of, RP1 or any of our other product candidates;
- the timing, scope, or likelihood of foreign regulatory filings and approvals;
- our ability to develop our product candidates for use in combination with other checkpoint blockade therapies, including anti-PD-1;
- our ability to develop and advance any future product candidates into, and successfully complete, clinical trials;
- our expectations regarding the size of the patient populations for RP1, RP2 and/or RP3 or any other product candidates from our RPx platform if approved for commercial use;
- our ability to successfully qualify, obtain approval for, and maintain successful operation, approval and qualification of our in-house manufacturing operations;
- our ability to obtain and maintain sufficient quantities of raw material supplies or access single or limited sources of goods or services needed to build or maintain our product candidate supplies or otherwise operate our in-house manufacturing facility;
- the costs of operating our in-house manufacturing facility;
- our estimates regarding expenses and capital requirements;
- the implementation of our business model and our strategic plans for our business, RP1 and our other product candidates;
- the rate and degree of market acceptance and clinical utility of RP1 and our other product candidates;
- the potential benefits of and our ability to establish or maintain future collaborations or strategic relationships;
- our ability to retain the continued service of our key professionals and to identify, hire and retain additional qualified professionals;
- our intellectual property position, including the scope of protection we are able to establish and maintain for intellectual property rights covering RP1 and our other product candidates, claims others may make regarding rights in our intellectual property, and any potential infringement, misappropriation or other violation of any third-party intellectual property rights;
- our competitive position, and developments and projections relating to our competitors and our industry;
- negative developments in the fields of immuno-oncology or oncolytic immunotherapy;
- the impact of laws and regulations;
- the impact of the COVID-19 coronavirus, or COVID-19, as a global pandemic and related public health, travel, and supply chain issues;
- the impact of the Russian - Ukrainian conflict on the global economy and related governmental imposed sanctions;

- our expectations regarding the time during which we will be an emerging growth company under the Jumpstart Our Business Startups Act of 2012; and
- the other risks and uncertainties described under "Risk factors."

The forward-looking statements made in this Annual Report on Form 10-K relate only to events as of the date on which the statements are made. These factors should not be construed as exhaustive and should be read in conjunction with the other cautionary statements that are included in this Annual Report on Form 10-K. Moreover, we operate in a competitive and rapidly changing environment. New risks and uncertainties emerge from time to time, and it is not possible for us to predict all risks and uncertainties that could have an impact on the forward-looking statements contained in this Annual Report on Form 10-K. We undertake no obligation to publicly update or review any forward-looking statement, whether as a result of new information, future developments or otherwise, except to the extent required by applicable law. You should not rely on forward-looking statements as predictions of future events. We may not actually achieve the plans, intentions, or expectations disclosed in our forward-looking statements, and you should not place undue reliance on our forward-looking statements.

PART I

Item 1. Business

Overview

We are a clinical-stage biotechnology company committed to applying our leading expertise in the field of oncolytic immunotherapy to transform the lives of cancer patients through our novel tumor-directed oncolytic immunotherapies. Our proprietary tumor-directed oncolytic immunotherapy product candidates are designed and intended to maximally activate the immune system against cancer.

Oncolytic immunotherapy is an emerging drug class, which we intend to establish as the second cornerstone of immune-based cancer treatments, alongside checkpoint blockade. Oncolytic immunotherapy exploits the ability of certain viruses to selectively replicate in and directly kill tumors, as well as induce a potent, patient-specific, anti-tumor immune response. Our product candidates incorporate multiple mechanisms of action into a practical "off-the-shelf" approach that is intended to maximize the immune response against a patient's cancer and to offer significant advantages over other approaches to inducing anti-tumor immunity, including personalized vaccine approaches. We believe that the bundling of multiple approaches for the treatment of cancer into single therapies will increase clinical efficacy and simplify the development path of our product candidates, while also improving patient outcomes at a lower cost to the healthcare system than the use of multiple different drugs.

Our proprietary RPx platform is based on a proprietary, engineered strain of herpes simplex virus 1, or HSV-1, backbone with payloads added to maximize immunogenic cell death and the induction of a systemic anti-tumor immune response. The RPx platform has a unique dual local and systemic mechanism of action, or MOA, consisting of direct selective virus-mediated killing of the tumor resulting in the release of tumor-derived antigens and altering of the tumor microenvironment, or TME, to ignite a strong and durable systemic response. This MOA is expected to be synergistic with most established and experimental cancer treatment modalities, and, with an attractive safety profile, the RPx platform is expected to have the versatility to be developed alone or combined with a variety of other treatment options. We currently have three RPx product candidates in our development pipeline, RP1 (vusolimogene oderparepvec), our lead product candidate, RP2 and RP3. Although our fiscal year runs from April 1st - March 31st, our programs and program updates disclosed herein and elsewhere are reported on a calendar year basis.

We are conducting a number of clinical trials of RP1, both as a monotherapy and in combination with anti-PD-1 therapy, with a focus on establishing a major skin cancer franchise. We have completed enrolling patients in a randomized, controlled Phase-2 clinical trial of RP1 with cutaneous squamous cell carcinoma, or CSCC, RP1's lead indication, which is referred to herein as CERPASS or the CERPASS trial, under an agreement with our partner Regeneron Pharmaceuticals, Inc., or Regeneron. CERPASS is a registration directed clinical trial evaluating RP1 in combination with cemiplimab, an anti-PD-1 therapy developed by Regeneron, versus cemiplimab alone. Regeneron has granted to us a non-exclusive royalty-free license to cemiplimab for use in this trial, is supplying cemiplimab at no cost and funded one-half of the clinical trial costs up to the amount agreed in the first study plan. CERPASS enrolled 211 patients with locally advanced or metastatic CSCC who are naïve to anti-PD1 therapy. An additional 20 patients were also dosed with RP1 made at our in-house manufacturing facility. The CERPASS protocol evaluates complete response, or CR rate, and overall response rate, or ORR, as its two independent primary efficacy endpoints as assessed by independent review, as well as duration of response, progression-free survival, or PFS, and overall survival, or OS, as secondary endpoints. As previously reported, we met with the FDA in the first quarter and discussed the rationale for the changes to the study design we made in 2020 reducing the study size from 240 to 180 patients and adding CR as a dual independent primary endpoint (the study subsequently over enrolled with 211 patients randomized, as reported in November 2022). No changes were made to the protocol as a result of the meeting. As reported in February 2023, topline data from the CERPASS trial is expected to be announced in Q3 2023. Assuming positive primary analysis data is generated, including demonstrating overall clinical benefit, we continue to expect to make a Biologics License Application submission for RP1 in Q1 2024.

We continue our collaboration with Bristol Myers Squibb Company, or BMS, under which BMS has granted us a non-exclusive, royalty-free license to, and is supplying at no cost, its anti-PD-1 therapy, nivolumab, for use in combination with RP1 in a multi-cohort Phase 1/2 clinical trial which is referred to herein as IGNYTE, or the IGNYTE trial. The leading tumor specific cohort in the IGNYTE trial is our registration directed Phase 2 expansion cohort enrolling 125 patients with anti-PD-1 failed cutaneous melanoma who are being treated with RP1 in combination with nivolumab. We are also continuing enrollment into the cohorts of patients with anti-PD-1 failed non-melanoma skin cancers, or NMSC, which includes patients with both naïve and anti-PD-1 failed disease, including CSCC.

We initiated the registration directed Phase 2 expansion cohort in the IGNYTE trial enrolling 125 patients with anti-PD-1 failed cutaneous melanoma after completing enrollment in a prior Phase 2 cohort in the same clinical trial of approximately 30 patients with melanoma, which demonstrated the tolerability and clinical activity of the combination of RP1 and nivolumab in patients with melanoma, including those who had failed prior anti-PD-1 when given alone or in combination with CTLA-4 blockade. In March 2021, we held a Type B meeting with the FDA to discuss the design of the 125 patient expansion cohort in the IGNYTE trial. In this meeting, the FDA expressed that while a randomized controlled clinical trial would always be preferred for registration purpose, that in this patient population with no clear standard of care, if the clinical data is sufficiently compelling then the data could be considered for submission by the FDA under the accelerated approval pathway. The FDA also indicated that a randomized confirmatory trial would also be needed as is required under the accelerated approval pathway. The design of the confirmatory trial is intended to be discussed with the FDA prior to a BLA submission. In December 2022, we reported data from the first 75 patients with at least six months follow-up. The data snapshot based on investigator response showed a 20% CR rate and a 36% ORR with activity across all disease stages and strong durability. In January 2023, we completed target enrollment of 125 patients with patients in screening at that time continuing to be enrolled. We completed enrollment in this cohort in March 2023, ultimately enrolling 141 patients. Further updated data from the initial 75 patients is expected to be presented at the American Society of Clinical Oncology, or ASCO, in June 2023, and a data snapshot for all 141 patients, who will all have a minimum of 6 months follow-up, is expected in Q4 2023. The data snapshot for all 141 patients with a minimum of 6 months follow-up will be evaluated for the potential to align a dual launch with CERPASS, assuming both indications for RP1 are timely approved, however, the per protocol primary analysis continues to be expected 12 months after enrollment of the last patient, March 2024, with topline data expected in Q2 2024.

We continue to enroll patients in our additional IGNYTE Phase-2 cohorts under our collaboration with BMS in which we are evaluating RP1 in combination with nivolumab. In NMSC, enrollment in the anti-PD-1 naïve NMSC cohort has completed, included patients with cutaneous squamous cell carcinoma, or CSCC, basal cell carcinoma, or BCC, merkel cell carcinoma, or MCC, and angiosarcoma. Updated data from the CSCC patients in the anti-PD-1 naïve NMSC cohort, presented in March 2022, continued to show nearly half of the patients achieving a complete response and nearly 65% achieving a complete or partial response. We are currently enrolling an extension of the NMSC cohort of RP1 in combination with nivolumab in NMSC patients who have failed prior treatment with anti-PD(L)-1. In March 2022, we reported initial data (N=12) from this extension cohort where responses had been observed in anti-PD(L)-1 failed CSCC, MCC and angiosarcoma tumors. We believe the activity of RP1 combined with nivolumab in this anti-PD(L)-1 failed cohort represents a new potential therapeutic option for these patients and supports the broad potential for RP1 in anti-PD(L)-1 failed skin cancers beyond melanoma. Recruitment remains ongoing, with a data update expected in Q3 2023.

We also have open for enrollment a Phase 1b/2 clinical trial of single agent RP1 in solid organ transplant recipients with skin cancers, including CSCC, which is referred to herein as ARTACUS or the ARTACUS trial, which we believe to be potentially registrational (in its own right or, subject to discussion with regulatory authorities, following enrollment of additional patients, including as a potential label expansion after an initial approval of RP1 in a different indication). We are currently enrolling up to 65 patients in the ARTACUS trial to assess the safety and efficacy of RP1 in liver, kidney, heart, lung, and hematopoietic cell transplant patients transplant recipients with skin cancers. Enrollment in this clinical trial had been impacted by COVID-19, as the patient population is severely immune-compromised and considered very high risk, however, more recently we have seen enrollment increase in the ARTACUS trial. As reported in March 2022, we have observed responses in these patients with RP1 as monotherapy with a similar safety profile to that observed in our other RP1 clinical trials in patients who are not immune suppressed. Enrollment continues in the ARTACUS trial and we expect to present updated initial data at the American Transplant Congress in June 2023.

In addition to these ongoing trials with RP1, we are currently evaluating all strategic opportunities for RP1 in skin cancers, including the setting for the confirmatory clinical trial in melanoma which is expected to be required to support a potential accelerated approval of RP1 in anti-PD1 failed melanoma.

We are also developing additional product candidates, RP2 and RP3, that have been further engineered to enhance anti-tumor immune responses and are intended to address additional tumor types, including traditionally less immune responsive tumor types. In addition to the expression of GALV-GP R(-) and human GM-CSF as in RP1, RP2 has been engineered to express an antibody-like molecule intended to block the activity of CTLA-4, a protein that inhibits the full activation of an immune response, including to tumors. RP3 has been engineered with the intent to further stimulate an anti-tumor immune response through activation of immune co-stimulatory pathways through the additional expression of the ligands for CD40 and 4-1BBL, as well as anti-CTLA-4 and GALV-GP R(-), but without the expression of GM-CSF.

We initiated a Phase-1 clinical trial of RP2 alone and in combination with nivolumab in the second half of 2019. This clinical trial is also being conducted as part of our collaboration with BMS, under which BMS has granted us a non-exclusive, royalty-free license to, and will supply at no cost, nivolumab, for use in combination with RP2. We have presented data from the single agent RP2 portion of this clinical trial that showed deep and durable responses, including demonstration of tumor response in uninjected lesions and in patients with difficult to treat advanced cancers. We believe that this data supports the hypothesis that anti-CTLA-4 delivered intra-tumorally through oncolytic virus replication, with accompanying antigen release and presentation, can provide potent anti-tumor effects. We have also presented combination data from both the clinical trial

that showed compelling activity in patients with immune insensitive tumors and with anti-PD-1 failed disease. In the second half of 2021, we reported full enrollment in the initial 30 patient combination with nivolumab part of the Phase 1 clinical trial following which a protocol amendment was made to expand this clinical trial to enroll additional patients who are required to have specific tumor types of interest, including gastro-intestinal cancers, breast cancer, lung cancer, head and neck cancer and uveal melanoma, rather than any type of tumor as were eligible for the initial 30 patient group. In December 2022, we reported that of 14 patients with uveal melanoma for which sufficient follow-up was available for assessment, 4 patients had achieved a response.

Enrollment continues in our clinical trial designed to evaluate RP3 alone and combined with anti-PD-1 therapy in advanced solid tumor patients, focusing on enrolling patients with gastro-intestinal cancers, breast cancer, lung cancer and head and neck cancer. In December 2022, the Company presented data from its Phase 1 trial of RP3 in combination with nivolumab (N=5) in patients with multiple soft tissue sarcomas including in leiomyosarcoma, osteosarcoma, chondrosarcoma, and epithelioid sarcomas who have all failed standard of care. At the data cut-off date, 3 of 5 patients had sufficient follow-up for response assessment, and all three were responding to therapy in settings with no viable alternative treatment option, indicating the potential utility of RP3 in treating this difficult to treat tumor type.

Accrual in the Phase 1 programs with both RP2 and RP3 are expected to materially complete in Q3 2023. Any additional Phase 2 development programs not already announced which are driven by data from the full Phase 1 data and other opportunistic considerations are expected to be disclosed by year-end 2023.

We continue to plan for our previously announced Phase 2 development program for RP2 and/or RP3 that we expect to initiate around mid-year 2023. We are planning for initial signal finding single arm Phase 2 clinical trials in the following tumor types: squamous cell carcinoma of the head and neck, or SCCHN, locally advanced and recurrent/metastatic; hepatocellular carcinoma, or HCC, both first and second line; and colorectal cancer, or CRC, third line; with additional studies in other tumor types intended to follow. As we announced in December 2022, our signal finding studies in HCC and CRC are being developed in combination with atezolizumab and bevacizumab under a supply and cost share clinical collaboration arrangement with Roche Holding AG, or Roche. Our signal finding studies in SCCHN are being developed in combination with nivolumab under our collaboration agreement with BMS.

- In HCC, two signal finding cohorts of 30 patients each will be enrolled in collaboration with Roche. The first cohort will enroll 1L patients treated with SOC atezolizumab combined with bevacizumab and RP3, and the second cohort will enroll patients who have progressed on 1L immunotherapy (including atezolizumab/bevacizumab), and will be treated with atezolizumab combined with bevacizumab and RP3.

- In CRC, two signal finding cohorts of 30 patients each will be enrolled in collaboration with Roche. The first cohort will enroll 3L patients to be treated with atezolizumab combined with bevacizumab and RP2 and the second cohort with atezolizumab and bevacizumab and RP3. We believe that data with both RP2 and RP3 in CRC will allow the comparative efficacy of RP2 and RP3 to be evaluated in a particularly difficult to treat patient population.

- In SCCHN, the trial will be conducted under our collaboration with BMS. This study is intended to include two cohorts of patients, the first with locally advanced disease is planned to enroll approximately 100 patients randomized 1:1 to either SOC chemotherapy combined with radiation, or SOC combined with RP3 followed by adjuvant nivolumab therapy. The second, signal finding cohort, will enroll 30 patients with recurrent or metastatic SCCHN with low PD-L1 levels (CPS<20) who will be treated with chemotherapy, nivolumab and RP3.

RP1, RP2 and RP3 are administered by direct injection into solid tumors, guided either visually or by ultrasound, computerized tomography, or CT, or other imaging methods. We believe that direct injection maximizes virus-mediated tumor cell death, provides the most efficient delivery of virus-encoded immune activating proteins into the tumor with the goal of activating systemic immunity, and limits the systemic toxicities that could be associated with intravenous administration. Activation of systemic immunity through local administration is intended to lead to the induction of anti-tumor immune responses leading to clinical response of tumors that have not themselves been injected.

Our approach — Oncolytic immunotherapy

Our product candidates are designed to induce a robust immune response against a patient's cancer and turn immunologically "cold" tumors "hot." To achieve this objective, we use oncolytic immunotherapies that combine multiple mechanisms of action in a single product candidate. We believe our product candidates will initiate or enhance an immune response in patients with no or minimal pre-existing cancer immunity, including to tumor neo-antigens, and thereby increase the effectiveness of immune checkpoint blockade therapies.

Our product candidates are intended to act at several key points in the pathways involved in the initiation of an immune response. Following direct injection into tumors, our viruses replicate in cancer cells and then lyse, or break them open, releasing tumor antigens, including neo-antigens specific to the patient, which could otherwise be hidden from the immune

system. This process of necrotic cell death releases intra-cellular markers of "danger," the danger associated molecular patterns, or DAMPs, while the virus produces pathogen associated markers of danger, or PAMPs. These trigger various pathways of the innate immune system, including the STING pathway and pathways mediated through toll-like receptors, or TLRs, each resulting in the production of interferon. Innate immune activation would be expected to itself provide anti-tumor effects, as interferon activates natural killer cells which can destroy tumor cells. Innate immune activation would also be expected to help trigger adaptive anti-cancer immunity, in which antigen presenting cells, or APCs, are attracted to the injected tumor. APCs internalize cancer antigens, including neo-antigens, and traffic back to the draining lymph nodes where they present the antigens to T cells. Primed with the antigens, these T cells then proliferate and disperse systemically to seek and destroy cancer cells with the same antigen profile throughout the body, resulting in the potential destruction of distant tumor deposits.

To further augment these intended effects, our product candidates are genetically encoded with multiple potent, cell-killing and immune-stimulating proteins — in other words, our product candidates are "armed" with these therapeutic genes.

We believe that our ability to incorporate multiple mechanisms of action into a practical "off-the-shelf" approach to initiating or enhancing an anti-tumor immune response, including to neo-antigens, will offer significant advantages over the various approaches to immune activation that are currently in development, including personalized vaccine treatments. Tumor neo-antigens are uniquely present in tumors, rather than normal tissue, because they result from the genetic changes that occur as cancer develops. Unlike the antigens present in normal tissue, the immune system identifies neo-antigens as foreign. As a result, the immune system is able to mount an immune response to tumor neo-antigens in the same way that it would to the antigens contained in disease-causing micro-organisms, which the immune system also identifies as foreign. Researchers believe immune responses to tumor neo-antigens are particularly important in the immune system's ability to combat cancer, and as a consequence various "personalized vaccine" approaches to generating immune responses to tumor neo-antigens are in development. These approaches are generally both expensive and time consuming because a vaccine cannot be designed and manufactured until a tumor biopsy is taken and analyzed in the laboratory to identify the mutated tumor antigens that will be targeted by the treatment. We also believe that our "off-the-shelf" approach may offer significant advantages over other approaches to anti-cancer immune activation that only target a single pathway of the immune system, as is the case with most of the other immuno-oncology therapies currently under development. Importantly, our product candidates are intended to maximally activate an immune response against cancer, which we believe is the missing element needed to allow anti-PD-1 or anti-PD(L)-1 therapy to treat more patients and tumor types, unlike some other therapies that are intended to act by blocking additional defense mechanisms against an anti-tumor immune response once it has been initiated.

Our Oncolytic Immunotherapy platform and product candidates

Our current product candidate pipeline is summarized in the table below:



The foundation of our oncolytic immunotherapy product candidates consists of a proprietary strain of HSV-1 that we have engineered to replicate selectively in tumors and to express a fusogenic glycoprotein, a protein that triggers the fusion of the membranes between cells. HSV-1 is both highly cell lytic and inflammatory, and also has a large carrying capacity, which makes it possible to incorporate multiple genes encoding therapeutic proteins. We believe our combination of HSV-1 with the expression of the fusogenic glycoprotein increases the natural ability of HSV-1 to kill tumor cells and to induce an anti-tumor immune response. The fusogenic functionality of our product candidates is intended not only to increase the number of tumor cells that are killed, but also to cause highly immunogenic death of tumor cells. We believe that these factors will increase the potency of the systemic anti-tumor immune response that is generated by our product candidates. With the intention of further amplifying the anti-tumor response, we have also engineered product candidates that express a range of additional potent, immune activating genes encoding therapeutic proteins in tumors.

Our lead product candidate, RP1, serves as the base from which our additional product candidates, RP2 and RP3, are being developed to express additional therapeutic proteins. We believe that our sequential development approach of further enhancing our product candidates with additional therapeutic proteins reduces clinical risk, as we are able to study the safety profile of each therapeutic protein prior to moving to the next product candidate with an additional therapeutic protein that is intended to provide more potent anti-tumor immune effects.

Lead product candidate: RP1

Our lead product candidate, RP1, is a selectively replicating version of HSV-1 that expresses GALV-GP R(-) and human GM-CSF. RP1 has the following properties:

- we have deleted the ICP34.5-encoding gene, which enables tumor-selective virus replication;
- we have deleted the ICP47-encoding gene, which is intended to prevent the inhibition of the antigen presentation pathway otherwise caused by ICP47 binding to the transporter associated with antigen presentation. ICP47 deletion is also intended to result in the increased and earlier expression of the HSV-1 US11 gene by placing the HSV-1 US11 gene under the control of ICP47 promoter which we believe will increase virus replication in tumors without reducing tumor-selectivity; and

- we have inserted the sequences for GALV-GP R(-) and human GM-CSF, resulting in the expression of these therapeutic proteins with the intention of increasing both the direct tumor cell killing and the potency of the anti-tumor immune response that is induced.

We have developed RP1 as a monotherapy and for use in combination with immune checkpoint blockade therapy, particularly therapies targeting PD-1 or PD-(L)-1. We believe that the robust release of tumor antigens and the highly immunogenic tumor cell death intended to be caused by RP1 will further increase the previously observed synergy between oncolytic viruses and immune checkpoint blockade therapy.

Pipeline product candidates: RP2 and RP3

We have designed our RP2 product candidate to express an anti-CTLA-4 antibody-like protein intended to block the inhibition of the immune response otherwise caused by CTLA-4. We believe that RP2 may offer advantages compared with current CTLA-4 approaches, including ipilimumab. By expressing anti-CTLA-4 only locally in the tumor and draining lymph nodes, we believe that activity will be retained, but that toxicity will be reduced. We intend that our RP2 product candidate will be used in combination with other treatment approaches, including anti-PD-1 therapy, which we believe will result in both synergy with the oncolytic immunotherapy and the expression of anti-CTLA-4 in the tumor.

We have designed our RP3 product candidate to express further immune-activating proteins that stimulate T cells, in addition to anti-CTLA-4 and GALV-GP R(-). These immune activating proteins are the ligands for two immune co-stimulatory pathways responsible for T cell proliferation and/or activation, the CD40L and 4-1BBL pathways.

Intellectual property

We believe our rights under issued patents, if obtained, and patent applications will provide a competitive advantage. Our success depends in part on our ability to obtain and maintain proprietary protection for our product candidates, technology and know-how, to operate without infringing the proprietary rights of others and to prevent others from infringing upon our proprietary rights. Our policy is to seek to protect our proprietary position by, among other methods, filing United States and foreign patent applications related to our proprietary technology, inventions and improvements that are important to the development of our business. We also rely on trade secrets, know-how and continuing technological innovation to develop and maintain our proprietary position.

For the core technology in our RPx platform and each of our product candidates, we have filed six patent applications under the Patent Cooperation Treaty, or PCT. All six of these PCT applications have entered the national phase and are in different stages of pending and/or issued in a range of countries. Examination has started in connection with some of the national phase applications. Six US patents have been granted by the applicable authorities in the US. Four European patents have been granted by the applicable authorities in the European Union, two patents have been granted by the applicable authorities in Hong Kong and three patents have been granted by the applicable authorities in Japan, two patents have been granted by the applicable authorities in Israel, and one patent has been granted by the applicable authorities in each of Singapore, China and Australia. The granted US patents include US patent numbers 10,570,377; 10,612,005; 10,626,377; 10,947,513; 11,427,810; and 11,473,063 and include description and claims directed to oncolytic virus compositions of matter, pharmaceutical compositions encompassing an oncolytic virus and methods of use in treating cancer with oncolytic virus compositions. Two of our European patents have been opposed, one of which was recently successfully maintained and the other remains under the opposition process. One of our US patents has been petitioned for post-grant review and one of our Japanese patents has been maintained as granted following being opposed. We continue to vigorously pursue advancement and defense of our patents and patent applications through the respective patent offices in which they are granted or pending throughout the world. See "*Risk Factors - Risk Related to Intellectual Property.*"

The term of individual patents depends upon the legal term of the patents in the countries in which they are obtained. In most countries in which we file, the patent term is 20 years from the earliest date of filing a non-provisional patent application. In the United States, the patent term of a patent that covers an FDA-approved drug may also be eligible for patent term extension, which permits patent term restoration of a portion of the patent term lost during the U.S. clinical development and FDA regulatory review process. The Hatch-Waxman Act permits a patent term extension of up to five years beyond the expiration of the patent. The length of the patent term extension is related to the length of time the drug is under clinical development in the United States and the length of time the drug is under regulatory review. Patent term extension cannot extend the remaining term of a patent beyond a total of 14 years from the date of product approval and only one patent applicable to an approved drug may be extended. Similar provisions are available in Europe and other foreign jurisdictions to extend the term of a patent that covers an approved drug. In the future, if and when our products receive FDA approval, and if and when patents grant, we expect to apply for patent term extensions on patents covering those products. We plan to seek

patent term extensions to any of our issued patents in any jurisdiction where these are available, however there is no guarantee that the applicable authorities, including the FDA in the United States, will agree with our assessment of whether such extensions should be granted, and if granted, the length of such extensions.

We may rely, in some circumstances, on trade secrets to protect our technology. We seek to protect our proprietary technology and processes, in part, by confidentiality agreements with our employees, consultants, scientific advisors and other contractors, as well as physical security of our premises and our information technology systems.

Competition

The biotechnology and pharmaceutical industries are characterized by rapidly advancing technologies, intense competition and a strong emphasis on proprietary rights. We compete in the highly competitive markets that address cancer and face significant competition from many sources, including pharmaceutical, biopharmaceutical and biotechnology companies, as well as universities and private and public research institutions. Many of our competitors have significantly greater financial, manufacturing, marketing and drug development resources than we do. Large biopharmaceutical companies in particular have extensive experience in clinical testing and in obtaining regulatory approvals for drugs and biologicals. These companies also have significantly greater research capabilities than we do. Smaller or early-stage companies may also prove to be significant competitors, particularly through collaborative arrangements with large and established companies or universities and research institutions.

Our competitors fall primarily into the following groups of treatment:

- traditional cancer therapies, including chemotherapy, surgery, radiation and targeted therapies;
- approved immunotherapy antibodies and immunotherapy antibodies in clinical trials;
- oncolytic immunotherapies, including T-Vec and other oncolytic immunotherapies in clinical trials;
- therapies aimed at activating innate immunity such as those targeting STING and TLRs;
- cancer vaccines including personalized vaccines and those targeting tumor neo-antigens; and
- cell-based therapies, such as CAR-T, T cell receptor-based, and NK cell therapies.

Our commercial opportunity will be reduced or eliminated if our competitors develop and commercialize products that are safer, more effective, have fewer side effects, are easier to administer or are less expensive alone or in combination with other therapies than any products that we may develop alone or in combination with other therapies, especially if these get to market sooner than our products. These third parties also compete with us in recruiting and retaining qualified scientific and management personnel, establishing clinical trial sites and patient registration for clinical trials, as well as in acquiring technologies and technology licenses complementary to our programs or advantageous to our business.

Our oncolytic product candidates, if and when marketed, will compete with a number of drugs that are currently marketed or in development that also target cancer but that utilize a different mechanism of action. To compete effectively with these agents, our product candidates will need to demonstrate advantages that lead to improved clinical efficacy and safety compared with these competitors. At the same time, however, we believe that our oncolytic product candidates, if and when ultimately marketed, would likely be used principally in combination with checkpoint blockade therapies in addition to existing cancer therapies, including surgery, chemotherapy, radiation therapy and other biological therapies such as antibodies targeting particular surface receptors. We therefore believe that our product candidates, if and when marketed, would largely complement rather than compete directly with these existing treatment options.

We do, however, expect to face direct and increasing competition from a number of companies that are also seeking to develop cancer therapies based on oncolytic viruses and other ways to prime the immune system, including neo-antigen vaccination. We believe that our ability to successfully compete will depend, among other things, on our ability to:

- expeditiously advance the development of our product candidates;
- design, enroll patients in and successfully complete appropriate clinical trials in a timely fashion;
- gain regulatory approval for our product candidates in their first indications as well as further indications;
- establish collaborations and partnerships for the development and marketing of our product candidates;
- commercialize our product candidates successfully, including demonstrating the safety and efficacy of our product candidates over currently approved therapies to physicians, insurers and third-party payors;

- secure sufficient coverage from insurers and other payors;
- secure, maintain and protect intellectual property rights based on our innovations; and
- manufacture or otherwise obtain and sell commercial quantities of future products to the market.

Manufacturing and suppliers

We have established an operations leadership team with what we believe is extensive experience in manufacturing biologics based on viruses, including oncolytic products and gene therapy products, and in the construction, validation, operation and approval of facilities for the manufacture and filling of complex biological products. Our team has already developed a robust and reproducible manufacturing process for our product candidates. We are also developing our product candidates for maximum practicality of use compared with some other oncolytic immunotherapies.

Traditionally, our third-party contract manufacturer in Europe has been responsible for the cGMP manufacture and filling of our product candidates for use in our clinical trials. We have established our raw material supply chain for our product candidates as part of the process of establishing and qualifying our own manufacturing facility and intend to enter into commercial supply, collaboration or similar agreements as needed to operate the in-house manufacturing of our product candidates for our clinical trials and, if approved, build commercial supply of our products.

Our approximately 63,000 square foot manufacturing facility in Framingham, Massachusetts is fully operational. We have completed the process of transferring the manufacturing of RP1, RP2 and RP3 from our third-party contract manufacturer. Comparability analysis of RP1, RP2 and RP3 produced at our Framingham facility with the contract manufacturer material used in our clinical studies is complete. The FDA and some European regulatory agencies have approved the use of material produced at Framingham in ongoing and future clinical trials. We plan to operate our in-house manufacturing facility in order to secure our product candidates for our ongoing and planned clinical studies and, if approved, commercial launch and supply. The facility has been designed to allow us to produce enough material to cover full global commercialization of all our current product candidates. The facility is intended to give us control over key aspects of the supply chain for our products and product candidates.

By establishing our own manufacturing facility, we aim to minimize or eliminate our reliance on contract manufacturing organizations, which typically have limited capacity at commercial scale and long-lead time to conduct manufacturing campaigns. We believe that having control over the whole manufacturing process will allow us to reduce cycle times and cost of goods for commercial production and to shorten overall timelines for new product candidates in our development pipeline, as well as help us to develop drug formulations or presentations to simplify distribution and/or administration of future oncolytic immunotherapies. We also believe that having a dedicated manufacturing facility will allow us to optimize commercial-scale processes and to ensure security of supply to support market launch and commercialization of our product candidates, if approved.

Sales and marketing

None of our product candidates have been approved for sale. If and when our product candidates receive marketing approval, we intend to commercialize them on our own in the United States and potentially with pharmaceutical or biotechnology partners in other geographies. In January 2023, we announced the strengthening of our executive team with the appointment of Christopher Sarchi as our Chief Commercial Officer and the appointment of Sushil Patel, Ph.D., previously Replimune's Chief Commercial Officer, to a newly created position of Chief Strategy Officer. Following these appointments, we have further built our in-house sales, marketing or commercialization capabilities with the addition of sales, marketing, trade and distribution, as well as other related expertise. Clinical data, the size of the opportunity for our product candidates, RP1, RP2 and RP3, and the size of the commercial infrastructure required will influence our commercialization plans and decision making.

Collaborations

BMS

In February 2018, we entered into a Clinical Trial Collaboration and Supply Agreement with BMS. Pursuant to the agreement, BMS is providing to us, at no cost, nivolumab, its anti-PD-1 therapy, for use in combination with RP1 in our ongoing Phase 1/2 clinical trial. Under the agreement, we will sponsor, fund and conduct the clinical trial in accordance with an agreed-upon protocol. BMS granted us a non-exclusive, non-transferrable, royalty-free license (with a right to sublicense) under its intellectual property to use nivolumab in the clinical trial and has agreed to supply nivolumab, at no cost to us, for use in the clinical trial. Both parties will own the study data produced in the clinical trial, other than study data related solely to

nivolumab, which will belong solely to BMS, or study data related solely to RP1, which will belong solely to us. In January 2020, this agreement was expanded to cover an additional cohort of 125 patients with anti-PD-1 failed melanoma.

Unless earlier terminated, the agreement will remain in effect until (i) the completion of the clinical trial, (ii) all related clinical trial data have been delivered to both parties and (iii) the completion of any statistical analyses and bioanalyses contemplated by the clinical trial protocol or any analysis otherwise agreed upon by the parties. The agreement may be terminated by either party (x) in the event of an uncured material breach by the other party, (y) in the event the other party is insolvent or in bankruptcy proceedings or (z) for safety reasons. Upon termination, the licenses granted to us to use nivolumab in the clinical trial will terminate. The agreement contains representations, warranties, undertakings and indemnities customary for a transaction of this nature.

In April 2019, we entered into a separate agreement with BMS on terms similar to the terms set forth in the agreement described above, pursuant to which BMS will provide, at no cost to us, nivolumab for use in our Phase 1 clinical trial of RP2 in combination with nivolumab.

Regeneron

In May 2018, we entered into a Master Clinical Trial Collaboration and Supply Agreement with Regeneron. Pursuant to the agreement we agreed to undertake one or more clinical trials with Regeneron for the administration of our product candidates in combination with cemiplimab, an anti-PD-1 therapy developed by Regeneron, across multiple solid tumor types. The first of which, agreed in June 2018, is our ongoing Phase 2 clinical trial testing RP1 in combination with cemiplimab versus cemiplimab alone in patients with CSCC. Each clinical trial will be conducted pursuant to an agreed study plan which, among other things, will identify the name of the sponsor and which party will manage the particular study, and include the protocol, the budget and a schedule of clinical obligations. The first study plan related to the Phase 2 clinical trial in CSCC has been agreed.

Pursuant to the terms of the agreement, each party granted the other party a non-exclusive license of their respective intellectual property and agreed to contribute the necessary resources needed to fulfill their respective obligations, in each case, under the terms of agreed study plans. Development costs of a particular clinical trial will be split equally. In July 2022, Regeneron informed the Company that the costs of the study have reached the initial budget for the initial study plan of June 2018 and that Regeneron's reimbursement of CERPASS study costs to the Company have completed in the period ending June 30, 2022 in relation to the initial study budget. As a result of this notice from, and the ongoing communications with, Regeneron, we have not recorded any cost-sharing reimbursements from Regeneron in prepaid expenses and other current assets in the consolidated balance sheet or as an offset to research and development expense within the consolidated statement of operations since Regeneron informed us that Regeneron's reimbursement of CERPASS study costs have completed. The Company does not expect any further reimbursements from Regeneron related to the initial study plan of June 2018. The agreement contains representations, warranties, undertakings and indemnities customary for a transaction of this nature. The agreement also contains certain time-based covenants that restrict us from entering into a third-party arrangement with respect to the use of our product candidates in combination with an anti-PD-1 therapy and that restrict Regeneron from entering into a third-party arrangement with respect to the use of cemiplimab in combination with an HSV-1 virus, in each case, for the treatment of a tumor type that is the subject of a clinical trial to which the covenants apply. Unless otherwise mutually agreed in a future study plan, these covenants are only applicable to our ongoing Phase 2 clinical trial in CSCC.

The agreement may be terminated by either party if (i) there is no active study plan for which a final study report has not been completed and the parties have not entered into a study plan for an additional clinical trial within a period of time after the delivery of the most recent final study report or (ii) in the event of a material breach.

Roche

In December 2022, we announced entering into a Master Clinical Trial Collaboration and Supply Agreement with Roche in relation to our RP2 and RP3 programs in colorectal cancer, or CRC, and hepatocellular carcinoma, or HCC. Under the agreement, the companies will collaborate in 30 patient cohort signal finding studies in third-line, or 3L, CRC and in first- and second-line, or 1L and 2L, respectively, HCC. Under the terms of the agreement, the companies will share costs and Roche will supply its currently approved drugs, atezolizumab and bevacizumab for 2L HCC and 3L CRC combined with RP3. Roche will also supply atezolizumab and bevacizumab for 1L HCC combined with RP3, and for 3L CRC combined with RP2. We have retained the responsibility of operating the clinical trials as well as retaining all the rights to the development and commercialization of our product candidates. The agreement may be terminated by either party upon sixty (60) days prior written notice to the other party.

Regulatory matters

Government authorities in the United States, at the federal, state, and local level, and in other countries, extensively regulate, among other things, the research, development, testing, approval, manufacture, packaging, storage, recordkeeping, labeling, advertising, promotion, distribution, marketing, import, and export of biopharmaceutical products such as those we are developing. In addition, manufacturers of biopharmaceutical products participating in Medicaid and Medicare are required to comply with mandatory price reporting, discount, and rebate requirements. The processes for obtaining regulatory approvals in the United States and in foreign countries, along with compliance with applicable statutes and regulations, require the expenditure of substantial time and financial resources. Regulatory requirements are also continually evolving. By example, the FDA and governmental authorities in other countries have issued a growing body of guidance documents on various regulatory matters, including those specific to cell and gene therapy development.

FDA and EU regulation

In the United States, the FDA regulates biologics under the Federal Food, Drug, and Cosmetic Act, or FDCA, the Public Health Services Act, or PHSA, and their implementing regulations. The process required by the FDA before product candidates may be marketed in the United States generally involves the following:

- completion of preclinical laboratory tests, animal studies, and formulation studies in compliance with good laboratory practice, or GLP, regulations;
- submission to the FDA of an investigational new drug application, or IND, which must become effective before human clinical trials may begin at United States clinical trial sites;
- approval by an institutional review board, or IRB, for each clinical site, or centrally, before each trial may be initiated;
- performance of adequate and well-controlled human clinical trials to establish the safety, purity, and potency of the proposed product candidate for its intended use, performed in accordance with good clinical practices, or GCPs;
- development and maintenance of manufacturing processes to ensure the product candidate's identity, strength, quality, purity, and potency;
- preparation and submission to the FDA of a BLA;
- satisfactory completion of an FDA advisory committee review, if applicable;
- satisfactory completion of an FDA inspection or remote regulatory assessment of the manufacturing facility or facilities at which the products are produced to assess compliance with current good manufacturing practices, or cGMPs, and to assure that the facilities, methods, and controls are adequate to preserve the therapeutics' identity, strength, quality, purity, and potency as well as satisfactory completion of an FDA inspection or remote regulatory assessment of selected clinical sites and selected clinical investigators to determine GCP compliance; and
- FDA review and approval of the BLA to permit commercial marketing for particular indications for use.

The process in the European Union and other countries with developed regulatory regimes is broadly comparable.

Preclinical studies and IND submission

The testing and approval process of product candidates requires substantial time, effort, and financial resources. Satisfaction of the FDA's and other countries' regulatory authorities' pre-market approval requirements typically takes many years and the actual time required may vary substantially based upon the type, complexity, and novelty of the product or disease. Preclinical studies include laboratory evaluation of chemistry, pharmacology, toxicity, and product formulation, as well as animal studies to assess potential safety and efficacy. Such studies must generally be conducted in accordance with GLPs. Prior to commencing the first clinical trial at a United States or other country's investigational site with a product candidate, an IND sponsor must submit the results of the preclinical tests and preclinical literature, together with manufacturing information, analytical data, any available clinical data or literature, and proposed clinical study protocols among other things, to the FDA as part of an IND (or equivalent in other countries). Additional preclinical testing, such as animal tests of reproductive adverse events and carcinogenicity, may continue after the IND is submitted.

An IND automatically becomes effective 30 days after receipt by the FDA, unless the FDA, within the 30-day time period, notifies the applicant of safety concerns or questions related to one or more proposed clinical trials and places the trial on a clinical hold. In such a case, the IND sponsor and the FDA must resolve any outstanding concerns before the clinical trial can begin. Clinical holds also may be imposed by the FDA at any time before or during trials due to safety concerns or non-compliance. As a result, submission of an IND may not result in FDA authorization to commence a clinical trial. A separate submission to an existing IND must also be made for each successive clinical trial conducted during product development.

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Clinical trials

Clinical trials involve the administration of the investigational product to human subjects under the supervision of qualified investigators in accordance with federal regulations and GCP requirements, which include the requirements that all research subjects provide their informed consent in writing for their participation in any clinical trial, as well as review and approval of the study by an IRB. Investigators must also provide certain information to the clinical trial sponsors to allow the sponsors to make certain financial disclosures to the FDA. Clinical trials are conducted under protocols detailing, among other things, the objectives of the trial, the trial procedures, the parameters to be used in monitoring safety, the effectiveness criteria to be evaluated, and a statistical analysis plan. A protocol for each clinical trial, and any subsequent protocol amendments, must be submitted to the FDA as part of the IND. Sponsors will also be required to provide FDA with diversity action plans. In addition, an IRB at each study site participating in the clinical trial or a central IRB must review and approve the plan for any clinical trial, informed consent forms, and communications to study subjects before a study commences at that site. An IRB considers, among other things, whether the risks to individuals participating in the trials are minimized and are reasonable in relation to anticipated benefits, and whether the planned human subject protections are adequate. The IRB must continue to oversee the clinical trial while it is being conducted. Special clinical trial ethical considerations also must be taken into account if a study involves children. Once an IND is in effect, each new clinical protocol and any amendments to the protocol must be added to the IND for FDA review and sent to the IRB for approval. If a product candidate is being investigated for multiple intended indications, separate INDs may also be required. Progress reports detailing the results of the clinical trials must also be submitted at least annually to the FDA and the IRB and more frequently if serious adverse events or other significant safety information is found.

The FDA may order the temporary, or permanent, discontinuation of a clinical trial at any time, or impose other sanctions, if it believes that the clinical trial either is not being conducted in accordance with FDA requirements or presents an unacceptable risk to the clinical trial patients. An IRB may also require the clinical trial at the site to be halted, either temporarily or permanently, for failure to comply with the IRB's requirements or if the trial poses an unexpected serious harm to subjects. The FDA or an IRB may also impose conditions on the conduct of a clinical trial. Clinical trial sponsors may also choose to discontinue clinical trials as a result of risks to subjects, a lack of favorable results, or changing business priorities.

Information about certain clinical trials, including a description of the study and study results, must be submitted within specific timeframes to the National Institutes of Health, or NIH, for public dissemination on their clinicaltrials.gov website. Manufacturers or distributors of investigational products for the diagnosis, monitoring, or treatment of one or more serious diseases or conditions must also have a publicly available policy on evaluating and responding to requests for expanded access requests.

Additionally, some clinical trials are overseen by an independent group of qualified experts organized by the clinical trial sponsor, known as a data monitoring committee, or DMC, that regularly reviews accumulated data and advises the study sponsor regarding the continuing safety of the trial. This group may also review interim data to assess the continuing validity and scientific merit of the clinical trial. This group receives special access to unblinded data during the clinical trial and may advise the sponsor to halt the clinical trial if it determined there is an unacceptable safety risk for subjects or on other grounds, such as no demonstration of efficacy.

Moreover, certain studies involving recombinant and synthetic nucleic acid molecules are subject to review by Institutional Biosafety Committees, or IBCs, under the National Institutes of Health Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules.

The manufacture of investigational biologics for the conduct of human clinical trials is subject to cGMP requirements. Investigational biologics and active ingredients imported into the United States are also subject to regulation by the FDA. Further, the export of investigational products outside of the United States is subject to regulatory requirements of the receiving country as well as United States export requirements under the FDCA.

In general, for purposes of BLA approval, human clinical trials are typically conducted in three sequential phases, which may overlap, be divided, or be combined.

- Phase 1 — Trials are initially conducted in healthy human volunteers or subjects with the target disease or condition and test the product candidate for safety, dosage tolerance, structure-activity relationships, mechanism of action, absorption, metabolism, distribution, and excretion. If possible, Phase 1 trials may also be used to gain an initial indication of the activity of the product candidate.
- Phase 2 — Trials are conducted in limited subject populations with a specified disease or condition to evaluate the effectiveness of the product candidate for a particular indication or indications, identify optimal dosages, dosage tolerance and schedule, possible adverse effects and safety risks, and expanded evidence of safety.

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Unicycive Therapeutics, Inc.

Physical Address: 4300 El Camino Real, Suite 210

City: Los Altos State: CA Zip: 94022

Mailing Address (if different from physical address): 4300 El Camino Real, Suite 210

City: Los Altos State: CA Zip: 94022

Telephone: (650) 351-4495 Website: https://unicycive.com/

Name of Designated Representative (DR): Douglas Jermasek

Licensing Company Email: statelicensing@unicycive.com DR Email: doug.jermasek@unicycive.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others: Specialty Pharmacies, Specialty Distributors,		☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed within the last year.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): N/A - Unicycive is publicly traded

Corporation Name: Unicycive Therapeutics, Inc.

Mailing Address: 4300 El Camino Real, Suite 210

City: Los Altos State: CA Zip: 94022

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol: UNCY

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Unicycive Therapeutics, Inc.
Facility Name

Douglas Jermasek
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/9/25
Date

Board Use Only	Date Received: 5/28/25	Amount: $1000 CK 3807

Diane McCaleb

From: Atul Khare
Sent: Tuesday, November 12, 2024 10:58 AM
To: Diane McCaleb; Richard Heller; Lonny White; Sara Frederick
Subject: FW: Request to confirm the assignment of Labeler Code with FDA for Unicycive FW: Labeler Code Request Approved

Follow Up Flag: Follow up
Flag Status: Flagged

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Wednesday, April 3, 2024 11:49 AM
To: Shalabh Gupta <Shalabh.Gupta@unicycive.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 03-APR-2024
Labeler DUNS: 109781198
Labeler Name: Unicycive Therapeutics, Inc.
Labeler Code Assigned: 84240

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

UNICYCIVE

Description of Operations

Unicycive Therapeutics, Inc. is a Virtual Manufacturer, using CMOs and 3PLs to manufacture, store and distribute its products. Unicycive does not handle, store or ship product from its Los Altos, CA.

Contract Manufacturer Information

Unicycive uses the following contract manufacturers to produce their product:

Granules India Limited
Plot No. 160/A, 161/E, 162 and 174/A, Gagillapur Village, Dundigal-Gandimaisamma Mandal,
Medchal-Malkajgiri District, Telangana India 50043
FEI #: 3004097901
Contact: Mr. Nakkala Babu

At no time does Unicycive's Contract Manufacturing partners own the product, contract with Unicycive's customers, invoice nor sell a Unicycive product.

Third Party Logistics Information

Unicycive uses the following 3PL providers to store and distribute their product:

Cardinal Health
501 Mason Rd
Lavergne, TN 37806
Contact: Richard Laverty, richard.laverty@cardinalhealth.com

Additional Facility Information

Unicycive's hours of operations are 8:00 AM – 4:00 PM Monday - Friday
There are 21 employees at Unicycive's facility.
The Unicycive facility is 2,357 sq ft.



Officer List

Shalabh Gupta, Chief Executive Officer, President and Chairman
4300 El Camino Real, Suite 210
Los Altos, CA 94022
[redacted]
shalabh.gupta@unicycive.com

Pramod Gupta, Executive Vice President, Pharmaceutical and Business Operations
4300 El Camino Real, Suite 210
Los Altos, CA 94022
[redacted]
pramod.gupta@unicycive.com

John Townsend, Chief Financial Officer
4300 El Camino Real, Suite 210
Los Altos, CA 94022
[redacted]
john.townsend@unicycive.com

Douglas Jermasek, Executive Vice President, Corporate Strategy
4300 El Camino Real, Suite 210
Los Altos, CA 94022
[redacted]
doug.jermasek@unicycive.com

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNICYCIVE THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MARCH, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNICYCIVE THERAPEUTICS, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203199617

Date: 03-18-25

6127235 8300

SR# 20251110726

You may verify this certificate online at corp.delaware.gov/authver.shtml

[redacted] [redacted]

RE: Licensure Requirements- Manufacturers/Virtual Manufacturers

[redacted]

Tue 6/25/2024 7:05 PM

To [redacted]

[External]

Good Afternoon,

I was requested to respond to your question. Please refer to **Business and Professions Code sec on 4160(h)** which states a drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Sec on 11615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of it own manufacture is exempt from this sec on and sec on 4161.

Therefore, if you are a virtual manufacturer/manufacturer, licensure as a wholesaler or nonresident wholesaler with the California State Board of Pharmacy is not required if you only distribute dangerous drugs and dangerous devices that XXXXXXX has the NDA or manufactures.

However, if XXXXX also distributes dangerous or dangerous devices, which they **are not listed** with the FDA or the California Dept of Public Health, State Food and Drug Branch (CDPH, SFDB), as the manufacturer or does not hold the NDA, then a wholesaler license (if located in CA) or nonresident wholesaler license (outside of CA and within the United States or a territory of the U.S.) is required.

I hope this answers your question. Otherwise, my contact information is below if you have any additional questions.

Sincerely,

[redacted]

Supervising Inspector
California State Board of Pharmacy
(661) [redacted] | FAX (661) 286-1567 | [redacted]

UNICYCIVE THERAPEUTICS INC.

March 26, 2025

	First Name	Last Name	Title
1	Derrick	Donald	Executive Director, Key Accounts
2	Adrienne	Donley	VP, People and Culture
3	Regina	Figg	Senior Clinical Research Associate
4	Vincent	Fisher	Executive Director, Global Marketing & New Product Planning
5	Sara	Frederick	Senior Director, Strategy and Operations
6	Pramod	Gupta	EVP, Pharmaceutical and Business Operations
7	Shalabh	Gupta	CEO
8	Hannah	Haddox	Executive Assistant
9	Steve	Hasal	Senior director of Clinical Sciences
10	Douglas	Jermasek	EVP, corporate strategy
11	Atul	Khare	VP, Scientific Affairs
12	Diane	McCaleb	Executive Assistant
13	Satya	Medicherla	Vice President, Pre-clinical Pharmacology
14	Victoria	Merz	Investor Relations
15	Teresa	Miller	Senior Director of Analytical and Pharmaceutical Development
16	Sanjay	Mourya	Senior Director of Clinical Operations
17	Priya	Patankar	Controller
18	Guru	Reddy	Vice President, Pre-Clinical R&D
19	Anne Marie	Schaumann	Sr. Director, Insights and Analytics
20	John	Townsend	CFO
21	Edgar	Trinidad	Senior Director, Technical Accounting
22	Lonny	White	VP, Quality

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2023

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-40582

UNICYCIVE THERAPEUTICS, INC.

(Exact name of registrant as specified in its charter)

Delaware	**81-3638692**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
4300 El Camino Real, Suite 210 Los Altos, CA	**94022**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: **(650) 351-4495**

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common stock, par value $0.001 per share	UNCY	The Nasdaq Stock Market, LLC

Securities registered pursuant to section 12(g) of the Act: **None.**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filter	☐	Accelerated filter	☐
Non-accelerated filter	☒	Smaller reporting company	☒
		Emerging growth company	☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined by Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of the voting stock and non-voting common equity held by non-affiliates of the registrant as of the last business day of the registrant's most recently completed second fiscal quarter ended June 30, 2023 was $19,502,100 based upon the closing price of the registrant's common stock of $1.28 on The Nasdaq Capital Market as of that date.

The number of shares of common stock outstanding as of March 28, 2024 was 34,756,436.

DOCUMENTS INCORPORATED BY REFERENCE

Specified portions of the registrant's proxy statement, which will be filed with the Securities and Exchange Commission pursuant to Schedule 14A in connection with the registrant's 2024 Annual Meeting of Stockholders (the "Proxy Statement"), are incorporated by reference into Part III of this Annual Report on Form 10-K. Except with respect

to information specifically incorporated by reference in this Annual Report, the Proxy Statement is not deemed to be filed as part hereof.

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CAUTIONARY NOTE ON FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K contains forward-looking statements which are made pursuant to the safe harbor provisions of Section 27A of the Securities Act of 1933, as amended (the "Securities Act"), and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). These statements may be identified by such forward-looking terminology as "may," "should," "expects," "intends," "plans," "anticipates," "believes," "estimates," "predicts," "potential," "continue" or the negative of these terms or other comparable terminology. Our forward-looking statements are based on a series of expectations, assumptions, estimates and projections about our company, are not guarantees of future results or performance and involve substantial risks and uncertainty. We may not actually achieve the plans, intentions or expectations disclosed in these forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in these forward-looking statements. Our business and our forward-looking statements involve substantial known and unknown risks and uncertainties, including the risks and uncertainties inherent in our statements regarding:

- our projected financial position and estimated cash burn rate;
- our estimates regarding expenses, future revenues, and capital requirements;
- our ability to continue as a going concern;
- our need to raise substantial additional capital to fund our operation;
- the success, cost, and timing of our clinical trials;
- our dependence on third parties in the conduct of our clinical trials;
- our ability to obtain the necessary regulatory approvals to market and commercialize our product candidates;
- the ultimate impact of the COVID-19 pandemic, or any other health epidemic, on our business, our clinical trials, our research programs, healthcare systems or the global economy as a whole;
- the potential that results of pre-clinical and clinical trials indicate our current product candidates or any future product candidates we may seek to develop are unsafe or ineffective;
- the results of market research conducted by us or others;
- our ability to obtain and maintain intellectual property protection for our current and future product candidates;
- our ability to protect our intellectual property rights and the potential for us to incur substantial costs from lawsuits to enforce or protect our intellectual property rights;

- the possibility that a third party may claim we or our third-party licensors have infringed, misappropriated or otherwise violated their intellectual property rights and that we may incur substantial costs and be required to devote substantial time defending against claims against us;
- our reliance on third-party suppliers and manufacturers;
- the success of competing therapies and products that are or become available;
- our ability to expand our organization to accommodate potential growth and our ability to retain and attract key personnel;
- the potential for us to incur substantial costs resulting from product liability lawsuits against us and the potential for these product liability lawsuits to cause us to limit our commercialization of our product candidates;
- market acceptance of our product candidates, the size and growth of the potential markets for our current product candidates and any future product candidates we may seek to develop, and our ability to serve those markets; and
- the successful development of our commercialization capabilities, including sales and marketing capabilities.

All of our forward-looking statements are as of the date of this Annual Report on Form 10-K only. In each case, actual results may differ materially from such forward-looking information. We can give no assurance that such expectations or forward-looking statements will prove to be correct. An occurrence of, or any material adverse change in, one or more of the risk factors or risks and uncertainties referred to in this Annual Report on Form 10-K or included in our other public disclosures or our other periodic reports or other documents or filings filed with or furnished to the U.S. Securities and Exchange Commission (the "SEC") could materially and adversely affect our business, prospects, financial condition, and results of operations. Except as required by law, we do not undertake or plan to update or revise any such forward-looking statements to reflect actual results, changes in plans, assumptions, estimates or projections or other circumstances affecting such forward-looking statements occurring after the date of this Annual Report on Form 10-K, even if such results, changes, or circumstances make it clear that any forward-looking information will not be realized. Any public statements or disclosures by us following this Annual Report on Form 10-K that modify or impact any of the forward-looking statements contained in this Annual Report on Form 10-K will be deemed to modify or supersede such statements in this Annual Report on Form 10-K.

This Annual Report on Form 10-K may include market data and certain industry data and forecasts, which we may obtain from internal company surveys, market research, consultant surveys, publicly available information, reports of governmental agencies and industry publications, articles, and surveys. Industry surveys, publications, consultant surveys and forecasts generally state that the information contained therein has been obtained from sources believed to be reliable, but the accuracy and completeness of such information is not guaranteed. While we believe that such studies and publications are reliable, we have not independently verified market and industry data from third-party sources.

RISK FACTOR SUMMARY

Our business is subject to numerous risks and uncertainties, including those highlighted in the section titled "Risk Factors," that represent challenges that we face in connection with the successful implementation of our strategy. The occurrence of one or more of the events or circumstances described in the section titled "Risk Factors," alone or in combination with other events or circumstances, may have an adverse effect on our business, cash flows, financial condition and results of operations. Such risks include, but are not limited to:

Risks Relating to Our Financial Position and Capital Needs

- We have generated no product revenue to date and our future profitability is uncertain.
- Raising additional capital may cause dilution to our existing stockholders, restrict our operations, or require us to relinquish rights to our product candidates on unfavorable terms to us.
- You may experience dilution, subordination of stockholder rights, preferences, and privileges, and decrease in market price of our common stock as a result of our private placements in March 2023 and March 2024.

Risks Related to our Business

- The marketing approval process of the FDA is lengthy, time consuming and inherently unpredictable, and if we are ultimately unable to obtain marketing approval for our current product candidates and future product candidates we intend to develop, our business will be substantially harmed.
- We may encounter substantial delays in completing our clinical studies which in turn will require additional costs, or we may fail to demonstrate adequate safety and efficacy to the satisfaction of applicable regulatory authorities.
- If we are not able to obtain, or if there are delays in obtaining, required regulatory approvals, we will not be able to commercialize, or will be delayed in commercializing, our product candidates and our ability to generate revenue will be impaired.
- Even if our product candidates receive marketing approval, they may fail to achieve the degree of market acceptance by physicians, patients, third-party payors and others in the medical community necessary for commercial success.

- Even if we are able to commercialize our product candidates, such products may become subject to unfavorable pricing regulations, third-party reimbursement practices or healthcare reform initiatives, which would harm our business.
- Our reliance on third parties heightens the risks faced by our business.
- We have no experience manufacturing product candidates on a clinical or commercial scale and will be dependent on third parties for the manufacture of our product candidates. If we experience problems with any of these third parties, they could delay clinical development or marketing approval of our product candidates or our ability to sell any approved products.
- Our products will face significant competition, and if they are unable to compete successfully, our business will suffer.
- Security threats to our information technology infrastructure and/or our physical buildings could expose us to liability and damage our reputation and business.

Risks Relating to our Intellectual Property

- We may be subject to claims that our employees, consultants, or independent contractors have wrongfully used or disclosed alleged trade secrets.
- Our intellectual property may not be sufficient to protect our product candidates from competition, which may negatively affect our business as well as limit our partnership or acquisition appeal.

General Risk Factors

- Our common stock may be delisted from The Nasdaq Capital Market if we fail to comply with continued listing standards.
- Because certain of our stockholders control a significant number of shares of our common stock, they may have effective control over actions requiring stockholder approval.
- We do not intend to pay cash dividends on our shares of common stock so any returns will be limited to the value of our shares, except we have agreed to pay cash dividends in the event ("Oxylanthanum Carbonate") is approved by the FDA and commercial sales is commenced.

PART I

Throughout this Annual Report on Form 10-K, references to "we," "our," "us," the "Company," "Unicycive," or "Unicycive Therapeutics" refer to Unicycive Therapeutics, Inc.

ITEM 1. BUSINESS

Overview

We are a biotechnology company dedicated to developing treatments for certain medical conditions. Currently, two of our programs are focused on kidney disease, an area we believe we have the potential to offer medical benefit. As we grow the company and build our team, we intend to focus on identifying medical conditions within and outside of kidney disease. Our current development programs are focused on two novel therapies: Oxylanthanum Carbonate, for treatment of hyperphosphatemia in patients with chronic kidney disease on dialysis, and UNI 494, for treatment of acute kidney injury (AKI). Oxylanthanum Carbonate and UNI 494 were initially developed by and licensed to us from Spectrum Pharmaceuticals ("Spectrum") and Sphaera Pharma, respectively. Spectrum conducted a Phase 1 clinical trial with Oxylanthanum Carbonate in 2012, prior to the grant of our license in 2018. Sphaera conceived and performed initial characterization of various potential pro-drug linkers, including the initial patent application, and performed some initial physiochemical characterization and preliminary animal pharmacokinetic studies. As discussed herein, after completing IND enabling preclinical studies, we have conducted a Phase I clinical study in healthy volunteers with UNI 494 in 2023.

Chronic kidney disease (CKD) is the gradual loss of kidney (renal) function that can get worse over time leading to lasting damage and possibly Stage 5 or end-stage renal disease (ESRD). Our initial focus is on developing drugs and getting them approved in the U.S., and then to partner with global biopharmaceutical companies in the rest of the world. According to the United States Renal Data System (USRDS) 2022 Annual Data Report, 30 million (14%) of adults in the United States are estimated to have CKD and, of these, approximately 13 million patients have advanced CKD (stage 3-5). Approximately 550,000 patients (ESRD) are on dialysis and of those, approximately 450,000 patients (~80%) take phosphate binders to control hyperphosphatemia hyperphosphatemia (too much phosphorus in their blood). The number of patients with ESRD in the U.S. is increasing steadily and is projected to reach between 971,000 and 1,259,000 patients in 2030.

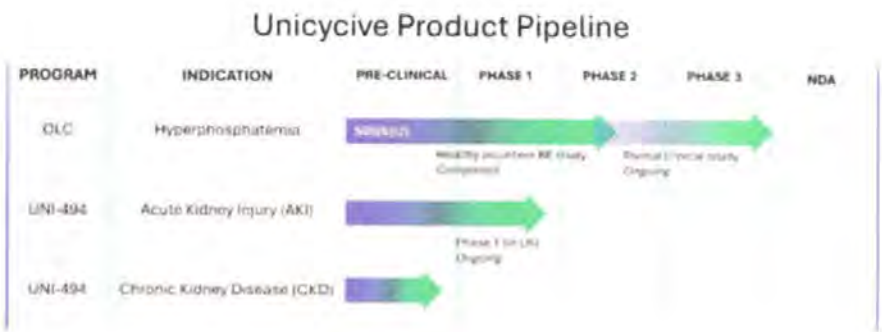
AKI is a sudden episode of kidney failure or kidney damage (within the first 90 days of injury). After 90 days, the patient is considered to have progressed into CKD. AKI affects more than 2 million U.S. patients and costs the healthcare system in excess of $9 billion per year. More than 300,000 patients per year in the U.S. die due to AKI that has many causes.

Our business model is to license technologies and drugs in order to pursue development, regulatory approval, and commercialization of those products in global markets. Many biotechnology companies utilize similar strategies of in-licensing and then developing and commercializing drugs. We believe, however, that our management team's broad network, expertise in the biopharmaceutical industry, and successful track record gives us an advantage in identifying and bringing these assets into our company.

Pipeline

Our proprietary pipeline is comprised of our two product candidates – Oxylanthanum Carbonate and UNI 494 – which are described below.

Figure 1 Unicycive Product Pipeline



Oxylanthanum Carbonate

Oxylanthanum Carbonate Purchase Agreement

On September 20, 2018, we entered into an Assignment and Asset Purchase Agreement (the "Spectrum Agreement") with Spectrum Pharmaceuticals, Inc. ("Spectrum"), pursuant to which we purchased certain assets from Spectrum, including Spectrum's right, title, interest in and intellectual property related to Oxylanthanum Carbonate RZB 012, also known as RENALAN™ ("Renalan") and RZB 014, also known as SPI 014 ("SPI" and together with Renalan, the "Compounds"). Pursuant to the Spectrum Agreement, in consideration for the Compounds, we issued 313,663 shares of common stock to Spectrum.

Additionally, the Spectrum Agreement provides that until the earlier of (i) 36 months from the first date on which our stock trades on a public market, or (ii) the date upon which we attain a public market capitalization of $50,000,000 or greater, we are required to issue additional shares of our common stock as may be needed to ensure Spectrum maintains a 4% ownership of our issued and outstanding common stock on a fully-diluted basis. Fully-diluted shares of common stock for purposes of the Spectrum Agreement assumes conversion of any security convertible into or exchangeable or exercisable for common stock or any combination thereof, including any common stock reserved for issuance under a stock option plan, restricted stock plan, or other equity incentive plan approved by the Board of Directors of the Company immediately following the issuance of additional shares of our common stock (but prior to the issuance of any additional shares of common stock to Spectrum). We are also required to pay Spectrum 40% of all of our sublicense income for any sublicense granted to certain sublicensees during the first 12 months after the Closing Date (as that term is defined in the Spectrum Agreement) and 20% of all other sublicense income. Our payment obligations to Spectrum will expire on the twentieth (20^{th}) anniversary of the Closing Date of the Spectrum Agreement.

Disease overview: Hyperphosphatemia

Chronic kidney disease (CKD) is the gradual loss of kidney function that can get worse over time leading to lasting damage. The stages of chronic kidney disease are shown below in Table 1.

Table 1 Chronic Kidney Disease Stages

CKD Staging		
CKD Stage	**Description**	**eGFR (mL/min/1.73m²)**
1	Normal	>90
2	Mild	60 - 89
3	Moderate	30 - 59
4	Severe	15 - 29
5	End Stage Renal Disease (ESRD)	< 15

Table 1: adapted from The Renal Association (https://renal.org/information-resources/the-uk-eckd-guide/ckd-stages/)

eGFR = estimated glomerular filtration rate (a measure of kidney function)

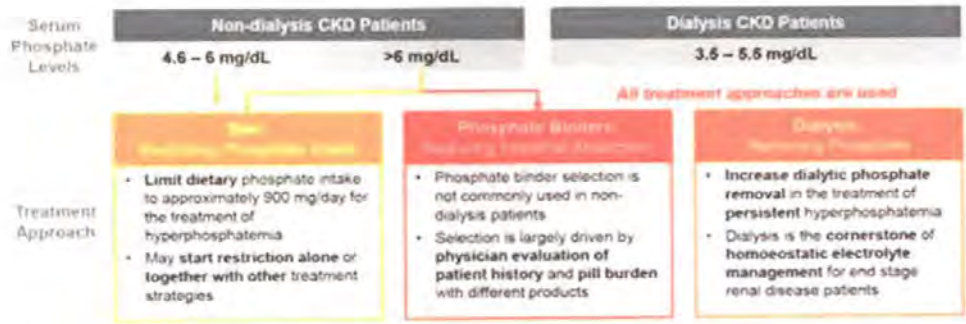
Complications of CKD include electrolyte imbalances, fluid build-up, anemia, bone disease, and heart disease. Hyperphosphatemia is an electrolyte disorder in which elevated phosphorus levels in the blood lead to cardiovascular complications and vascular calcification (hardening). According to Kidney Disease Improving Global Outcomes (KDIGO) guidelines, hyperphosphatemia is defined as an abnormally high serum phosphorus concentration >4.5 mg/dl. In healthy people, normal serum phosphorus levels are maintained s by absorbing from food and excreting (removing from the body) it in the urine and feces. In people with CKD, not enough phosphate is excreted, leading to elevated levels of phosphorus in the blood. In CKD, hyperphosphatemia is caused by a chronic dysregulation of serum phosphorus levels as a result of progressive kidney damage. According to a 2009 paper authored by Covic, hyperphosphatemia is associated with increased risk of cardiovascular disease, metabolic bone disease, and deaths from all-causes (all-cause mortality) mortality. According to a study completed by Palmer in 2011, it is estimated that all-cause mortality is increased by 18% for every 1 mg/dL increase in serum phosphorus concentration. Hyperphosphatemia is also a major cause of morbidity in CKD patients, which increases the economic and clinical burden on patients and the health system and results in Medicare expenditures of $70 billion in the U.S.

According to the 2023 United States Renal Data System (USRDS) Annual Report, it is estimated that 14% of U.S. adults (approximately 31 million people) have CKD. Most patients with Stage 5 CKD (ESRD) either undergo kidney transplants or go on dialysis. The 2023 USRDS annual report indicates that there were 541,326 prevalent dialysis patients in 2021 (the latest reported year). The prevalent U.S. dialysis population has grown at an average yearly rate of 3.5% over the past decade. Furthermore, in a paper published by McCullough in 2019, the number of patients in the U.S. with ESRD is increasing steadily and is projected to reach between 971,000 and 1,259,000 in 2030. In 2020-21, the number of prevalent dialysis patients declined due to an increased death rate of dialysis patients as a consequence of COVID-19.

Current treatment of hyperphosphatemia

The treatment goal for patients with hyperphosphatemia is focused on controlling the level of phosphate in the body. KDIGO guidelines recommend three main strategies for managing hyperphosphatemia: dietary intake restrictions, use of phosphate binders, and dialysis, as shown in Figure 2 below.

Figure 2 KDIGO Guidelines Recommend Three Main Strategies



While KDIGO guidelines do not recommend one phosphate binder over another, they do recommend restricting the dose of calcium-based binders and avoiding long-term us of aluminum-containing binders.. This means that physicians prescribe their medication of choice, usually based on clinical and patient factors. Utilization of calcium-based binders is discouraged by the most recent KDOQI/KDIGO guidelines due to mounting clinical evidence that excess calcium load from calcium-based phosphate binder is associated with hypercalcemia and cardiovascular calcification which has been associated with an increased risk of morbidity (disease) and mortality (death).

According to data from the Dialysis Outcomes and Practice Patterns Study (DOPPS) in 2021, 82% of U.S. dialysis patients were prescribed phosphate binders, which equates to approximately 450,000 patients.

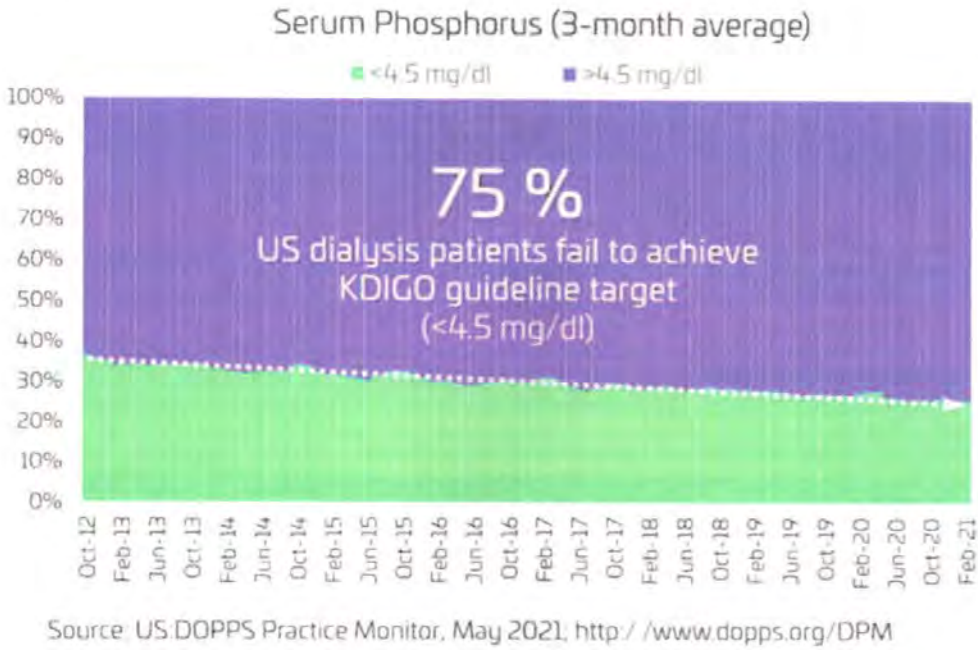
The brief descriptions of the mechanism of action and what we believe to be the advantages and disadvantages of various phosphate binders are shown below in **Table 2**.

Phosphate Binders	Mechanism of Action	Form	Advantages	Disadvantages	Example of Branded Products
Calcium carbonate/acetate	Forms insoluble phosphate complexes in the gut	Chewable and swallowed tablets	Moderately effective, relatively inexpensive	Hypercalcemia, high pill burden, reported to cause vascular calcification	PhosLo, Calphron, Tums, Caltrate
Sevelamer hydrochloride/carbonate	An anion exchange resin	Swallowed tablets and powder	Calcium-free, lipid-lowering effect	Low phosphate binding capacity, high pill burden, GI adverse effects	Renagel, Renvela
Lanthanum carbonate	Forms insoluble phosphate complexes in the gut	Chewable tablets	High potency, low pill burden, works in wide range of pH, no negative effects on bone histology	Unpalatable, GI adverse effects	Fosrenol
Sucroferric oxyhydroxide	A ligand exchange iron-based compound	Chewable tablets	Low pill burden, works in wide range of pH, minimal systemic absorption	Expensive, GI adverse effects, unpalatable	Velphoro
Ferric citrate	Forms insoluble phosphate complexes in the gut	Swallowed tablets	Also serves as a treatment for iron deficiency anemia	Expensive, high pill burden, GI adverse effects, potential for iron overload	Auryxia
Aluminum hydroxide	Forms insoluble phosphate complexes in the gut	Swallowed tablets and liquid	Inexpensive, calcium-free, works in wide range of pH	No safe dose established, cognitive toxicity, osteomalacia (bone toxicity)	AlternaGEL, Amphogel, Nephrox

Table 2: Adapted from Covic and Rastogi, 2013.

Despite the commercial availability of the six phosphate binders in the table above, 75% of U.S. dialysis patients fail to achieve the serum phosphorus target levels established by the KDIGO guidelines. Moreover, serum phosphorus outcomes are trending downward—underscoring the need for new and effective treatment options.

Figure 3 Serum Phosphorus Target Achievement from 2012 to 2021



Source: US DOPPS Practice Monitor, May 2021; http://www.dopps.org/DPM

In 2005, Unruh, ML published a paper that showed poor adherence to treatment is common in patients with ESRD and has been associated with an increased risk of mortality. In addition, poor adherence to phosphate binder therapy has been associated with failure to adequately control serum phosphorus concentrations as shown in a publication by Arenas, MD and others in 2010. Results from a study of 233 patients on maintenance dialysis from three different dialysis units in the U.S. showed that patients took a mean of 11 ± 4 medications with a median daily pill intake of 19 as shown by Chiu, YW in 2009. Phosphate binders accounted for nearly 50% of the total pill burden, with a median daily pill count of nine. Only 38% of patients in this study reported that they were adherent to their prescribed phosphate binder therapy and adherence decreased significantly with increased pill count.

Potential strategies to improve adherence to phosphate binders in patients with ESRD include: (i) a reduction in pill size and number, (ii) improvement of palatability, and (iii) a reduction in associated adverse effects as published in a study by Covic and Rastogi in 2013.

Therefore, we believe there is a current need for better phosphate binders with high phosphate binding capacity, enabling a reduced pill burden for better medication compliance.

Development of Oxylanthanum Carbonate

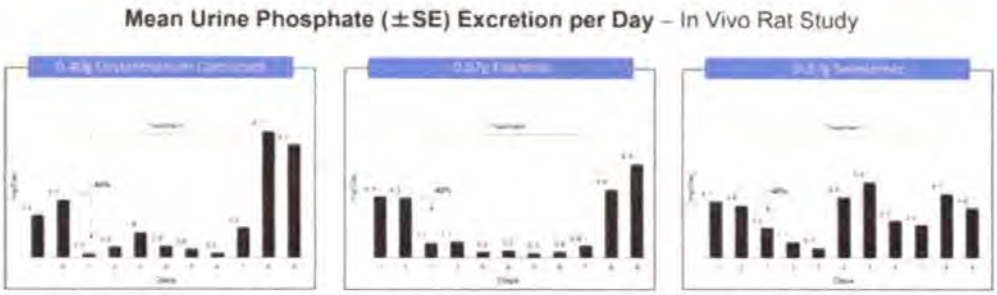
Oxylanthanum Carbonate (lanthanum dioxycarbonate) is an investigational phosphate binding agent utilizing proprietary nanoparticle technology for the treatment of hyperphosphatemia in CKD patients on dialysis.

Oxylanthanum Carbonate Mechanism of Action

Oxylanthanum Carbonate binds to phosphates and forms an insoluble lanthanum phosphate complex which is then excreted via the feces. This results in reduced absorption of phosphate leading to a reduction of serum phosphorus levels.

In rat studies, Oxylanthanum Carbonate exhibited comparable reduction in the urine phosphorus excretion following administration of a lower dose of drug product (0.40g) vs a higher dose (0.57g) of Fosrenol® (lanthanum carbonate tetrahydrate) which is a currently approved lanthanum-based phosphate binder. While differing in the mass of drug product, each dose contained comparable amounts of the active moiety (elemental lanthanum). In the same study, at equivalent doses, Oxylanthanum Carbonate was superior to Sevelamer (the most commonly used phosphate binder) in reducing urine phosphorus excretion (see Fig 3).

Figure 4 Urine Phosphate Levels in Rats Following Comparable Dosing of Oxylanthanum Carbonate, Fosrenol, or Sevelamer



In animal toxicology studies with oxylanthanum carbonate no unexpected toxicity was found and systemic absorption of lanthanum was extremely low, which is consistent with similar studies conducted with Fosrenol.

The chemical design of Oxylanthanum Carbonate was designed to allow for a smaller tablet size and require fewer pills compared with currently available phosphate binder alternatives, specifically with a dosing regimen of only one tablet per meal. The Oxylanthanum Carbonate tablet is designed to disintegrate rapidly in the stomach after swallowing and does not need to be chewed.

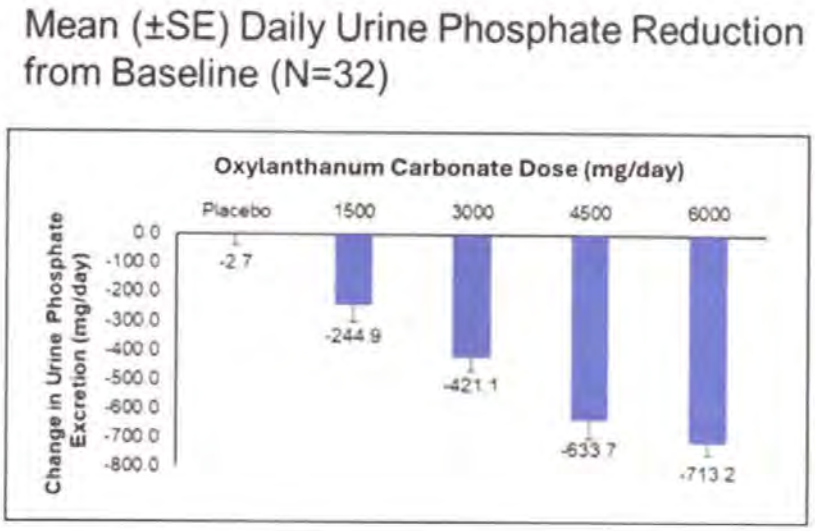
Clinical Trial Experience

First-in-Human Phase 1 Study

In September 2012 a Phase 1 single-center clinical trial evaluating Oxylanthanum Carbonate in 32 healthy volunteers was completed in the United States. Four sequential dose cohorts of 8 subjects each (6 actives and 2 placebos) received Oxylanthanum Carbonate at 1500, 3000, 4500, or 6000 mg/day, taken orally in 3 divided doses within 15 minutes after meals, for five consecutive days. The primary endpoint of the study was the evaluation of safety, and the secondary endpoint was the phosphate binding capacity of Oxylanthanum Carbonate as judged by the level of phosphorus in feces and urine. We believe the study indicated that Oxylanthanum Carbonate was minimally absorbed to the systemic circulation and was well-tolerated at doses up to 6000 mg/day. Oxylanthanum Carbonate significantly reduced urine phosphate excretion and significantly increased fecal phosphate excretion at doses at and above 3000 mg/day. The mean overall change in phosphorus from baseline in both urine and feces, across all treatment groups, showed a dose-response trend that was statistically significant ($p<0.0001$ and $p=0.0004$, respectively). The mean reduction in urine phosphorus excretion was not significant at 1500 mg/day ($p=0.3676$) but was significant at 3000 ($p=0.0004$), 4500 ($p<0.0001$), and 6000 ($p=0.0001$) mg/day, as shown in the figure below.

The mean reduction in urine phosphorus excretion was significant ($p<0.001$) at all four doses of Oxylanthanum Carbonate (**Figure 4**).

Figure 5 Daily Urine Phosphate Reduction in Healthy Volunteers



Oxylanthanum Carbonate Bioequivalence Study in Healthy Volunteers

We conducted a randomized, open label, two-way crossover bioequivalence BE study to establish the bioequivalence of the phosphate binding capacity of Oxylanthanum Carbonate and Fosrenol. The primary objective of the study was to demonstrate PD equivalence of orally administered Oxylanthanum Carbonate 1000 mg three-times daily (TID) to orally administered Fosrenol 1000 mg TID in healthy subjects, and the secondary objective was to compare the safety and tolerability of UNI-014 versus Fosrenol in healthy subjects. The study design, including the dose, primary endpoint and the sample size was reviewed by the Agency prior to the initiation of the study. The primary outcome measure was least squares (LS) mean change in urinary phosphorous excretion (in mg/day) from baseline to the evaluation period. The evaluation period was defined as the approximately 72-hour urine collection period starting on Day 1 and ending on Day 4. Baseline was defined as the approximately 48-hour urine collection period starting on Day -2 and ending on Day 1. PD equivalence was to be claimed if the 90% confidence interval (CI) of the primary PD variable for Oxylanthanum Carbonate was completely contained within the reference interval, which was defined as ±20% of the LS mean of the primary PD variable for lanthanum carbonate. The LS mean change from Baseline for Oxylanthanum Carbonate (-320.4 mg/day) was similar to the LS mean change from Baseline for Fosrenol (-324.0 mg/day). The 90% CI for the LS mean was (-45.88, 53.16), which is well within the acceptance range of (-64.80, 64.80) (**Table 3**). It was concluded that UNI-014 was bioequivalent to Fosrenol. Primary outcome data is presented in the table below.

Table 3: Summary of Mean Change in Urinary Phosphorus Excretion (mg/day)

		Phosphorus Excretion (mg/day)	
Visit	**Statistics**	**Oxylanthanum Carbonate (N=75)**	**Fosrenol (N=75)**
Baseline	LS Mean	861.6	876.1
Evaluation Period	LS Mean	546.7	546.8
Change from Baseline	LS Mean Change	-320.4	-324.0
	90% Confidence Interval for the LS mean (Test-Reference)	(-45.88, 53.16)	
	Acceptance Range	(-64.80, 64.799)	

Regulatory Guidance

Unicycive is seeking approval for Oxylanthanum Carbonate from the U.S. Food and Drug Administration (FDA) through the 505(b)(2) regulatory pathway. The 505(b)(2) pathway allows for full approval of a drug using data from an approved drug with the same active moiety. The approved drug is called the Reference Listed Drug (RLD). The RLD for the Oxylanthanum Carbonate submission is Fosrenol (lanthanum carbonate). The FDA recommended conducting a BE study in healthy volunteers and a 6-month toxicity study in mice with both Oxylanthanum Carbonate and Fosrenol to be able to rely on the efficacy and safety of Fosrenol. We completed both studies and submitted the data for the FDA's review during the pre-NDA (New Drug Application) meeting request. A summary of the human BE study is provided above. After reviewing the data, the Agency recommend that we conduct a tolerability study of Oxylanthanum Carbonate in chronic kidney disease patients on dialysis before filing the NDA. We gained alignment with the FDA on the study design, sample size, and endpoints of the proposed pivotal clinical study during a Type-C meeting in September 2023. This study was initiated in December 2023 and the topline data is expected at the end of Q2, 2024. We plan to submit the NDA soon after the completion of the clinical study.

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Boxout, LLC (DBA: MeyerDC, MeyerPT, MeyerSPA, Milliken Medical, ELIVATE, ARE)

Physical Address: 15277 North Freeway Bldg. H, STE 137

City: Fort Worth State: TX Zip: 76177

Mailing Address (if different from physical address): 6333 Hudson Crossing Pkwy

City: Hudson State: OH Zip: 44236

Telephone: 833-462-7746 Website: www.boxouthealth.com

Name of Designated Representative (DR): Kevin Mace

Licensing Company Email: compliance@boxouthealth.com DR Email: Kevin.mace@boxouthealth.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Please see included memo on full disciplinary action with respect to the company, Boxout, LLC.

Original Signature (electronic, copies or stamps not accepted)

04/14/2025
Date

BOXOUT
Empowering Health & Wellness

6333 Hudson Crossing Parkway
Hudson Ohio 44236
www.boxouthealth.com

January 3rd, 2024

Disciplinary History Summary and Brief Description

Boxout, LLC has had the following disciplinary actions from State Boards of Pharmacy. Boxout, LLC has previously operated under the names Boxout, LLC (fka WBC Group, LLC), MDC Acquisition Company, and WBC Group, LLC.

Arkansas BOP, January 6th, 2010

MDC Acquisition Company was contacted by the Arkansas State Board of Pharmacy regarding the shipment of prescription drugs into the State of Arkansas without licensure in response to the applications of said license permits for its Ohio and California facilities. MDC Acquisition Company resolved this matter, without an admission of guilt, by signing Consent Agreements on January 6th, 2010, and paid a penalty of $1000 per facility.

Alabama BOP, July 17th, 2018

WBC Group, LLC was contacted by the Alabama State Board of Pharmacy regarding a complaint of distributing prescription medical devices into the State of Alabama without *renewing its permits* (Permit 194118 and 194218, for OH and FL, respectively). WBC Group, LLC resolved this matter by signing Consent Orders on July 17th, 2018, and paid a penalty of $2500.00 per permit.

Colorado BOP, September 29, 2020

Boxout, LLC received was contacted by the Colorado Board of Pharmacy for failing to notify the board of a change in company name within the required 30-day period. This failure to notify applied to Boxout's Ohio and California facilities (WHO.8341 and WHO.8407). Boxout, LLC informally resolved this matter by signing a Final Agency Order on September 29, 2020, and paid a fee of $1,150.00 per license.

Alabama BOP, March 30, 2021

Boxout, LLC was contacted by the Alabama Board of Pharmacy regarding a *failure to disclose* the Colorado Final Agency Orders (listed above) on the Alabama permit renewal for its Ohio facility (AL license number: 194118). A Consent Order was signed and fully executed on March 30, 2021, to resolve the matter and a $1,000.00 fine was paid.

Ohio BOP, April 23, 2021

Boxout, LLC was contacted by the Ohio State Board of Pharmacy regarding the *sale of a prescription drug to a clinic that had a lapsed license*. Boxout had already put protections into place to prevent recurrence. Boxout signed a Settlement Agreement on April 23, 2021, to resolve the matter, and a $125.00 fine was paid.

I attest that the information provided herein is true and correct to the best of my knowledge and it is recognized that providing false information may result in disciplinary action.

Matthew J Miller
Regulatory Affairs & Compliance Manager

BOXOUT Copyright © 2024 Boxout. All rights reserved. | Confidential | Unauthorized copying or distribution prohibited.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Obagi Cosmeceuticals, LLC
Address: 3760 Kilroy Airport Way STE 500 City: Long Beach State: CA Zip: 90806

Name: Capital Wholesale Drug Company
Address: 873 Williams Ave City: Columbus State: OH Zip: 43212

Name: InSource, Inc.
Address: 80 Summit View Lane City: Bastian State: VA Zip: 24314

Name: Medline Industries, LP
Address: Three Lakes Drive City: Northfield State: IL Zip: 60093

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Ohio
Parent Company (if any): Boxout Group, LLC
Corporation/Organization Name: Boxout, LLC
Mailing Address: 6333 Hudson Crossing Pkwy
City: Hudson State: OH Zip: 44236
Telephone: 833-462-7746 Email: compliance@boxouthealth.com
Contact Person Name: Matthew Miller, Compliance Manager

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓ N/A	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓ N/A	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Boxout, LLC

Facility Name

Matthew Miller

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

04/14/2025

Date

Board Use Only	Date Received: 4/15/25	Amount: $1000cc

Matthew Miller

From: edrls@fda.hhs.gov
Sent: Monday, October 4, 2021 8:58 AM
To: Compliance
Subject: Labeler Code Request Approved

CAUTION: This email originated from outside the organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 04-OCT-2021
Labeler DUNS: 066689993
Labeler Name: Boxout, LLC
Labeler Code Assigned: 82308

Confirmed 5/13/25

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

6333 Hudson Crossing Parkway
Hudson, Ohio 44236
www.boxouthealth.com

Corporate Leadership Contact Information

Federal Employer Identification Number
31-1539854

State of Incorporation
Ohio

Business Address				
Number and Street Address	City	State	Zip	Telephone Number
6333 Hudson Crossing Parkway	Hudson	OH	44236	(330)963-8650

Officers										
Name	Title	Number and Street Address	City	State	Zip	Telephone Number	E-mail Address	D.O.B.	S.S.N.	% of Ownership
Ronald M. Harrington	CEO, Manager	[redacted]				[redacted]	ron@boxouthealth.com	[redacted]		55.2%
Jill Harrington	Secretary						[redacted]			27.6%
Kurt Packer	President						kurtp@boxouthealth.com			9.8%
Geraldine Miller	Vice-President						gerriem@boxouthealth.com			0.9%
Kenneth Kramer	CFO						kkramer@boxouthealth.com			0.9%

*Various Key Employees and Minority Shareholders - 5.6%

Registered Agent:
CT Corporation System
4701 Cox Road, Ste 285
Glen Allen, VA 23060

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show BOXOUT, LLC, an Ohio Limited Liability Company, Registration Number 980052, was organized in the State of Ohio on May 29, 1997, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 15th day of March, A.D. 2025.

Ohio Secretary of State

Validation Number: 202507400626

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Application for Registration for Boxout, LLC (file number 803488478), a OHIO, USA, Foreign Limited Liability Company (LLC), was filed in this office on December 05, 2019.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate C T CORPORATION SYSTEM as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

1999 BRYAN ST., STE. 900

DALLAS, TX - 75201 3136 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 22, 2025.

Jane Nelson
Secretary of State

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

BOXOUT LLC
6333 HUDSON CROSSING PKWY
HUDSON OH 44236

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

BOXOUT LLC

15277 N FWY BLDG H STE 137
FORT WORTH, TX 76177

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1003488
Expires: May 23, 2026

NON-TRANSFERABLE

Commissioner

518031

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/03/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Jody Brooks	
Acrisure Great Lakes Region 3737 Park East Dr. STE 204 Beachwood OH 44122	PHONE (A/C, No, Ext): (216) 658-7100	FAX (A/C, No): (216) 658-7101
	E-MAIL ADDRESS: Jbrooks@acrisure.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Boxout Group, LLC; Boxout, LLC 6333 Hudson Crossing Parkway Hudson OH 44236	INSURER A : Atlantic Specialty Insurance Company	27154
	INSURER B : National Casualty Company	11991
	INSURER C : Medmarc Casualty Insurance Co	22241
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 2024-25 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			7110148130008	06/01/2024	06/01/2025	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ See Below
								$
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			7110148130008	06/01/2024	06/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 0			7110148130008	06/01/2024	06/01/2025	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCC 343115 A	06/01/2024	06/01/2025	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Products/Completed Operations Liability			24OH380005	06/01/2024	06/01/2025	Occurrence	10,000,000
							Aggregate	10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Texas facility located at: 15277 North Freeway, Bldg H, Ste 137, Fort Worth, TX 76177

CERTIFICATE HOLDER

FOR INFORMATION ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. LPM76/3840

Application/License No. _____

Boxout, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 15277 North Freeway Bldg. H, Ste 137, Fort Worth, TX 76177 (Address of Applicant/Principal), as PRINCIPAL, and Fidelity and Deposit Company of Maryland (Surety Company), a corporation organized under the laws of the state of Maryland (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1299 Zurich Way, Schaumburg, IL 60196-1056 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 9th, 2025 (Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of April, 2025.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Jeremy A. Bryant, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

LPM7673840

Bond Number

Nevada State Board of Pharmacy

Obligee

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Christopher J. Nolan, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Jeremy Bryant, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 9th day of April, A.D. 2025.

SEAL SEAL SEAL

ATTEST:

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Christopher J. Nolan
Vice President

By: Dawn E. Brown
Secretary

State of Maryland

County of Baltimore

On this 9th day of April, A.D. 2025, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Christopher J. Nolan, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Genevieve M. Maison

GENEVIEVE M. MAISON
NOTARY PUBLIC
BALTIMORE COUNTY, MD
My Commission Expires JANUARY 27, 2026

GEN00011 Ed.(07/24)

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys -in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 9th day of April, 2025.

By: Mary Jean Pethick
Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
800-626-4577

If your jurisdiction allows for electronic reporting of surety claims, please submit to: reportsfclaims@zurichna.com

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Boxout, LLC — MDEG License # (if applicable): _____

Physical Address: 15277 North Freeway Bldg. H, STE 137

City: Fort Worth — State: TX — Zip: 76177

Mailing Address (if different from physical address): 6333 Hudson Crossing Pkwy

City: Hudson — State: OH — Zip: 44236-4346

Telephone: 833-462-7746 — Website: www.boxouthealth.com

Licensing Company Email: compliance@boxouthealth.com

Section 2: Personal Information

First: Kevin — Middle: Michael — Last: Mace

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☐ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] — State: [redacted] — Zip: [redacted]

Telephone: [redacted] — Email: compliance@boxouthealth.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Stillwater High School		09/93 - 06/97	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/21- current	[redacted]			[redacted]
From - To (MM/YY – MM/YY) 01/21 -12/21				
From - To (MM/YY – MM/YY) 09/14 - 01/21				
From - To (MM/YY – MM/YY) 04/14 - 09/14				
From - To (MM/YY – MM/YY) 06/12 - 04/14				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Boxout, LLC			06/22 - Present	
Business Address		**City**	**State**	**Zip**
15277 North Freeway Bldg. H, STE 137		Fort Worth	TX	76177
Phone	**Title**		**Number of Employed Hours**	
833-462-7746	Facility Manager		6000	
Description of Duties				
Manging of all aspects of the distribution center. Responsible for operations, training, quality, temperature controls, quarantine, and security of dangerous drugs.				

Business Name			From - To (MM/YY – MM/YY)	
Cardinal Health			10/17 - 4/22	
Business Address		**City**	**State**	**Zip**
5400 Sandshell Drive		Fort Worth	TX	76137
Phone	**Title**		**Number of Employed Hours**	
614-757-5000	Supervisor		9280	
Description of Duties				
Supervisor of Specialty QIC & Replacement. Managed all aspects of quality and inventory control.				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

04/09/2025
Date

I, Kevin Mace, **certify that as the MDEG Administrator for**

Boxout, LLC,

that I (initial that you have read and meet the following requirements):

1. KM Have a high school diploma or its equivalent;
2. KM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. KM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. KM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kevin Mace
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/09/2025
Date

Board Use Only	Date Received: 4/15/25

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Boxout, LLC (DBA: MeyerDC, MeyerPT, MeyerSPA, Milliken Medical, ELIVATE, ARE)

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 15277 North Freeway Bldg. H, STE 137

City: Fort Worth State: TX Zip: 76177

Mailing Address (if different from physical address): 6333 Hudson Crossing Pkwy

City: Hudson State: OH Zip: 44236-4346

Telephone: 833-462-7746 Website: www.boxouthealth.com

Licensing Company Email: compliance@boxouthealth.com

Section 2: Personal Information

First: Kevin Middle: Michael Last: Mace

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: compliance@boxouthealth.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Stillwater High School		09/93 - 06/97	
Address	City	State	Zip
1068 Hudson Ave	Stillwater	NY	12170
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/21- current	[redacted]			
01/21 -12/21				
09/14 - 01/21				
04/14 - 09/14				
06/12 - 04/14				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Boxout, LLC			06/22 - Present	
Business Address		**City**	**State**	**Zip**
15277 North Freeway Bldg. H, STE 137		Fort Worth	TX	76177
Phone	**Title**		**Number of Employed Hours**	
833-462-7746	Facility Manager		6000	
Description of Duties				
Manging of all aspects of the distribution center. Responsible for operations, training, quality, temperature controls, quarantine, and security of dangerous drugs.				

Business Name			From - To (MM/YY – MM/YY)	
Cardinal Health			10/17 - 4/22	
Business Address		**City**	**State**	**Zip**
5400 Sandshell Drive		Fort Worth	TX	76137
Phone	**Title**		**Number of Employed Hours**	
614-757-5000	Supervisor		9280	
Description of Duties				
Supervisor of Specialty QIC & Replacement. Managed all aspects of quality and inventory control.				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

04/09/2025
Date

I, Kevin Mace, **certify that as the designated representative for**

Boxout, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KM I am at least 21 years of age;
3. KM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. KM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. KM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kevin Mace

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/09/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kevin Mace

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/09/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Denton

I, Kevin Mace, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/09/2025

Date

Subscribed and Sworn to before me this 9th day of April.

Ashley Drake

Notary Public Signature

ASHLEY DRAKE
Notary ID #134827491
My Commission Expires
March 27, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Boxout, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 15277 North Freeway Bldg H Ste 137

City: Fort Worth State: TX Zip: 76177

Mailing Address (if different from physical address): [redacted]

City: [redacted] State: [redacted] Zip: 44236

Telephone: 833-462-7746 Website: www.boxouthealth.com

Licensing Company Email: Compliance@boxouthealth.com

Section 2: Personal Information

First: Jill Middle: Ann Last: Harrington

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: 833-462-7746 Email: Compliance@boxouthealth.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Hillsdale College		09/87- 05/91	
Address	**City**	**State**	**Zip**
33 E College St	Hillsdale	MI	49242
Diploma/Degree obtained, if any			
Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/10- Present	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Boxout, LLC			05/97 - Present
Business Address	**City**	**State**	**Zip**
6333 Hudson Crossing Parway	Hudson	OH	44236
Phone	**Title**		
833-462-7746	Vice President		
Description of Duties			
Oversee overall operations, directing and delegating agendas, driving profitability and strategy.			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Ms. Phaynarikone from the Nevada Board of Pharmacy clarified to Boxout, LLC by email on September 22, 2022, that questions four (4) through six (6) on Page 5 refer specifically to personal involvement of the officers, not the entire company.

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jill Harrington

Print Name (First, Last)

Jill Harrington

Original Signature (electronic, copies or stamps not accepted)

4/9/2025

Date

Please have this section completed in the presence of a Notary Public.

State of OHIO, ss. County of SUMMIT

I, Matthew Miller, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/09/2025

Date

Subscribed and Sworn to before me this 9th day of April

Notary Public Signature

NOTARIAL SEAL STATE OF OHIO

Matthew J Miller
Notary Public, State of Ohio
My Commission Expires:
December 03, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Boxout, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 15277 North Freeway Bldg H Ste 137

City: Fort Worth State: TX Zip: 76177

Mailing Address (if different from physical address): 6333 Hudson Crossing Parkway

City: Hudson State: OH Zip: 44236

Telephone: 833-462-7746 Website: www.boxouthealth.com

Licensing Company Email: Compliance@boxouthealth.com

Section 2: Personal Information

First: Ronald Middle: M Last: Harrington

Alias(es, nicknames, name changes, etc.): Ron

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 6333 Hudson Crossing Parkway

City: Hudson State: OH Zip: 44236

Telephone: [redacted] Email: Compliance@boxouthealth.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Kenyon College		09/87- 05/91	
Address	**City**	**State**	**Zip**
104 College Drive	Gambier	OH	43022
Diploma/Degree obtained, if any			
History			

School Name		From - To (MM/YY – MM/YY)	
Western Reserve Academy		09/84 - 06/87	
Address	**City**	**State**	**Zip**
115 College Street	Hudson	OH	44236
Diploma/Degree obtained, if any			
College Prep			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2010 -Present	[redacted]			[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Boxout, LLC			05/97 - Present
Business Address	**City**	**State**	**Zip**
6333 Hudson Crossing Parway	Hudson	OH	44236
Phone	**Title**		
330-963-8650	CEO		
Description of Duties			
Oversee overall operations, directing and delegating agendas, driving profitability and strategy.			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Ms. Phaynarikone from the Nevada Board of Pharmacy clarified to Boxout, LLC by email on September 22, 2022, that questions four (4) through six (6) on Page 5 refer specifically to personal involvement of the officers, not the entire company.

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ronald Harrington

Print Name (First, Last)

RH

Original Signature (electronic, copies or stamps not accepted)

4/14/25

Date

Please have this section completed in the presence of a Notary Public.

State of OHIO, ss. County of SUMMIT

I, Ronald Harrington, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

RH

Original Signature

4/14/25

Date

Subscribed and Sworn to before me this 14th day of April

Notary Public Signature

NOTARIAL SEAL ★ STATE OF OHIO ★

Matthew J Miller
Notary Public, State of Ohio
My Commission Expires:
December 03, 2029

(Seal)

BOXOUT
Empowering Health & Wellness

6333 Hudson Crossing Parkway
Hudson, Ohio 44236
www.boxouthealth.com

4/22/2025 – Full list of staff at our TX facility located at 15277 North Freeway Bldg H Ste 137, Fort Worth, TX 76177

Abdullah, Muhammad
Ascencio, Luis
Barajas, Lorena
Bartlett, Amanda
Block, Dixie
Bui, Thuong
Cato, Patrick
Chavez, Andres
Cottle, Jaydin

Gilliam, Robyn

Howard, Rickey
Jarvis, Todd
Kambote, Charles
Kuntz, Hunter
Mace, Kevin
Marabella, Kyle
Milburn, Michelle
Miller, Mike
Ojeda, Jackie

Stewart, Isaiah
Villegas, Alyssa
Wallace-Glave, Valerie

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4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Brookfield Pharmaceuticals, LLC

Physical Address: 15460 W. Capitol Drive, Suite 111

City: Brookfield State: WI Zip: 53005

Mailing Address (if different from physical address): c/o State License Servicing, Inc., 225 Dolson Avenue, 4th floor

City: Middletown State: NY Zip: 10940

Telephone: (845) 544-2482 Website: www.brookfieldpharma.com

Name of Designated Representative (DR): James A. Wittenberg

Licensing Company Email: BKP@slsny.com DR Email: jwittenberg@brookfieldpharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Drugs (Human OTC)	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Distributors		☒ Others: Manufacturer - Virtual

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

No discipline to report

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Huons Co., Ltd 100, Bioyalley-RO, Jecheon-SI
Address: Chungcheongbuk-DO, 27159 Republic of Korea, South Korea City: State: Zip:

Name: Vesta Pharmaceuticals, Inc.
Address: 5767 Thunderbird Road City: Indianapolis State: IN Zip: 46236

Name: Hillestad Pharmaceuticals USA
Address: 178 U.S. Highway 51 N City: Woodruff State: WI Zip: 54568

Name: Denison Pharmaceuticals, LLC
Address: One Powder Hill Road City: Lincoln State: RI Zip: 02865

N/A **Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: WI
Parent Company (if any): N/A
Corporation/Organization Name: Brookfield Pharmaceuticals, LLC
Mailing Address: c/o State License Servicing, Inc. 225 Dolson Avenue, 4th floor
City: Middletown State: NY Zip: 10940
Telephone: (845) 544-2482 Email: BKP@slsny.com
Contact Person Name: Christine Cannon

N/A **Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A **Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler Code: 71351	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Brookfield Pharmaceuticals, LLC

Facility Name

Brian H. Heinzelman

Print Name of Authorized Person Submitting Application

Brian Heinzelman

Original signature of Authorized Person (copies or stamps not accepted)

4/14/25

Date

Board Use Only	Date Received: 5/15/25	Amount: $1000 ck 2787

Proof of Labeler Code

--------- Forwarded message ---------
From: <edrls@fda.hhs.gov>
Date: Wed, Mar 22, 2017 at 3:17 PM
Subject: Labeler Code Request Approved
To: <lhinman@brookfieldpharma.com>

eDRLS - Electronic Drug Registration & Listing System

Current Date: 22-MAR-2017
Labeler DUNS: 080592685
Labeler Name: Brookfield Pharmaceuticals, LLC
Labeler Code: 71351

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

FDA Labeler code

An official website of the United States government Here's how you know

FDA

Search Result

Share Tweet LinkedIn Email Print

Current through March 19, 2025

You have searched Finished drug products

Search Results: *'71351'*

Back to Search Page

Showing 1 to 7 of 7 entries Show entries

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number or Monograph ID	Labeler Name	Product NDC	Non Proprietary Name
Bupivacaine Hydrochloride	71351-022-10	7.5mg/mL	INJECTION	SUBARACHNOID	ANDA212822	Brookfield Pharmaceuticals, LLC.	71351-022	Bupivacaine hydrochloride
Bupivacaine Hydrochloride	71351-022-50	7.5mg/mL	INJECTION	SUBARACHNOID	ANDA212822	Brookfield Pharmaceuticals, LLC.	71351-022	Bupivacaine hydrochloride
Jelcaine Sterile	71351-025-30	20mg/mL	JELLY	TOPICAL	M017	Brookfield Pharmaceuticals, LLC	71351-025	Lidocaine HCl Jelly USP, 2%
Lidocaine Hydrochloride	71351-021-10	10mg/mL	SOLUTION	INTRAVENOUS	ANDA212821	Brookfield Pharmaceuticals, LLC.	71351-021	Lidocaine Hydrochloride
Lidocaine Hydrochloride	71351-021-25	10mg/mL	SOLUTION	INTRAVENOUS	ANDA212821	Brookfield Pharmaceuticals, LLC.	71351-021	Lidocaine Hydrochloride
Lidocaine Hydrochloride	71351-023-10	20mg/mL	SOLUTION	INTRAVENOUS	ANDA212821	Brookfield Pharmaceuticals, LLC.	71351-023	Lidocaine Hydrochloride
Lidocaine Hydrochloride	71351-023-25	20mg/mL	SOLUTION	INTRAVENOUS	ANDA212821	Brookfield Pharmaceuticals, LLC.	71351-023	Lidocaine Hydrochloride

Company particulars

Brookfield Pharmaceuticals, LLC

Corporate Address: 15460 W. Capitol Drive, Suite 111, Brookfield, WI 53005 USA
FEIN: 81-5133244
www.brookfieldpharma.com

Drug Labeler Code: 71351
Incorporation State: WI
Incorporation Date: 1/24/2017

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
CAP	15460 W. Capitol Drive Suite 111 Brookfield , WI 53005 County: Waukesha	N/A	N/A - No CS	N/A	No	(262) 404-9010	(262) 404-9008

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
James A. Wittenberg	[redacted]	VP, New Product Development	Yes	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Todd Thomas Graverson	[redacted]	Executive VP, Sales Marketing	10.00	No	[redacted]		
Brian H. Heinzelman	[redacted]	President	50.83	No			
Richard D. Losiniecki	[redacted]	Owner	10.00	No			
David Andrew Eckert	[redacted]	Executive VP, Finance - Owner	6.67	No			
Lucrezia A. Hinman	[redacted]	Director, Regulatory Affairs -Owner	5.00				

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Brian H. Heinzelman	[redacted]	President	No	[redacted]		

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services,Inc.			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Reliable Healthcare Logistics, LLC f/k/a Woodfield Distribution, LLC	1113 Gillingham Lane Suite A Sugarland, TX 77478					

officer list

brookfield pharmaceuticals

Facility Address: 15460 W. Capitol Drive, Suite 111, Brookfiled, WI 53005

List of Officers:

Brian H. Heinzelman, President

brookfield pharmaceuticals

ORGANIZATIONAL CHART

Brian H. Heinzelman 50.83%	Todd Graverson 10.00%	Richard D. Losiniecki 10.00%	Dave Eckert 6.67%	Lucrezia Hinman 5.00%	James H. Heinzelman 3.33%	Steven N. Heinzelman 3.33%	Todd J. Heinzelman 3.33%	James Wittenberg 0.83%	Adam P. Rumler 2018 Trust 3.33%	Kristina M. Albert 2018 Trust 3.33%



BROOKFIELD PHARMACEUTICALS, LLC

The balance of ownership is held by individuals owning less than 5%

Org Chart

Good Standing (WI)

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Kristie Pulvermacher, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

BROOKFIELD PHARMACEUTICALS, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is January 24, 2017.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., but that it has not filed a statement or articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 21, 2025.

Kristie Pulvermacher

KRISTIE PULVERMACHER, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: https://apps.dfi.wi.gov/apps/ccs/verify/

Enter this code: **416768-8507DCBD**

EXPIRES: 05/31/2026

NO. 2883 - 45

The State of Wisconsin
Department of Safety and Professional Services
PHARMACY EXAMINING BOARD

Hereby certifies that

BROOKFIELD PHARMACEUTICALS LLC

was granted a license to practice as a

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

in the State of Wisconsin in accordance with Wisconsin Law
on the 21st day of September in the year 2017.
The authority granted herein must be renewed each biennium by the granting authority.
In witness thereof, the State of Wisconsin
Pharmacy Examining Board
has caused this certificate to be issued under
the seal of the Department of Safety and Professional Services

DSPS Secretary

Chairperson

Secretary

This certificate was printed on the 15th day of April in the year 2024

0994

Home State (WI) permit

Home State (WI) Verification of License

License



DSPS Site Guest User

Credential/License Summary for 2883 - 45

As of April 28, 2025 1:42:07 PM

Name : BROOKFIELD PHARMACEUTICALS LLC

Credential/License Number : 2883 - 45

Professions : Wholesale Distributor of Prescription Drugs

Location : BROOKFIELD, Wisconsin - 53005

Credential/License Type : Regular

Status : License is current (Active)

Eligible To Practice : Eligible

Credential Expiration Date : 2026-05-31

Granted Date : 2017-09-21

Multi-State : N

Orders : 0

Specialities :

Other Names :

Orders for 2883 - 45

No Orders Found

Relationships for 2883 - 45

Individual

No Individual Relationships Found

Organization

No Organization Relationships Found

ATTENTION: The information provided through this public lookup constitutes official certification of licensure information and credential verification for professions regulated by the Wisconsin Department of Safety and Professional Services and its attached boards. If a renewal application including payment is received by the expiration date, the credential holder is eligible to practice while the credential renewal is processed. The credential holder must respond to any requests for information during the renewal process. See Wis. Stat § 227 51(2). Consistent with The Joint Commission and NCQA standards for primary source verification. Send questions or comments to dsps@wisconsin.gov (mailto:dsps@wisconsin.gov)

Liability Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

R&R Insurance Services, Inc.
P.O. Box 1610
Waukesha, WI 53187-1610

CONTACT NAME: Christine Miramontes
PHONE (A/C, No, Ext): (262)574-7000 FAX (A/C, No): (262)574-7080
E-MAIL ADDRESS: Christine.Miramontes@rrins.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Ace Property and Casualty Ins Co	20699
INSURER B :	Bankers Standard Insurance Company	20206
INSURER C :	Chubb National Insurance Company	10052
INSURER D :	Federal Insurance Co	20281
INSURER E :		
INSURER F :		

INSURED

Brookfield Pharmaceuticals LLC
15460 W Capitol Dr Ste 111
Brookfield, WI 53005

COVERAGES **CERTIFICATE NUMBER:** 599415 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Blkt AI PNC with contract requirement-product policy GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			D95204831	01-01-2025	01-01-2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Product Liability - Comp/O	$ 2,000,000 $ 100,000 $ 5,000 $ 2,000,000 $ 4,000,000 $ Excluded $ 10,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			D95204831	01-01-2025	01-01-2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
B	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			D95204880	01-01-2025	01-01-2026	EACH OCCURRENCE AGGREGATE	$ 6,000,000 $ 6,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		71784448	01-01-2025	01-01-2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
D	Crime - Employee Dishonesty			J06079325	01-01-2025	01-01-2026	Limit	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

"FOR INFORMATION PURPOSES ONLY"

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Michael Gelt

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Bond

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 101430346

Application/License No. _____

Brookfield Pharmaceuticals, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 15460 W Capitol Drive, Suite 111 Brookfield, WI 53005 (Address of Applicant/Principal), as PRINCIPAL, and Merchants Bonding Company (Mutual) (Surety Company), a corporation organized under the laws of the state of Iowa (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6700 Westown Parkway, West Des Moines, IA 50266 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 7, 2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 7th day of March, 20 25.

APPLICANT/PRINCIPAL

Brookfield Pharmaceuticals, LLC

Karli Davis

Authorized Representative

SURETY COMPANY

Merchants Bonding Company (Mutual)

Surety Company's Representative

Karlie Davis, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Witness

Countersigned by:

Nevada Resident Agent

LP 4229 NV (5/21)

Posted February 20, 2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Brookfield Pharmaceuticals, LLC MDEG License # (if applicable) N/A

Physical Address 15460 W. Capitol Drive, Suite 111

City Brookfield State WI Zip 53005

Mailing Address (if different from physical address) c/o State License Servicing, Inc. 225 Dolson Avenue, 4th Floor

City Middletown State NY Zip 10940

Telephone (845) 544-2482 Website www.brookfieldpharma.com

Licensing Company Email BKP@slsny.com

Section 2: Personal Information

First James Middle A. Last Wittenberg

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip 53132

Telephon[redacted] Email jwittenberg@brookfieldpharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin		08/83 - 05/85	
Address	City	State	Zip
500 Lincoln Dr.	Madison	WI	53706
Diploma/Degree obtained, if any			
M.S. Pharmacy Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin		08/72 - 05/75	
Address	City	State	Zip
500 Lincoln Dr.	Madison	WI	53706
Diploma/Degree obtained, if any			
B.S.Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Onalaska High School		08/65 - 05/69	
Address	City	State	Zip
700 Hilltopper Drive	Onalaska	WI	54650
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/93 - current	[redacted]			53132
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Brookfield Pharmaceuticals, LLC			02/2017-Present
Business Address	**City**	**State**	**Zip**
15460 W. Capitol Drive, Suite 111	Brookfield	WI	53005
Phone [redacted]	**Title** VP, New Product Development	**Number of Employed Hours** ~ 17,000 hours	

Description of Duties

Provide product development support, advise on new product identification and formulation. Lead market research initiatives across product line.Results oriented individual with strong analytical, forecasting and writing skills (synthesis analysis). Also, have extensive knowledge of the pharmaceutical industry. Have a strong background in business development and marketing research.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

No discipline to report

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, James A. Wittenberg, **certify that as the MDEG Administrator for**

Brookfield Pharmaceuticals, LLC,

that I (initial that you have read and meet the following requirements):

1. jaw Have a high school diploma or its equivalent;
2. jaw Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. jaw Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. jaw Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James A. Wittenberg
Print Name (First, Last)

James A Wittenberg
Original Signature (electronic, copies or stamps not accepted)

4/11/25
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Brookfield Pharmaceuticals, LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 15460 W. Capitol Drive, Suite 111

City: Brookfield State: WI Zip: 53005

Mailing Address (if different from physical address): c/o State License Servicing, 225 Dolson Avenue, 4th floor

City: Middletown State: NY Zip: 10940

Telephone: (845) 544-2482 Website: www.brookfieldpharma.com

Licensing Company Email: BKP@slsny.com

Section 2: Personal Information

First: James Middle: A. Last: Wittenberg

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: 53132

Telephone: [redacted] Email: jwittenberg@brookfieldpharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin		08/83 - 05/85	
Address	**City**	**State**	**Zip**
500 Lincoln Dr.	Madison	WI	53706
Diploma/Degree obtained, if any			
M.S. Pharmacy Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin		08/72 - 05/75	
Address	**City**	**State**	**Zip**
500 Lincoln Dr.	Madison	WI	53706
Diploma/Degree obtained, if any			
B.S.Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Onalaska High School		08/65 - 05/69	
Address	**City**	**State**	**Zip**
700 Hilltopper Drive	Onalaska	WI	54650
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/93 - current	[redacted]			53132
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Brookfield Pharmaceuticals, LLC			02/2017 - Present	
Business Address		**City**	**State**	**Zip**
15460 W. Capitol Drive, Suite 111		Brookfield	WI	53005
Phone	**Title**		**Number of Employed Hours**	
[redacted]	VP, New Product Development		~ 17,000 hours	

Description of Duties
Provide product development support, advise on new product identification and formulation. Lead market research initiatives across product line. Results oriented individual with strong analytical, forecasting and writing skills (synthesis analysis). Also, have extensive knowledge of the pharmaceutical industry. Have a strong background in business development and marketing research.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

No discipline to report

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, James A. Wittenberg, **certify that as the designated representative for**

Brookfield Pharmaceuticals, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JAW I am at least 21 years of age;
3. JAW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JAW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JAW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JAW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JAW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

James A. Wittenberg
Print Name (First, Last)

James A Wittenberg
Original Signature (electronic, copies or stamps not accepted)

4/11/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James A. Wittenberg

Print Name (First, Last)

James A Wittenberg

Original Signature (electronic, copies or stamps not accepted)

4/11/25

Date

Please have this section completed in the presence of a Notary Public.

State of Wisconsin, ss. County of Milwaukee

I, James A Wittenberg, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

James A Wittenberg

Original Signature James A. Wittenberg

4/11/25

Date

Subscribed and Sworn to before me this 11TH day of April 2025.

Notary Public Signature

AMANDA MAE SILBAR NOTARY PUBLIC STATE OF WISCONSIN

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Brookfield Pharmaceuticals, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): Pending

Physical Address: 15460 W. Capitol Drive, Suite 111

City: Brookfield State: WI Zip: 53005

Mailing Address (if different from physical address): c/o State License Servicing, Inc. 225 Dolson Avenue, 4th floor

City: Middletown State: NY Zip: 10940

Telephone: (845) 544-2482 Website: www.brookfieldpharma.com

Licensing Company Email: BKP@slsny.com

Section 2: Personal Information

First: Richard Middle: D. Last: Losiniecki

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: 53029

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Carroll College			09/83-05/87	
Address		City	State	Zip
100 N. East Avenue		Waukesha	WI	53186
Diploma/Degree obtained, if any				
Bachelor of Science				
School Name			From - To (MM/YY – MM/YY)	
Oak Creek High School			09/79-05/83	
Address		City	State	Zip
340 E Puetz Rd		Oak Creek	WI	53154
Diploma/Degree obtained, if any				
High School diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/21 - current	[redacted]			53029
08/05 - 10/21				53132
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Brookfield Pharmaceuticals, LLC			02/17 - current	
Business Address		**City**	**State**	**Zip**
15460 W. Capitol Drive, Suite 111		Brookfield	WI	53005
Phone	**Title**			
(262) 404-9010	Owner			
Description of Duties				
Passive investor				

Business Name			From - To (MM/YY – MM/YY)	
County Line Pharmaceuticals, LLC			10/07 - 03/16	
Business Address		**City**	**State**	**Zip**
13890 Bishop's Drive		Brookfield	WI	53005
Phone	**Title**			
(262) 439-8114	President/CEO			
Description of Duties				
Passive investor				

Business Name			From - To (MM/YY – MM/YY)	
CLP Capital, LLC			02/17 - current	
Business Address		**City**	**State**	**Zip**
N62W34141 s Bayview Road		Oconomowoc	WI	53066
Phone	**Title**			
(262) 488-0605	Member/Owner			
Description of Duties				
Passive investor				

Business Name			From - To (MM/YY – MM/YY)	
CLP Asset Management, LLC			09/19 - current	
Business Address		**City**	**State**	**Zip**
8901 Firetower Rd		Ooltewah	TN	37363
Phone	**Title**			
(262) 488-0605	Member/Owner			
Description of Duties				
Passive investor				

Business Name			From - To (MM/YY – MM/YY)	
CLP Investments, LLC			01/20 - current	
Business Address		**City**	**State**	**Zip**
8901 Firetower Rd		Ooltewah	TN	37363
Phone	**Title**			
(262) 488-0605	Member/Owner			
Description of Duties				
Passive investor				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

No discipline to report

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard D. Losiniecki

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/14/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Wisconsin, ss. County of Waukesha

I, Richard D. Losiniecki, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature Richard D. Losiniecki

4/14/2025

Date

Subscribed and Sworn to before me this 14th day of April, 2025.

Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Brookfield Pharmaceuticals, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 15460 W. Capitol Drive, Suite 111

City: Brookfield State: WI Zip: 53005

Mailing Address (if different from physical address): c/o State License Servicing, Inc. 225 Dolson Avenue, 4th floor

City: Middletown State: NY Zip: 10940

Telephone: (845) 544-2482 Website: www.brookfieldpharma.com

Licensing Company Email: BKP@slsny.com

Section 2: Personal Information

First: Brian Middle: H. Last: Heinzelman

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: 53029

Telephone: [redacted] Email: bheinzelman@brookfieldpharma.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of Wisconsin- Whitewater		08/1993 - 05/1997	
Address	**City**	**State**	**Zip**
800 W Main St.	Whitewater	WI	53190
Diploma/Degree obtained, if any			
B.A. Finance, emphasis in Accounting & Real Estate			

School Name		From - To (MM/YY – MM/YY)	
Thames University		6 month program (1995)	
Address	**City**	**State**	**Zip**
Roehampton Centre, 166 Roehampton Ln	London, SW15 4HR, UK		
Diploma/Degree obtained, if any			
Study Abroad - International Program			

School Name		From - To (MM/YY – MM/YY)	
Ozaukee High School		09/1989 - 06/1993	
Address	**City**	**State**	**Zip**
401 Highland Drive	Fredonia	WI	53021
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2018 - Present	[redacted]			53029
01/2014 - 12/2017				53146

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Brookfield Pharmaceuticals, LLC (BP)			2017 - Present	
Business Address		**City**	**State**	**Zip**
15460 W. Capitol Drive, Suite 111		Brookfield	WI	53005
Phone	**Title**			
(262) 404-9010	President / Managing Member			

Description of Duties

Manage day to day operations of the business including all internal (sales, finance, regulatory) and external (development, manufacturing, distribution) functions; Originated initial investor group to capitalize and fund this company; Identified and led all initial products from development to commercialization; Initiated company and virtual business model to bring generic products to customers.

Business Name			From - To (MM/YY – MM/YY)	
County Line Pharmaceuticals, LLC (CLP)			2008 - 2016	
Business Address		**City**	**State**	**Zip**
13890 Bishop's Drive, Suite 410		Brookfield	WI	53005
Phone	**Title**			
(262) 439-8109	VP Business Development / Member			

Description of Duties

Identified, negotiated, and drafted license and purchase agreements for CLP's entire portfolio of over 25 products. Took initiative and led all product acquisitions that eventually grew the company from zero sales to a $30 million in annual net sales with a potential for $100 million in sales in less than seven years with negligible outside financing. Manage the entire supply chain function. CLP never had any recall or supply chain interruptions since launch of the products. Spearheaded and led all product opportunities, manufacturers, suppliers and managed the entire development and/or tech transfer transfer process to bring the brand and generic products to commercialization.

Business Name			From - To (MM/YY – MM/YY)	
Schwarz Pharma Inc.			2002 - 2007	
Business Address		**City**	**State**	**Zip**
6140 West Executive Drive		Mequon	WI	23092
Phone	**Title**			
(262) 238-5400	Finance Manager / Director			

Description of Duties

Directed all key financial functions including planning, audit, manufacturing, cost accounting and reporting. Worked on the divestiture of two legacy products, maximizing the cash flow into Schwarz ($50M), assisted on a key license agreement on a new chemical entity which brought Schwarz over $500M of value. Oversee the manufacturing and distribution planning of over 100 SKUs which generated $500M in net sales yearly. Streamlined forecasting and materials management process which saves the company $25M per annum. Manage all strategic planning for Schwarz and built financial models to manage and monitor the business; including forecasts for sales, expenses, manufacturing, product launches and sales force compensation plans.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

No discipline to report

N/A
Original Signature (electronic, copies or stamps not accepted)

N/A
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian H. Heinzelman

Print Name (First, Last)

Brian Heinzelman — 4/14/25

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Wisconsin, ss. County of Waukesha

I, BRIAN HEINZELMAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Brian Heinzelman — 4/14/25

Original Signature Brian H. Heinzelman **Date**

Subscribed and Sworn to before me this 14th day of April, 2025

William R. Pantos

Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Brookfield Pharmaceuticals, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): Pending

Physical Address: 15460 W. Capitol Drive, Suite 111

City: Brookfield State: WI Zip: 53005

Mailing Address (if different from physical address): c/o State License Servicing, Inc. 225 Dolson Avenue, 4th floor

City: Middletown State: NY Zip: 10940

Telephone: (845) 544-2482 Website: www.brookfieldpharma.com

Licensing Company Email: BKP@slsny.com

Section 2: Personal Information

First: Todd Middle: Thomas Last: Graverson

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] [redacted] Zip: 53211

Telephone: [redacted] Email: tgraverson@brookfieldpharma[redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Marquette University		08/1996 - 05/2000	
Address: 1250 W Wisconsin Ave	City: Milwaukee	State: WI	Zip: 53233
Diploma/Degree obtained, if any: Bachelors Degree, Major - Finance, Minor - Criminology			

School Name		From - To (MM/YY – MM/YY)	
Kimberly High School		08/92 - 05/96	
Address: 1662 Kennedy Ave	City: Kimberly	State: WI	Zip: 54136
Diploma/Degree obtained, if any: High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/10 - Present	[redacted]			53211
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and [illegible] partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Brookfield Pharmaceuticals			2017 - Present
Business Address	**City**	**State**	**Zip**
15460 W. Capitol Drive, Suite 111	Brookfield	WI	53005
Phone	**Title**		
(262) 404-9010	Founder/ Executive VP, Sales and Marketing		

Description of Duties
Started organization from scratch with two other colleagues to have 9 NDCs within the first 24 months; Negotiated terms with all major pharmaceutical customers; Sole responsibility for all sales, marketing, and market research function within the organization; Researched and selected numerous vendor partners including 3PL, licensing organization, insurance provider, data supplier. Grew annual sales from $0 to a run-rate of over $3MM in company's third year

Business Name			From - To (MM/YY – MM/YY)
Akorn Pharmaceuticals			2016 - 2017
Business Address	**City**	**State**	**Zip**
1925 W Field Ct	Lake Forest	IL	60045
Phone	**Title**		
	Executive Director, National Accounts		

Description of Duties
Primary account representative for many of US largest generic drug purchasers including CVS, Cardinal Health, Walmart H.E. Butt, Sam's Club; Developed pricing strategy for retail, wholesale and institutional products; Managed and Monitored P&L for accounts totally over $70MM in net sales; Mitigated impact of numerous back-orders, discontinuations, and price increases to grow business with customers during difficult times; Improved internal response time on customer requests for price changes and contract adjustments.

Business Name			From - To (MM/YY – MM/YY)
County Line Pharmaceuticals			2011 - 2016
Business Address	**City**	**State**	**Zip**
13890 Bishop's Drive, Suite 410	Brookfield	WI	53005
Phone	**Title**		
(262) 439-8109	Regional Vice-President, Sales		

Description of Duties
Part of key personnel that led to the company for selling for >$250MM; Primary account representative for many of US largest generic drug purchasers; Accounts represent over $15M annual revenue and greater than 65% of total company sales.; Managed price determination for entire customer portfolio, including new business and determining strategy in response to competitive RFPs.Responsible for all forecast / budgeting within the organization. 2012 budget was accurate to within 1% for both units and sales.Developed internal database to handle all quarterly rebate calculations for chargeback vendors.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill[illegible] to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/industry/Entity				

Provide explanation below:

No discipline to report

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Todd Thomas Graverson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/31/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Wisconsin, ss. County of Waukesha

I, Todd Graverson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature Todd Thomas Graverson

Date 04/17/2025

Subscribed and Sworn to before me this 17th day of April, 2025

Notary Public Signature

(Seal)

Employee List

MEMBER LIST
PROVIDING "DAY TO DAY" SERVICES TO THE PARTNERSHIP
BROOKFIELD PHARMACEUTICALS, LLC

Member	Title
Brian H. Heinzelman	President
Todd Graverson	Executive VP, Sales & Marketing
Dave Eckert	Executive VP, Finance
Lucrezia Hinman	Director, Regulatory Affairs

NOTE: Brian Heinzelman is the only Officer of Brookfield Pharmaceuticals, LLC

4X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: LivaNova USA, Inc.

Physical Address: 14401 W 65th Way

City: Arvada State: CO Zip: 80004

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 303-467-6001 Website: https://www.livanova.com/en-us

Name of Designated Representative (DR): David Gresswell

Licensing Company Email: _____ DR Email: david.gresswell@livanova.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: clinics		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

05/14/2025
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): LivaNova PLC (publicly traded parent company)

Corporation/Organization Name: LivaNova USA, Inc.

Mailing Address: 14401 W 65th Way

City: Arvada State: CO Zip: 80004

Telephone: 303-467-6001 Email: david.gresswell@livanova.com

Contact Person Name: David Gresswell

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

LivaNova USA, Inc.

Facility Name

David Gresswell

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

05/14/2025

Date

Board Use Only	Date Received: 5/27/25	Amount: $1000 CC

FDA

FDA Home[3] /Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
LivaNova USA, INC.
14401 WEST 65TH WAY
ARVADA, CO 80004
Registration Number: 1718850
FEI Number*: 1718850
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2024

Owner/Operator:
LivaNova[6]
14401 W 65th Way
Arvada, CO US 80004
Owner/Operator Number: 9003795[7]

Official Correspondent:
Celeste Kreul
14401 WEST 65TH WAY
Arvada, CO 80004
Phone: 1-303-4676476

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9003795&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9003795&OwnerOperator

Page Last Updated: 09/16/2024

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive Vulnerability Disclosure Policy

U.S. Department of **Health & Human Services**

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9003795&OwnerOperator

List of LivaNova USA, Inc. Board of Directors and Corporate Officers

Board of Directors:

Annemarie Heins, Director

Lindsey Little, Director

Sarah K. Mohr, Director

Officers:

Annemarie Heins, President

Lindsey Little, VP

Sarah K. Mohr, VP & Secretary

Michael Hutchinson, Vice President

Kelly Tuffly, Tax Officer

Matthew Doscotch, Vice President

Samuel Torres, Assistant Secretary

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIVANOVA USA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIVANOVA USA, INC." WAS INCORPORATED ON THE NINTH DAY OF DECEMBER, A.D. 1987.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.





2145759 8300

SR# 20241979941

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203433287

Date: 05-09-24

LivaNova USA, Inc.
14401 W 65th Way,
Arvada, CO 80004, USA

RE: Explanation for lack of Home State License

To Whom it May Concern,

The purpose of this letter is to clarify why LivaNova USA, Inc. ("LN") does not possess a license to manufacture medical devices in its home state of Colorado. Colorado's licensing requirements for medical device manufacturers are only applicable if the devices contain a drug component, which is not the case with LN's products.

In Colorado, the Board of Pharmacy is authorized by the Colorado Revised Statutes 12-280-109, to supervise the retail sale of medical devices to patients or ultimate consumers. However, the statute's primary focus is on regulating various aspects of drug control and sales. This includes overseeing the retail sale and dispensing of drugs, establishing standards for professional and technical equipment, ensuring appropriate environments and procedures for compounding and dispensing medications, and maintaining the control and purity of drugs.

It's essential to note that the statutory definition of "Drug" in Colorado, as per 12-280-103 clause 16(b), explicitly excludes devices or their components, parts, or accessories. This distinction is crucial, as definitions for Manufacture, Wholesaler, and Wholesale distribution, as outlined in 12-280-109 (26), (55), (54)(a), are all tailored to the regulation of drugs, not medical devices.

For further reference and clarification, the Colorado Revised Statutes, including the specific sections mentioned, can be accessed electronically at https://dpo.colorado.gov/Pharmacy/Laws.

To provide context, LN exclusively sells its products to hospitals, hospital systems, clinics, physician practices, or individual physician practitioners. Orders are received directly from customers, and LN ships its products directly to them without involving intermediate wholesalers. LN also maintains a dedicated team of direct sales and support personnel to engage with customers and potential clients.

LN specializes in the manufacturing of prescription-only, 510(k) cleared medical devices. It does not produce or distribute any drug products or controlled substances. LN's product categories include:

- Advanced Circulatory Support
- Cardiopulmonary products
- Implantable devices for difficult-to-treat Depression and drug-resistant Epilepsy
- Implantable devices for Obstructive Sleep Apnea

For more information, LN's website can be accessed at https://www.livanova.com/en-us.

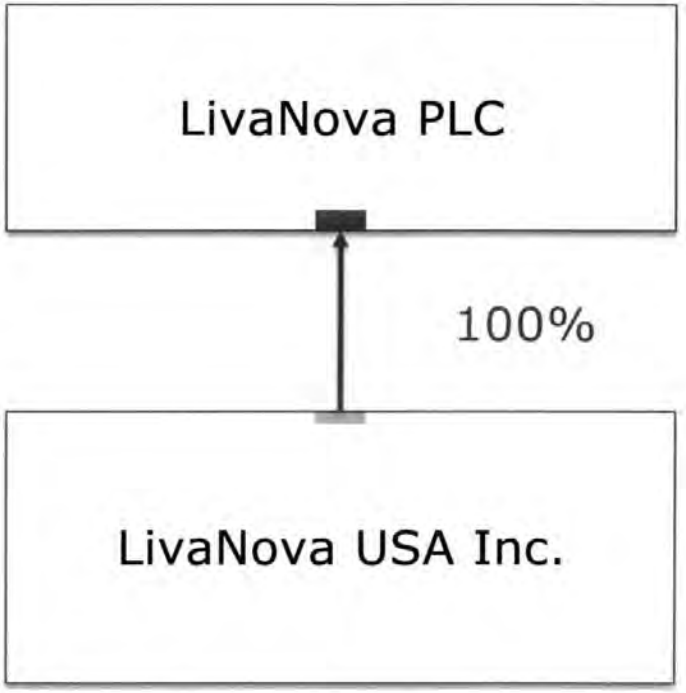
Please contact Katy Herman with any further questions.

Respectfully,

Katy Herman
Associate Attorney

LivaNova Ownership Chart

Public Limited company organized under the laws of England
US EIN# 98-1268150



DE C Corporation
EIN# 76-0236465

CHUBB

Chubb European Group SE.
The Chubb Building
100 Leadenhall Street
London
EC3A 3BP

T: 020 7173 7000
F: 020 7173 7800
www.chubb.com/uk

Certificate of Liability Insurance

1. Name and address of whom this certificate is issued to:

To whom it may concern

2. Name and address of Insured:

LIVANOVA Inc. – USA
14401 W 65th Way, Arvada, CO 80004

3. **Chubb European Group SE** (as well as the other Insurance Companies listed in the following coinsurance schedule, if any) are the bearers for the coverages listed below on quota share basis, each Company within but in no case more than the percentage of participation, indicated for each one in the schedule, and with no joint several liability among them:

Insurance Company	Percentage of Participation
Chubb European Group SE	**100%**

4. Policy Description:

a) Policy number: **UKLSCD42340**

b) Coverage and limit:

✓ **General Liability**
The Company responds within the limits stated in the policy for the sums, which the Insured could be asked to pay, as liable according to the law, as right of compensation (sums, interests and expenses) for accidental damages unintentionally caused to third parties.

✓ **Products Liability**
The Company responds within the limits stated in the policy for the sums, which the Insured could be asked to pay, as liable according to the law, as right of compensation (sums, interests and expenses) for damages unintentionally caused to third parties arising out of defective products, after their delivery to third parties, having as result the death, personal injuries or material damages to tangible properties, arising out of an accidental fact deriving from the Insurerd's activity as stated in the description of the risk.

✓ **General Liability / Products Liability Limit:**
USD 6,000,000.00 per occurrence/aggregate for the whole insurance period and for whole LIVANOVA PLC Liability Program.

c) Terms
✓ Inception : 01.11.2024
✓ Expiry : 31.10.2025 both days inclusive

d) Policy Territory:
✓ Worldwide.

5. This certificate or verification of insurance, is not an insurance policy and does not amend extend or alter the coverage afforded by the policy listed herein, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of verification of insurance may be issued or pertain, the insurance afforded by the policy herein is subject to all terms, conditions and exclusions of such policy.

Signed on behalf of Chubb European Group SE

Mark Roberts, *Division President UK&I*
Issue Date 30 May 2025

Chubb European Group SE (CEG) is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. CEG has fully paid share capital of €896,176,662.

BANK OF AMERICA

BANK OF AMERICA - CONFIDENTIAL
DATE: MAY 6, 2025
IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: 68204334

APPLICANT
LIVANOVA USA INC., 100 CYBERONICS BOULEVARD, HOUSTON, TX 77058 USA
AND 14401 W 65TH WAY
ARVADA, CO 80004 USA

BENEFICIARY
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

AT REQUEST OF
BANK OF AMERICA, MAIN BR
2 KING EDWARD ST.
BOA MERRILL LYNCH FINANCIAL CENTER
LONDON EC1A 1HQ, U.K.

AMOUNT
NOT EXCEEDING USD 100,000.00
NOT EXCEEDING ONE HUNDRED THOUSAND AND 00/100'S US DOLLARS

EXPIRATION
APRIL 30, 2026 AT OUR COUNTERS

1. AT THE REQUEST AND ON THE INSTRUCTIONS OF LIVANOVA USA INC., BANK OF AMERICA, N.A. HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, THE NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE PRINCIPAL SUM OF $100,000.00.
2. WE ARE ADVISED BY THE APPLICANT THAT THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR THE SOLE BENEFIT OF THE BOARD PURSUANT TO THE TERMS OF NRS 639.515 PERTAINING TO THE INITIAL OR RENEWAL APPLICATION FILED BY THE APPLICANT/LICENSEE.
3. WE ARE FURTHER ADVISED BY THE APPLICANT THAT THIS CREDIT IS INTENDED BY THE PARTIES TO SERVE AS A SECURITY DEVICE FOR THE PERFORMANCE BY APPLICANT/LICENSEE OF ITS OBLIGATIONS UNDER APPLICABLE NEVADA LAW REGARDING APPLICANT/LICENSEE'S OPERATION AS A PHARMACEUTICAL WHOLESALER.
4. PURSUANT TO NRS 639.515(4), UPON THE IMPOSITION OF ANY FINES OR COSTS BY THE BOARD AGAINST THE APPLICANT/LICENSEE, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING IN THE SAME FORM AS ATTACHMENT A, ATTACHED HERETO, AT OUR OFFICE LOCATED AT THE ADDRESS ABOVE.
5. THE CERTIFICATE OF DRAWING SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY FOR THE BOARD. PRESENTATION BY THE BOARD OF A COMPLETED CERTIFICATE OF DRAWING MAY BE MADE IN PERSON OR BY REGISTERED MAIL, RETURN RECEIPT REQUESTED.
6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS

ORIGINAL

BANK OF AMERICA

DATE: MAY 6, 2025
IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: 68204334

APPLICANT
LIVANOVA USA INC., 100 CYBERONICS BOULEVARD, HOUSTON, TX 77058
11401 W 65TH WAY
ARVADO, CO 80004

BENEFICIARY
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

AT REQUEST OF
BANK OF AMERICA, MAIN BR
2 KING EDWARD ST.
BOA MERRILL LYNCH FINANCIAL CENTER
LONDON EC1A 1HQ, U.K.

AMOUNT
NOT EXCEEDING USD 100,000.00
NOT EXCEEDING ONE HUNDRED THOUSAND AND 00/100'S US DOLLARS

EXPIRATION
APRIL 30, 2026 AT OUR COUNTERS

1. AT THE REQUEST AND ON THE INSTRUCTIONS OF LIVANOVA USA INC., BANK OF AMERICA, N.A. HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, THE NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE PRINCIPAL SUM OF $100,000.00.

2. WE ARE ADVISED BY THE APPLICANT THAT THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR THE SOLE BENEFIT OF THE BOARD PURSUANT TO THE TERMS OF NRS 639.515 PERTAINING TO THE INITIAL OR RENEWAL APPLICATION FILED BY THE APPLICANT/LICENSEE.

3. WE ARE FURTHER ADVISED BY THE APPLICANT THAT THIS CREDIT IS INTENDED BY THE PARTIES TO SERVE AS A SECURITY DEVICE FOR THE PERFORMANCE BY APPLICANT/LICENSEE OF ITS OBLIGATIONS UNDER APPLICABLE NEVADA LAW REGARDING APPLICANT/LICENSEE'S OPERATION AS A PHARMACEUTICAL WHOLESALER.

4. PURSUANT TO NRS 639.515(4), UPON THE IMPOSITION OF ANY FINES OR COSTS BY THE BOARD AGAINST THE APPLICANT/LICENSEE, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING IN THE SAME FORM AS ATTACHMENT A, ATTACHED HERETO, AT OUR OFFICE LOCATED AT THE ADDRESS ABOVE.

5. THE CERTIFICATE OF DRAWING SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY FOR THE BOARD. PRESENTATION BY THE BOARD OF A COMPLETED CERTIFICATE OF DRAWING MAY BE MADE IN PERSON OR BY REGISTERED MAIL, RETURN RECEIPT REQUESTED.

6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68204334

ABOVE PROVIDED, PAYMENT SHALL BE MADE TO THE BOARD, OR TO AN ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AT SUCH TIME AND PLACE AS THE BOARD SHALL SPECIFY.

7. FUNDS MAY BE DRAWN IN ONE OR MORE DRAWINGS NOT TO EXCEED THE PRINCIPAL SUM.

8. IF DEMAND FOR PAYMENT DOES NOT CONFORM TO THE TERMS OF THIS CREDIT, WE SHALL GIVE THE BOARD NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREFORE, AND AWAIT FURTHER INSTRUCTIONS.

9. UPON BEING NOTIFIED THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN CONFORMITY WITH THE CREDIT, THE BOARD MAY CORRECT ANY SUCH NON-CONFORMING DEMAND FOR PAYMENT UP TO THE CURRENT EXPIRY DATE.

10. ALL DRAWINGS UNDER THIS CREDIT SHALL BE PAID WITH OUR FUNDS. EACH DRAWING HONORED BY US HEREUNDER SHALL REDUCE, PRO TANTO, THE PRINCIPAL SUM. BY PAYING TO THE BOARD AN AMOUNT DEMANDED IN ACCORDANCE HEREWITH, WE MAKE NO REPRESENTATIONS AS TO THE CORRECTNESS OF THE AMOUNT DEMANDED.

11. THIS CREDIT WILL BE CANCELLED IN WHOLE UPON RECEIPT BY USE OF A CERTIFICATE OF CANCELLATION, WHICH SHALL BE IN THE FORM OF ATTACHMENT B ATTACHED HERETO, AND SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD AND THE ORIGINAL LETTER OF CREDIT AND ANY AMENDMENT(S) IF ANY.

12. COMMUNICATIONS WITH RESPECT TO THIS CREDIT SHALL BE IN WRITING AND ADDRESSED TO US AT AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.

13. THIS CREDIT MAY NOT BE TRANSFERRED, EITHER IN WHOLE OR IN PART.

14. THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES (ISP98), INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590. THIS CREDIT SHALL BE DEEMED A CONTRACT MADE UNDER THE LAWS OF STATE OF NEVADA, AND ANY ACTION RELATED TO THIS CREDIT SHALL BE FILED IN THE STATE OF NEVADA AND SHALL BE SUBJECT TO THE LAWS OF THE STATE OF NEVADA. IN THE EVENT OF ANY CONFLICT, THE LAWS OF THE STATE OF NEVADA WILL CONTROL.

15. IT IS A CONDITION OF THIS LETTER OF CREDIT THAT IT IS DEEMED TO BE AUTOMATICALLY EXTENDED WITHOUT AMENDMENT FOR PERIOD(S) OF ONE YEAR EACH FROM THE CURRENT EXPIRY DATE HEREOF, OR ANY FUTURE EXPIRATION DATE, UNLESS AT LEAST NINETY (90) DAYS PRIOR TO ANY EXPIRATION DATE, WE NOTIFY YOU BY REGISTERED MAIL OR OVERNIGHT COURIER AT THE ABOVE LISTED ADDRESS THAT WE ELECT NOT TO CONSIDER THIS LETTER OF CREDIT EXTENDED FOR ANY SUCH ADDITIONAL PERIOD.

ANY SUCH NOTICE SHALL BE EFFECTIVE WHEN SENT BY US AND UPON SUCH

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68204334

NOTICE TO YOU, YOU MAY DRAW AT ANY TIME PRIOR TO THE THEN CURRENT EXPIRATION DATE, UP TO THE FULL AMOUNT THEN AVAILABLE HEREUNDER, AGAINST YOUR DRAFT(S) DRAWN ON US AT SIGHT AND THE ORIGINAL OF THIS LETTER OF CREDIT AND ALL AMENDMENTS THERETO, ACCOMPANIED BY YOUR STATEMENT, SIGNED BY AN AUTHORIZED SIGNATORY, ON YOUR LETTERHEAD STATING THAT YOU ARE IN RECEIPT OF BANK OF AMERICA, N.A.'S NOTICE OF NON-EXTENSION UNDER LETTER OF CREDIT NO. 68204334 AND THE APPLICANT'S OBLIGATION TO YOU REMAINS.

THEREFORE, BANK OF AMERICA, N.A. HAS EXECUTED AND DELIVERED THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE 6TH DAY OF MAY 2025.

IF YOU REQUIRE ANY ASSISTANCE OR HAVE ANY QUESTIONS REGARDING THIS TRANSACTION, PLEASE CALL 800-370-7519.

AUTHORIZED SIGNATURE

BANK OF AMERICA

BANK OF AMERICA - CONFIDENTIAL PAGE: 1
DATE: MAY 6, 2025
IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: 68204334

APPLICANT
LIVANOVA USA INC., 100 CYBERONICS BOULEVARD, HOUSTON, TX 77058
11401 W 65TH WAY
ARVADO, CO 80004

BENEFICIARY
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

AT REQUEST OF
BANK OF AMERICA, MAIN BR
2 KING EDWARD ST.
BOA MERRILL LYNCH FINANCIAL CENTER
LONDON EC1A 1HQ, U.K.

AMOUNT
NOT EXCEEDING USD 100,000.00
NOT EXCEEDING ONE HUNDRED THOUSAND AND 00/100'S US DOLLARS

EXPIRATION
APRIL 30, 2026 AT OUR COUNTERS

1. AT THE REQUEST AND ON THE INSTRUCTIONS OF LIVANOVA USA INC., BANK OF AMERICA, N.A. HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, THE NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE PRINCIPAL SUM OF $100,000.00.

2. WE ARE ADVISED BY THE APPLICANT THAT THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR THE SOLE BENEFIT OF THE BOARD PURSUANT TO THE TERMS OF NRS 639.515 PERTAINING TO THE INITIAL OR RENEWAL APPLICATION FILED BY THE APPLICANT/LICENSEE.

3. WE ARE FURTHER ADVISED BY THE APPLICANT THAT THIS CREDIT IS INTENDED BY THE PARTIES TO SERVE AS A SECURITY DEVICE FOR THE PERFORMANCE BY APPLICANT/LICENSEE OF ITS OBLIGATIONS UNDER APPLICABLE NEVADA LAW REGARDING APPLICANT/LICENSEE'S OPERATION AS A PHARMACEUTICAL WHOLESALER.

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5. THE CERTIFICATE OF DRAWING SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY FOR THE BOARD. PRESENTATION BY THE BOARD OF A COMPLETED CERTIFICATE OF DRAWING MAY BE MADE IN PERSON OR BY REGISTERED MAIL, RETURN RECEIPT REQUESTED.

6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS

ORIGINAL

00-61-0700B 12-2021

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68204334

ABOVE PROVIDED, PAYMENT SHALL BE MADE TO THE BOARD, OR TO AN ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AT SUCH TIME AND PLACE AS THE BOARD SHALL SPECIFY.

7. FUNDS MAY BE DRAWN IN ONE OR MORE DRAWINGS NOT TO EXCEED THE PRINCIPAL SUM.

8. IF DEMAND FOR PAYMENT DOES NOT CONFORM TO THE TERMS OF THIS CREDIT, WE SHALL GIVE THE BOARD NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREFORE, AND AWAIT FURTHER INSTRUCTIONS.

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14. THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES (ISP98), INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590. THIS CREDIT SHALL BE DEEMED A CONTRACT MADE UNDER THE LAWS OF STATE OF NEVADA, AND ANY ACTION RELATED TO THIS CREDIT SHALL BE FILED IN THE STATE OF NEVADA AND SHALL BE SUBJECT TO THE LAWS OF THE STATE OF NEVADA. IN THE EVENT OF ANY CONFLICT, THE LAWS OF THE STATE OF NEVADA WILL CONTROL.

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ANY SUCH NOTICE SHALL BE EFFECTIVE WHEN SENT BY US AND UPON SUCH

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68204334

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THEREFORE, BANK OF AMERICA, N.A. HAS EXECUTED AND DELIVERED THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE 6TH DAY OF MAY 2025.

IF YOU REQUIRE ANY ASSISTANCE OR HAVE ANY QUESTIONS REGARDING THIS TRANSACTION, PLEASE CALL 800-370-7519.

AUTHORIZED SIGNATURE

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68204334

ATTACHMENT A
CERTIFICATE FOR DRAWING

DATE: _____

ISSUING BANK:
BANK OF AMERICA, N.A.
1 FLEET WAY,
SCRANTON, PA 18507

APPLICANT:
LIVANOVA USA INC.
100 CYBERONICS BOULEVARD
HOUSTON, TX 77058

IRREVOCABLE LETTER OF CREDIT NUMBER _____

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY
RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY OF THE NEVADA STATE BOARD OF PHARMACY (BOARD) (AS DEFINED IN THE ABOVE REFERENCED CREDIT), HEREBY CERTIFIES TO THE ISSUER THAT:

1. A LAWFUL ORDER IMPOSING FINES AND/OR COST AGAINST THE APPLICANT/LICENSEE HAS BEEN ENTERED THAT ENTITLES THE BOARD TO DRAW AGAINST IRREVOCABLE STANDBY LETTER OF CREDIT NO. _____ (CREDIT).

2. THE UNDERSIGNED IS AUTHORIZED UNDER THE TERMS OF THE CREDIT TO PRESENT THIS CERTIFICATE OF DRAWING AS THE SOLE MEANS FOR DEMANDING PAYMENT ON THE CREDIT.

3. THE BOARD IS THEREFORE MAKING A DRAWING UNDER THE CREDIT IN THE AMOUNT OF $_____.

4. THE AMOUNT DEMANDED DOES NOT EXCEED THE PRINCIPAL SUM.

5. SUMS RECEIVED SHALL BE USED BY THE BOARD IN ACCORDANCE WITH THE TERMS OF THE CREDIT.

6. THE AMOUNT OF DRAWING REQUESTED SHALL BE PAYABLE TO THE BOARD IN LAWFUL, IMMEDIATELY AVAILABLE FUNDS TO BE RECEIVED BY THE BOARD AT THE ABOVE ADDRESS NO LATER THAN 5:00 PM EASTERN TIME ON THE _____ DAY OF _____ 20_____

ORIGINAL

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68204334

THEREFORE, THE UNDERSIGNED HAS EXECUTED AND DELIVERED THIS CERTIFICATE AS OF THE __DAY OF_____, 20__.

NEVADA STATE BOARD OF PHARMACY
BY

_____
(INSERT NAME)
EXECUTIVE SECRETARY

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68204334

ATTACHMENT B
CERTIFICATE FOR CANCELLATION

DATE: _____

ISSUING BANK:
BANK OF AMERICA, N.A.
PA6-580-02-30
1 FLEET WAY
SCRANTON, PA 18507

APPLICANT:
LIVANOVA USA INC.
100 CYBERONICS BOULEVARD
HOUSTON, TX 77058

IRREVOCABLE LETTER OF CREDIT NUMBER _____

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY
RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY FOR THE NEVADA STATE BOARD OF PHARMACY (BOARD) HEREBY CERTIFIES TO THE ISSUER THAT:

1. THE LICENSE FOR WHICH THE CREDIT WAS ISSUED HAS EXPIRED, BEEN REVOKED, BEEN CANCELLED OR OTHERWISE IS NO LONGER IN EFFECT, THEREBY MAKING THE CANCELLATION OF THE CREDIT APPROPIATE.

2. THE BOARD THEREFORE REQUESTS THE CANCELLATION OF THE ABOVE-REFERENCED CREDIT AND RETURNS THE ATTACHED ORIGINAL LETTER OF CREDIT AND AMENDMENT(S), IF ANY.

THEREFORE, THE UNDERSINGED HAS EXECUTED AND DELIVERED THIS CANCELLATION AS OF THE ___DAY OF _____, 20__.

NEVADA STATE BOARD OF PHARMACY

BY

_____ (INSERT NAME)
EXECUTIVE SECRETARY

ORIGINAL

BANK OF AMERICA

Bank of America, N.A.

One Fleet Way,

Scranton, PA 18507-1999

May 8, 2025

RE: 68204334

To Whom It May Concern:

Enclosed please find a replacement to page 1 of the above subject letter of credit correcting the applicant's address. Please discard page 1 received previously.

Thank-you,

Valerie J. DeLaura

Valerie

Valerie J. DeLaura, Officer

Bank of America Merrill Lynch

Trade Finance Services Spec II

Standby Letters of Credit - Scranton PA

Global Commercial, Corporate and Investment Banking Technology & Operations (GCCIB T&O)

Tel: 570-496-9567

Fax: 800-755-8743

valerie.j.delaura@bofa.com

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: LivaNova USA, Inc. MDEG License # (if applicable): _____
Physical Address: 14401 W 65th Way
City: Arvada State: CO Zip: 80004
Mailing Address (if different from physical address): _____
City: _____ State: _____ Zip: _____
Telephone: 303-467-6001 Website: https://www.livanova.com/en-us
Licensing Company Email: corporate.communications@livanova.com

Section 2: Personal Information

First: David Middle: Ian Last: Gresswell
Alias(es, nicknames, name changes, etc.): _____
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X
Mailing Address: [redacted]
City: [redacted] State: [redacted] Zip: 80204
Telephone: [redacted] Email: david.gresswell@livanova.com
Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wanganui Park High School		1980 -1984	
Address	**City**	**State**	**Zip**
Parkside Dr, Shepparton VIC 3630, Australia	N/A	N/A	N/A
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
RMIT University		1984- 1987	
Address	**City**	**State**	**Zip**
124 La Trobe St, Melbourne VIC 3000, Australia	N/A	N/A	N/A
Diploma/Degree obtained, if any			
Bachelor of Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Monash University		1994-1997	
Address	**City**	**State**	**Zip**
Wellington Rd, Clayton VIC 3800, Australia	N/A	N/A	N/A
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/23 - Present	[redacted]			80204
1/21 - 1/23				N/A
1/14 - 1/21				N/A
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
LivaNova USA, Inc.			1/20 - Present
Business Address	**City**	**State**	**Zip**
14401 W 65th Way	Arvada	CO	80004
Phone	**Title**	**Number of Employed Hours**	
303-467-6001	Senior Operations Director, Arvada and Melbourne	~8,500	
Description of Duties			
Full time employee of LivaNova USA, Inc. as Senior Operations Director responsible for Supply Chain, Operations and Engineering. LivaNova supplies 33% of cardiac surgery tubing packs and supplies to hospitals across America.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, David Gresswell, **certify that as the MDEG Administrator for**

LivaNova USA, Inc.,

that I (initial that you have read and meet the following requirements):

1. ____ Have a high school diploma or its equivalent;
2. ____ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ____ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ____ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Gresswell

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/14/2025

Date

Board Use Only	Date Received: 5/27/25

DAVID GRESSWELL

General Manager | Multi-site Operations/Facilities Management | Supply Chain Management

Email: [redacted] Phone: [redacted]

Professional Profile

David is a commercially astute, customer focused senior business leader with whole of business experience, and International exposure to customers/markets in highly complex medical devices, consumer products, smart cards, finance, industrial chemicals, petrochemical, telecommunications, mining, agricultural and automotive sectors whilst working with global organisations.

A successful manager of internal and external stakeholders, David has highly developed influencing skills, allowing him to harness the interests and efforts of people to ensure great business outcomes.

Core Competencies

Effective Leadership	Hands on leader with implicit business understanding and proven ability to provide clarity, ownership and buy in across multi-site operations where engagement and people development are vital to success. Widely recognised for building strong relationships and rapport at all levels despite making the tough decisions.
Commercial Acumen	P&L with improvements in above and below line results. Significant improvements in Return on Capital Employed through inventory management, plant upgrades and equipment maintenance. Very strong financial modelling skills. Identifies customer value improvement opportunities and executes solutions.
Communications and Relationship skills	Recognised for having professional, inclusive and impactful communication and an open, collaborative style. Self-aware with passion and high energy levels, he is seen as an honest, calm leader with very strong integrity and values.
Operational Excellence	Implementation of Lean Six Sigma Manufacturing tools. Designing and leading Green Belt, Yellow Belt and Rapid Action Team projects to improve operating effectiveness, safety and fixed cost performance. Seen as Leader for Root Cause Analysis.
Business Strategy	Keen ability to analyse, identify gaps, develop strategy, prioritise improvement opportunities and deliver results. Delivers continuous improvement for himself, his team and the business. Utilises leverage across the business to improve performance.
Sales Management	Managed national sales for business unit. Seeks to truly understand the customers' needs through a solutions based sales approach balanced against profitable sales opportunities for the business. Able to negotiate managing business risks effectively.

Career Achievements

- Successful completion of Supply Chain projects including S&OP, site restructures, site relocations, production volume transfers, outsourcing, planning, 3PL warehousing, Rf scanning, supply contracts, SAP implementation.
- Break-out business profitability improvements through productivity and variable cost savings ($2,000,000), revenue improvement (11%) and cash flow by lowering inventory (55% or $6.6 million).
- Successful Business Case to acquire operating assets from another business for growth and vertical integration. Significantly improved negotiated outcome after project approval.
- Presenting proposals to customers, preparation of tenders and comprehensive tailored customer-centric site tours showcasing business capabilities.
- Increased engagement of teams leading to improved business outcomes utilizing Strategic Human Resources initiatives including 9-box succession planning, restructures, performance improvement, industrial relations and improved utilisation and negotiation of Enterprise Agreements.
- Substantial Continuous Improvement via different processes including Lean Six Sigma projects with savings over $250,000, OEE improved by 50%, manufacturing cycle time reduced 25%, 5S and Kanban implemented.
- Demonstrated Customer Service Improvements through consistent improvements in Delivered In Full On Time, Supply Lead Time and Product Quality across varied, complex and demanding supply chains.
- Revenue (11%) and profitability (42%) improvements within business unit.

Education

Monash University — Master of Business Administration

LIVANOVA

January 2020 - Current

LivaNova is a global medical technology company built on decades of experience and a relentless commitment to patients. With a focus on transforming lives with products and therapies for the head and heart, it's health innovation that truly matters.

LivaNova conducts business in over 100 countries around the world and has around 4000 employees.

Senior Operations Director, Arvada and Melbourne

January 2023 -

Reports to the President Cardiopulmonary

This role is responsible for Supply Chain, Operations and Engineering. There are 6 direct reports and 210 indirect reports. LivaNova has 33% of the market share of cardiac surgery tubing packs and supplies to hospitals across America and 75% of the market for ANZ.

Achievements

- Turn around in production performance to deliver higher volumes and reduce backorders.
- Improvement in team morale – visible to senior leaders within the USA business and global business unit.
- Restructuring of Operations team to improve depth and succession planning.
- Better integration of US Operations into the business unit and global functions.
- Leadership training to strengthen team performance and improve team cohesion.
- Formation of structure to improve employee participation and morale.
- Integration with commercial team to improve customer experience during site visits and utilise their expertise to help train operating team.
- Lean transformation journey incorporating whole site and commercial teams.
- Better employee onboarding and training.
- Completion and sign off on Action Plans to improve business performance.

Operations Director

January 2020-January 2023

Reports to the Vice President Operations and R&D Heart Valves

This role is responsible for Supply Chain, Operations and Engineering. There are 6 direct reports and 29 indirect reports. LivaNova has 75% of the market share of cardiac surgery tubing packs and supplies to hospitals across Australia and New Zealand.

Achievements

- Project Management for relocation of TGA approved manufacturing and distribution facility and offices incorporating site branding, new layouts for production and warehouse, innovative security and site access improvements. Project completed under approved budget, shorter timeframe and with no impact to On Time Delivery performance.
- Led negotiating team to acquire operating assets from another medical devices business. Purchase price was 20% under asking price, negotiations completed on time and extra assets were obtained.
- Improvement in On Time Delivery from 95.3% to 98.5%. Back order reduction of over 95% to $2,000. These improvements were made despite having global suppliers and associated COVID-19 impacts.
- Management of distributor withdrawal and successful mitigation of potential $800,000 stock write-off.
- Productivity increased from 89.8% to 93.5%.
- Variable cost reductions of over $150,000 per annum from sourcing reviews.
- Significant reduction in freight costs despite freight unit cost increases due to COVID-19.

- Use of leading edge 3D printing technology to improve production assembly tasks after deployment of Poke-Yoke.
- Visual Stream Mapping to identify new raw material handling process to improve efficiencies and reduce risk of error.
- Significant input to customer tender proposal to improve commercial attractiveness of our proposal.
- Visible improvement in team and individual performance – noted by peers and others outside of Operations.
- Large increase in internal employee survey – including an increase by 22 points in Net Promoter Score, 12 points in My Manager, 7 points in Satisfaction and Motivation
- Identification of customer needs and presentations of proposals to customers.

GIESECKE + DEVRIENT — September 2015 – January 2020

With over 160 years of experience, G+D is actively helping shape one of the most important trends of the future: security. The long established technology group creates confidence in global payment transactions, modern communication, digital identities, and data security, by providing innovative products and solutions. A privately owned German business it conducts business in 32 countries around the globe with annual turnover of €2billion.

Operations Director

Reports to the Managing Director ANZ

This role is responsible for Supply Chain, Operations and Engineering. There are 6 direct reports and 57 indirect reports. G+D Australasia supplies over 6.000 SKU's to Australia's major banking, telecommunications, government and transit institutions. Around 50% of the plastic smart cards are produced and despatched same day.

Achievements

- Business profitability improved by over $2 million through labour, freight, off-site storage and operational savings and revenue recovery.
- Improved processes leading to more successful new product trials.
- Identification of customer needs and presentations of proposals to customers.
- Lean Manufacturing introduced to business with improved working capital, profitability and lead time reductions achieved.
- Plant outputs increased to record levels (by up to 45%) on numerous occasions.
- Customer complaints reduced by over 75% and 5 successive months with Zero Complaints
- Introduction of planning tools to improve On Time Delivery, Performance Reliability and Reduce Overtime.
- Operations team developed to be High Performing team engaged with Customer Requirements, Acting with a Sense of Urgency, Outcome Focused and Unified in Direction.
- Reduction in supply lead time by 25%.
- Improvement in Production On Time Delivery by 49%.
- S&OP implemented and forecast accuracy improved to +/- 7%.
- Site consolidation successfully completed with no adverse customer experience.
- Site re-layout to improve Operating performance and provide space for future growth.

RAIN BIRD AUSTRALIA P/L — March 2015 – September 2015

Rain Bird Australia is part of the Rain Bird group. It is the leading sprinkler irrigation and controls supplier to the golf, residential, sporting complex and agricultural markets.

Interim Supply Chain Manager (Contract role)

Reports to the General Manager ANZ

This role was responsible for Supply Chain, Operations and Customer Service. There are 2 direct reports and 2 3PL logistics facilities. Rainbird Australia has over 700 SKU's. The business was seeking Operational Excellence.

Achievements

- Forecasting model implemented to improve stock availability.
- Implementation of new order entry software and reporting tools to agreed timetable.
- Streamlining of order processing for shorter stock put away and improved accuracy.
- Improved Working Capital position via product rationalisation.

FUCHS LUBRICANTS AUSTRALIA — September 2013 – February 2015

Fuchs Lubricants Australia is part of the Fuchs Petrolub company. It is the largest dedicated lubricants business in the world. In Australia Fuchs is a supplier to many customers over mining, agriculture, automotive, commercial, retail and industrial customers with annual sales of $200M.

Operations Manager

Reports to the National Operations Manager

This role was responsible for manufacturing and engineering. There are 3 direct and 20 indirect reports, operating expenses of $5M, producing over 26ML of oil with 1300 SKU's. The business needed a significant culture change.

Achievements

- Significant increase (31%) in output so major growth product range no longer on back order.
- Operations strategy developed and implemented. Chief Operating Officer commented on how this was the first time he'd seen such a comprehensive analysis and plan.
- Production Achievement to Plan increased from 70% to 90%.
- Major Right First Time failure cause reduced by over 75%.
- Step change in culture, team performance and business integration.
- Improved safety compliance and behaviours. Process and equipment changes to reduce risk.
- Operations team restructured to improve performance and succession planning.
- Significant waste processing opportunity identified and implemented. On target to provide revenue worth 2% of total operations expenses in 2015.
- Successful resolution of pre-existing EPA Pollution Abatement Notices.

FMP GROUP (AUSTRALIA) PTY LTD — February 2013 – June 2013

FMP Group is joint owned by Honeywell and Pacifica. It has operations in Australia, Malaysia and Thailand. FMP supplies brake pads to the automotive and truck industry as both an Original Equipment supplier and to the aftermarket service businesses. There are over 280 people employed in Australia.

Integrated Supply Chain Manager

Reports to the Business General Manager

This role was responsible for manufacturing, supply chain, quality assurance, engineering. There are 5 direct reports and 220 indirect reports, operating expenses of $23 million and producing or importing over 11,500,000 brake pads per annum.

Achievements

- Improved safety compliance and behaviours.
- Removed barriers for OEE implementation project leading to OEE achieving 80% (from 45%).
- Contributed savings of 5% against budget in the first quarter.
- Managed successful business outcomes through maintenance bans during EBA negotiations.

VALSPAR (WATTYL LIMITED) **October 2002 – November 2012**

Wattyl is owned by Valspar Corporation which is listed on the NYSE. Wattyl employs over 1,200 staff in functions spanning R&D, Supply Chain, IT, Finance, HR and Marketing & Sales. Annual sales exceed $400m.

General Manager – Colours and Chemicals **October 2010 – November 2012**
Manufacturing Manager – NSW/Victoria **May 2009 – November 2012**

Dual role and Reports to Group Operations Manager, Wattyl Group. General Manager – Colours and Chemicals role was created after approach to the Managing Director and discussion on career objectives. Responsibility for sales, R&D and operations. The business unit generates $14 million of external and internal sales selling to paint and coatings companies.

Manufacturing Manager – NSW/Victoria is responsible for 3 manufacturing sites. This role was also responsible for national manufacturing projects (capital and operating), standardisation across all of the sites and the business' Quality Assurance system including accreditation to ISO9001:2008.

There are 5 direct reports and over 150 indirect reports, managing operating expenses of $23M and producing over 1,500 products totalling 28 million litres that consume over 800 raw materials and 100 packaging variants.

Key Achievements:

- Profitability of Colours and Chemicals improved 42% and revenue uplift by 11%.
- C&C business functioning as a team – aligned to strategy that was developed and approved by the Managing Director in the first 3 months.
- Customer survey conducted in first six months and feedback input to strategy improvement.
- Numerous Lean Six Sigma Projects completed delivering safety and fixed costs savings of $100,000.
- No recordable injury for 550+ days.
- Significant OEE improvements across sites (one line over 100%) leading to savings of $150,000.
- Working Capital cash flow of different business units improved by 55% ($6.6 million).
- Major interstate site restructure completed on time and budget with better results than anticipated.
- Outsourcing of functions completed after analysis showed 7% of plant output consumed 37% of labour.
- Successful ISO9001 recertification audits and implementation of Intranet Quality Management System.
- Led national operations team through industrial action with no impact on customer orders.

Operations Manager – Victoria/Tasmania **April 2007 – May 2009**

This role was responsible for production and distribution in both states managing 115 employees. This role reported to Group Operations Manager of the Wattyl Group.

Key Achievements:

- Customer Service improved, raising On Time In Full above 90% (first time in Company's history).

- Successful project management and commissioning of major filling line upgrade.
- Variable production costs improved, delivering savings of over $300,000 per annum.
- Recruitment and successful performance management.
- Implemented compliance calendar for regulatory reporting and compliance activities.

Manufacturing Manager **October 2002 – March 2007**

This role was responsible for paint and resin production in Victoria managing 92 employees and reported to National Manufacturing Manager, Wattyl Australia Ltd

Key Achievements:

- Labour productivity improvements of 40% pa providing savings of $3.1 million.
- Continual safety improvements with significant reduction in injuries and Workcover premium savings over $0.5 million per annum.
- Made to order lead time reduced by 90%, down to one day.
- Restructure of department including recruitment, performance management and terminations.
- Successful negotiations with suppliers for product claims and supply performance.
- Numerous successful Industrial Relations disputes resolved in Company's favour.
- Successful site remediation and preparation of site for sale.

DULUX **January 1995 – October 2002**

Dulux was a wholly owned subsidiary of Orica Limited which is listed on the Australian Stock Exchange, employing over 14,000 people and over $6 billion turnover.

Operations Manager, Powder Coatings **May 1998 – October 2002**

This role was responsible for production and distribution sites in Melbourne. There were 4 direct reports and 30 indirect reports on a site that operated 24 hours per day across 6 days per week. The role reported to Business Manager, Powder Coatings.

Key Achievements:

- Site culture changed to customer service being first priority.
- Improvements to planning systems nominated for Orica Excellence Awards.
- Introduction of S&OP to business.
- Implementation of SAP.

PERSONAL

Skiing

Mentoring

Family activities

Running

Photography (video and still)

REFEREES

Will be provided on request.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler LivaNova USA, Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 14401 W 65th Way

City Arvada State CO Zip 80004

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 303-467-6001 Website https://www.livanova.com/en-us

Licensing Company Email corporate.communications@livanova.com

Section 2: Personal Information

First David Middle Ian Last Gresswell

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip 80204

Telephone (720) 313-6932 Email david.gresswell@livanova.com

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wanganui Park High School		1980 -1984	
Address	**City**	**State**	**Zip**
Parkside Dr, Shepparton VIC 3630, Australia	N/A	N/A	N/A
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
RMIT University		1984- 1987	
Address	**City**	**State**	**Zip**
124 La Trobe St, Melbourne VIC 3000, Australia	N/A	N/A	N/A
Diploma/Degree obtained, if any			
Bachelor of Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Monash University		1994-1997	
Address	**City**	**State**	**Zip**
Wellington Rd, Clayton VIC 3800, Australia	N/A	N/A	N/A
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/23 - Present	[redacted]			80204
From - To (MM/YY – MM/YY)				Zip
1/21 - 1/23				
From - To (MM/YY – MM/YY)				Zip
1/14 - 1/21				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
LivaNova USA, Inc.			1/20 - Present	
Business Address		**City**	**State**	**Zip**
14401 W 65th Way		Arvada	CO	80004
Phone	**Title**		**Number of Employed Hours**	
303-467-6001	Senior Operations Director, Arvada and Melbourne		~8,500	
Description of Duties				
Full time employee of LivaNova USA, Inc. as Senior Operations Director responsible for Supply Chain, Operations and Engineering. LivaNova supplies 33% of cardiac surgery tubing packs and supplies to hospitals across America.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, David Gresswell, **certify that as the designated representative for**

LivaNova USA, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

David Gresswell

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Gresswell

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/14/2025

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, David Gresswell, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03/14/2025

Date

Subscribed and Sworn to before me this 14 day of March 2025

Mercedes Covarrubias

Notary Public Signature

MERCEDES COVARRUBIAS
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20064020351
MY COMMISSION EXPIRES AUGUST 17, 2026

(Seal)

Full Name	Work Location
Fion Lai-Kwan Siauw	US_Arvada_14401 W 65th Way
Judith Wisecup	US_Arvada_14401 W 65th Way
Eileen Wilson	US_Arvada_14401 W 65th Way
Bobbie Pitner	US_Arvada_14401 W 65th Way
Henrietta Giovannini	US_Arvada_14401 W 65th Way
Rachel Broshear	US_Arvada_14401 W 65th Way
Geraldine Kraft	US_Arvada_14401 W 65th Way
Eric Massler	US_Arvada_14401 W 65th Way
Betty Burns	US_Arvada_14401 W 65th Way
John Burkhalter	US_Arvada_14401 W 65th Way
Robert Eke	US_Arvada_14401 W 65th Way
Kelly Churchill	US_Arvada_14401 W 65th Way
Sherry Delaney	US_Arvada_14401 W 65th Way
DeAnn Dustan	US_Arvada_14401 W 65th Way
Annette Fernandez	US_Arvada_14401 W 65th Way
Thomas Ghema	US_Arvada_14401 W 65th Way
Betty Hamilton	US_Arvada_14401 W 65th Way
Soulivanh Inthavong	US_Arvada_14401 W 65th Way
Inkham Nomany	US_Arvada_14401 W 65th Way
Monica Rozinski	US_Arvada_14401 W 65th Way
Kongkham Yachai	US_Arvada_14401 W 65th Way
Khanngeunh Louangrath-Vongphandy	US_Arvada_14401 W 65th Way
Frances Gonzales	US_Arvada_14401 W 65th Way
Starr Bustos	US_Arvada_14401 W 65th Way
Stephanie Howard	US_Arvada_14401 W 65th Way
Scott Morrill	US_Arvada_14401 W 65th Way
Derek Dahlinger	US_Arvada_14401 W 65th Way
Kevin New	US_Arvada_14401 W 65th Way
Chong Yang	US_Arvada_14401 W 65th Way
Sheila Burris	US_Arvada_14401 W 65th Way
Phia Xiong	US_Arvada_14401 W 65th Way
Lawrence Petree	US_Arvada_14401 W 65th Way
Tracy Jekel	US_Arvada_14401 W 65th Way
Hubert Smith	US_Arvada_14401 W 65th Way
Reneasie Davis	US_Arvada_14401 W 65th Way
Joanne Yancey	US_Arvada_14401 W 65th Way
Valerie Vallejos	US_Arvada_14401 W 65th Way
Bee Vang	US_Arvada_14401 W 65th Way
Daovieng Sirichantho	US_Arvada_14401 W 65th Way
Cory Anderson	US_Arvada_14401 W 65th Way
Peggy Levi	US_Arvada_14401 W 65th Way
Mark Englade	US_Arvada_14401 W 65th Way
Karyn Turner	US_Arvada_14401 W 65th Way
Robert Stec	US_Arvada_14401 W 65th Way
Socorro Juarez	US_Arvada_14401 W 65th Way
Henry Lawnhurst	US_Arvada_14401 W 65th Way
JoAnne Koenig	US_Arvada_14401 W 65th Way

Full Name	Work Location
Lisa Anderson	US_Arvada_14401 W 65th Way
Natalya Kravchenko	US_Arvada_14401 W 65th Way
Rori Mattson	US_Arvada_14401 W 65th Way
Marissa Lopez	US_Arvada_14401 W 65th Way
Tiniwati Duckworth	US_Arvada_14401 W 65th Way
Vivian Welliever	US_Arvada_14401 W 65th Way
Rudolph Arriaga	US_Arvada_14401 W 65th Way
Adrian Martinez	US_Arvada_14401 W 65th Way
Odonchimeg Chuluun	US_Arvada_14401 W 65th Way
Edith Lopez	US_Arvada_14401 W 65th Way
Joe-Ly Lee	US_Arvada_14401 W 65th Way
Lillian Valentine	US_Arvada_14401 W 65th Way
Sheila Reisenbigler	US_Arvada_14401 W 65th Way
Finarsih Soewarni	US_Arvada_14401 W 65th Way
Jerry Thao	US_Arvada_14401 W 65th Way
Sivone Phommatha	US_Arvada_14401 W 65th Way
Togtokhbayar Munkhbayar	US_Arvada_14401 W 65th Way
Dung Dang	US_Arvada_14401 W 65th Way
Micah McFeaters	US_Arvada_14401 W 65th Way
Dallas Miller	US_Arvada_14401 W 65th Way
Michelle Payne	US_Arvada_14401 W 65th Way
Andreas Markwirth	US_Arvada_14401 W 65th Way
John Cook	US_Arvada_14401 W 65th Way
Celeste Kreul	US_Arvada_14401 W 65th Way
Taylor Stokes	US_Arvada_14401 W 65th Way
David Cassin	US_Arvada_14401 W 65th Way
Peter Maldonado	US_Arvada_14401 W 65th Way
John Riley	US_Arvada_14401 W 65th Way
John Carlton	US_Arvada_14401 W 65th Way
Stephanie DeFelice	US_Arvada_14401 W 65th Way
Oubonsak Lounlyvongsa	US_Arvada_14401 W 65th Way
Sherri Werner	US_Arvada_14401 W 65th Way
Mischa Bock	US_Arvada_14401 W 65th Way
Jerrit Dustan	US_Arvada_14401 W 65th Way
Mariana Amihalachioaie	US_Arvada_14401 W 65th Way
Adam Clark	US_Arvada_14401 W 65th Way
Amy Legenhausen	US_Arvada_14401 W 65th Way
Carmen Bauer	US_Arvada_14401 W 65th Way
Shirley Middaugh	US_Arvada_14401 W 65th Way
Tyler Mills	US_Arvada_14401 W 65th Way
Daniel Bianchi	US_Arvada_14401 W 65th Way
Desirae Chavez	US_Arvada_14401 W 65th Way
Timothy O'Neill	US_Arvada_14401 W 65th Way
Ashley Arguello	US_Arvada_14401 W 65th Way
Edmund Campbell	US_Arvada_14401 W 65th Way
Bryan Journey	US_Arvada_14401 W 65th Way
Liesel Stewart	US_Arvada_14401 W 65th Way

Full Name	Work Location
Susan Lemieux	US_Arvada_14401 W 65th Way
Ryan Boyd	US_Arvada_14401 W 65th Way
Yeng Lee	US_Arvada_14401 W 65th Way
Micaela Siqueira	US_Arvada_14401 W 65th Way
Kristen Muir	US_Arvada_14401 W 65th Way
Kateryn Serrano Flores	US_Arvada_14401 W 65th Way
James Newton	US_Arvada_14401 W 65th Way
Stacy Xiong	US_Arvada_14401 W 65th Way
Judy Popish	US_Arvada_14401 W 65th Way
Erin Evans	US_Arvada_14401 W 65th Way
James Johnson	US_Arvada_14401 W 65th Way
Chandra Mironas	US_Arvada_14401 W 65th Way
Shayla Steele	US_Arvada_14401 W 65th Way
Zorka Idzan	US_Arvada_14401 W 65th Way
Nancy Huerta	US_Arvada_14401 W 65th Way
Louise Gomez	US_Arvada_14401 W 65th Way
Mulu Ambaw	US_Arvada_14401 W 65th Way
Khomphet Tangkhpanya	US_Arvada_14401 W 65th Way
Phillip Oricko	US_Arvada_14401 W 65th Way
Ryan Rowe	US_Arvada_14401 W 65th Way
Saambhavi Sivakumar	US_Arvada_14401 W 65th Way
Bertha Galicia	US_Arvada_14401 W 65th Way
Saengkham Panyavong	US_Arvada_14401 W 65th Way
Balin Vanspykermaillet	US_Arvada_14401 W 65th Way
Emilia Gordivas Cardenas	US_Arvada_14401 W 65th Way
Ruby Gallegos	US_Arvada_14401 W 65th Way
Mahesh Kumar Muthiah	US_Arvada_14401 W 65th Way
Wendy Chen	US_Arvada_14401 W 65th Way
Kelli Richers	US_Arvada_14401 W 65th Way
Raymond Godefroid	US_Arvada_14401 W 65th Way
Donovan Knight	US_Arvada_14401 W 65th Way
Diana Artiga Vasquez	US_Arvada_14401 W 65th Way
Frank Montoya	US_Arvada_14401 W 65th Way
Amber Pearson	US_Arvada_14401 W 65th Way
Karen Knabe	US_Arvada_14401 W 65th Way
Rocio Damian	US_Arvada_14401 W 65th Way
Antoinette Skul	US_Arvada_14401 W 65th Way
Julia Martinez	US_Arvada_14401 W 65th Way
Gerardo Alvidrez Alvidrez	US_Arvada_14401 W 65th Way
Rhoda Lee	US_Arvada_14401 W 65th Way
Edward Haley	US_Arvada_14401 W 65th Way
Mariusz Strojny	US_Arvada_14401 W 65th Way
Marco Torres	US_Arvada_14401 W 65th Way
Rosally Lopez	US_Arvada_14401 W 65th Way
Suvan Yang	US_Arvada_14401 W 65th Way
Daniel Dennison	US_Arvada_14401 W 65th Way
Dominic Barela	US_Arvada_14401 W 65th Way

Full Name	Work Location
Judson Titchen	US_Arvada_14401 W 65th Way
Luis Lugo	US_Arvada_14401 W 65th Way
Andrew Johnson	US_Arvada_14401 W 65th Way
Torence Haston	US_Arvada_14401 W 65th Way
Enrique Matias	US_Arvada_14401 W 65th Way
Michael Patricio	US_Arvada_14401 W 65th Way
Bob Alvarenga	US_Arvada_14401 W 65th Way
Nicholas Mesa	US_Arvada_14401 W 65th Way
Lacksamy Khautisen	US_Arvada_14401 W 65th Way
Jennali Gonzales	US_Arvada_14401 W 65th Way
Alma Gonzales	US_Arvada_14401 W 65th Way
Mathew Heidmous	US_Arvada_14401 W 65th Way
Anders Booth	US_Arvada_14401 W 65th Way
Deborah Kainuma	US_Arvada_14401 W 65th Way
Dawson Dekoster	US_Arvada_14401 W 65th Way
Ngocbich Nguyen	US_Arvada_14401 W 65th Way
Lewis Jacobs	US_Arvada_14401 W 65th Way
Anthony Blea	US_Arvada_14401 W 65th Way
Rebecca Cullens	US_Arvada_14401 W 65th Way
Sydney Breay	US_Arvada_14401 W 65th Way
Westbrook Mahurin	US_Arvada_14401 W 65th Way
Jael Villavicencio	US_Arvada_14401 W 65th Way
Mae Phimmasom	US_Arvada_14401 W 65th Way
Robin Martin	US_Arvada_14401 W 65th Way
Clayton Nichols	US_Arvada_14401 W 65th Way
Mundo Gonzalez	US_Arvada_14401 W 65th Way
Tanisha Mirelez	US_Arvada_14401 W 65th Way
Aldrin Domondon	US_Arvada_14401 W 65th Way
Elizabeth Phillips	US_Arvada_14401 W 65th Way
SHEILA MARIE JUNIO	US_Arvada_14401 W 65th Way
Christopher Awong	US_Arvada_14401 W 65th Way
Trung Do	US_Arvada_14401 W 65th Way
James Vigil	US_Arvada_14401 W 65th Way
Danielle Dominguez	US_Arvada_14401 W 65th Way
Anhdao Nguyen	US_Arvada_14401 W 65th Way
Yuliia Koziurenko	US_Arvada_14401 W 65th Way
Joseph McNamara	US_Arvada_14401 W 65th Way
Mitchell Melander	US_Arvada_14401 W 65th Way
Beatrice Peyton	US_Arvada_14401 W 65th Way
MARGUERITE CONNOLLY	US_Arvada_14401 W 65th Way
Lisa Johnson	US_Arvada_14401 W 65th Way
Bryce Denton	US_Arvada_14401 W 65th Way
Trang Truong	US_Arvada_14401 W 65th Way
Michael Vidales	US_Arvada_14401 W 65th Way
Dontae Baker	US_Arvada_14401 W 65th Way
Austin Rockwell	US_Arvada_14401 W 65th Way
Chad Zalewski	US_Arvada_14401 W 65th Way

Full Name	Work Location
Carmen Isela Barraza Carmona	US_Arvada_14401 W 65th Way
Manichan Nhingsavath	US_Arvada_14401 W 65th Way
Irene King	US_Arvada_14401 W 65th Way
albert amphavannasouk	US_Arvada_14401 W 65th Way
Melanie Lingad	US_Arvada_14401 W 65th Way
Kimberly Medina	US_Arvada_14401 W 65th Way
Estela Hernandez	US_Arvada_14401 W 65th Way
Kyleah Cameron	US_Arvada_14401 W 65th Way
Chi Ngo	US_Arvada_14401 W 65th Way
Sheri McHenry-Lynch	US_Arvada_14401 W 65th Way
sebastian lazcano	US_Arvada_14401 W 65th Way
Irina Yakovleva	US_Arvada_14401 W 65th Way
Oscar Gallegos	US_Arvada_14401 W 65th Way
Kirsten Rubenking	US_Arvada_14401 W 65th Way
Odessa Kehm	US_Arvada_14401 W 65th Way
Matthew Detamore	US_Arvada_14401 W 65th Way
JASON HART	US_Arvada_14401 W 65th Way
Bennie Lucas	US_Arvada_14401 W 65th Way
Isidra Contreras	US_Arvada_14401 W 65th Way
Rebecca Favela	US_Arvada_14401 W 65th Way
Laura Lopez Gomez	US_Arvada_14401 W 65th Way
Cameron Chaiyasan	US_Arvada_14401 W 65th Way
Lorena Cerda	US_Arvada_14401 W 65th Way
Lydia Santos	US_Arvada_14401 W 65th Way
Fabiola Leanos Nevarez	US_Arvada_14401 W 65th Way
Emma Gielink	US_Arvada_14401 W 65th Way
Stuart Culbertson	US_Arvada_14401 W 65th Way
Debra East	US_Arvada_14401 W 65th Way
Cecilia Nguyen	US_Arvada_14401 W 65th Way
Shannon Walsh	US_Arvada_14401 W 65th Way
Erin Swim	US_Arvada_14401 W 65th Way
Luis Holguin Perez	US_Arvada_14401 W 65th Way
Jordon Pace	US_Arvada_14401 W 65th Way
Rodney Robes	US_Arvada_14401 W 65th Way
Timur Brilev	US_Arvada_14401 W 65th Way
Nasim Farahzad	US_Arvada_14401 W 65th Way
Anna Erdyneeva	US_Arvada_14401 W 65th Way
Sierra Cappelli	US_Arvada_14401 W 65th Way
Loveida Lucero	US_Arvada_14401 W 65th Way
Rolando Barajas	US_Arvada_14401 W 65th Way
SWATHI RAMESH CHIVUKULA	US_Arvada_14401 W 65th Way
Paige Moseley	US_Arvada_14401 W 65th Way
Joshua Boyle	US_Arvada_14401 W 65th Way
Kimberly Garcia	US_Arvada_14401 W 65th Way
Peiyun Zhuang	US_Arvada_14401 W 65th Way
Alba Varela cardoza	US_Arvada_14401 W 65th Way
Nilo Rio	US_Arvada_14401 W 65th Way

Full Name	Work Location
Zach King	US_Arvada_14401 W 65th Way
Valentyna Kriuchok	US_Arvada_14401 W 65th Way
Aaron Romero	US_Arvada_14401 W 65th Way
Michael Morris	US_Arvada_14401 W 65th Way
Tingyu Wu	US_Arvada_14401 W 65th Way
Mark Grinnell	US_Arvada_14401 W 65th Way
Madison Lewis	US_Arvada_14401 W 65th Way
Richie Postrano	US_Arvada_14401 W 65th Way
Rosa Ochoa	US_Arvada_14401 W 65th Way
Raquel Borunda	US_Arvada_14401 W 65th Way
Kassandra Lara	US_Arvada_14401 W 65th Way
Sierra Lucero	US_Arvada_14401 W 65th Way
Sierra Martinez	US_Arvada_14401 W 65th Way
Vanessa Vue	US_Arvada_14401 W 65th Way
Destiney Guerrero	US_Arvada_14401 W 65th Way
Alex Vang	US_Arvada_14401 W 65th Way
Mateo Gonzalez	US_Arvada_14401 W 65th Way
Hawke Ramos	US_Arvada_14401 W 65th Way
Xiong Lee	US_Arvada_14401 W 65th Way
Alondra Cardenas	US_Arvada_14401 W 65th Way
Josiah Guy	US_Arvada_14401 W 65th Way
Austin Tangkapanya	US_Arvada_14401 W 65th Way
Joshua Schrock	US_Arvada_14401 W 65th Way
Chris Cedillo	US_Arvada_14401 W 65th Way
Andrew Wolf	US_Arvada_14401 W 65th Way
Brian Meier	US_Arvada_14401 W 65th Way
Kristy Adey	US_Arvada_14401 W 65th Way
Josef Engel	US_Arvada_14401 W 65th Way
David Torres	US_Arvada_14401 W 65th Way
Inna Nykuliak	US_Arvada_14401 W 65th Way
Rafika Futanto	US_Arvada_14401 W 65th Way
Pa houa Lor	US_Arvada_14401 W 65th Way
Piyaluck Hongart	US_Arvada_14401 W 65th Way
Myles Heidmous	US_Arvada_14401 W 65th Way
Isidro Huerta Ibarra	US_Arvada_14401 W 65th Way

4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: LivaNova USA, Inc.

Physical Address: 100 Cyberonics Blvd.

City: Houston State: TX Zip: 77058

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 281-228-7200 Website: https://www.livanova.com/en-us

Name of Designated Representative (DR): Shawn Kollatschny

Licensing Company Email: _____ DR Email: shawn.kollatschny@livanova.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Shaw. IC — 4-15-2025

Original Signature (electronic, copies or stamps not accepted) — Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): LivaNova PLC (publicly traded parent company)

Corporation/Organization Name: LivaNova USA, Inc.

Mailing Address: 100 Cyberonics Blvd

City: Houston State: TX Zip: 77058

Telephone: 281-228-7200 Email: shawn.kollatschny@livanova.com

Contact Person Name: Shawn Kollatschny

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

LivaNova USA, Inc.
Facility Name

Shawn Kollatschny
Print Name of Authorized Person Submitting Application

Shr. /
Original signature of Authorized Person (copies or stamps not accepted)

4-15-2025
Date

Board Use Only	Date Received: 5/7/25	Amount: $1000-cc

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
LivaNova USA, Inc.
100 CYBERONICS BLVD.
HOUSTON, TX 77058
Registration Number: 1644487
FEI Number*: 1000117004
Status: Active
Date Of Registration Status: 2024

Owner/Operator:
LivaNova USA, Inc.[6]
100 CYBERONICS BLVD.
Houston, TX US 77058
Owner/Operator Number: 9002738[7]

Official Correspondent:
Casey Haley
100 CYBERONICS BLVD.
Houston, TX 77058
Phone: 800-3321375

* Firm Establishment Identifier (FEI) should be used for identification of entities within the Imports message set

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Page Last Updated: 09/16/2024

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9002738&OwnerOperator

List of LivaNova USA, Inc. Board of Directors and Corporate Officers

Board of Directors:

Annemarie Heins, Director

Lindsey Little, Director

Sarah K. Mohr, Director

Officers:

Annemarie Heins, President

Lindsey Little, VP

Sarah K. Mohr, VP & Secretary

Michael Hutchinson, Vice President

Kelly Tuffly, Tax Officer

Matthew Doscotch, Vice President

Samuel Torres, Assistant Secretary

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIVANOVA USA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIVANOVA USA, INC." WAS INCORPORATED ON THE NINTH DAY OF DECEMBER, A.D. 1987.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.





2145759 8300

SR# 20241979941

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203433287

Date: 05-09-24

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

LIVANOVA USA INC
100 CYBERONICS BLVD
HOUSTON TX 77058

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

LIVANOVA USA INC

100 CYBERONICS BLVD
HOUSTON, TX 77058

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

DEVICE MANUFACTURER

License # 0033271
Expires: March 18, 2026

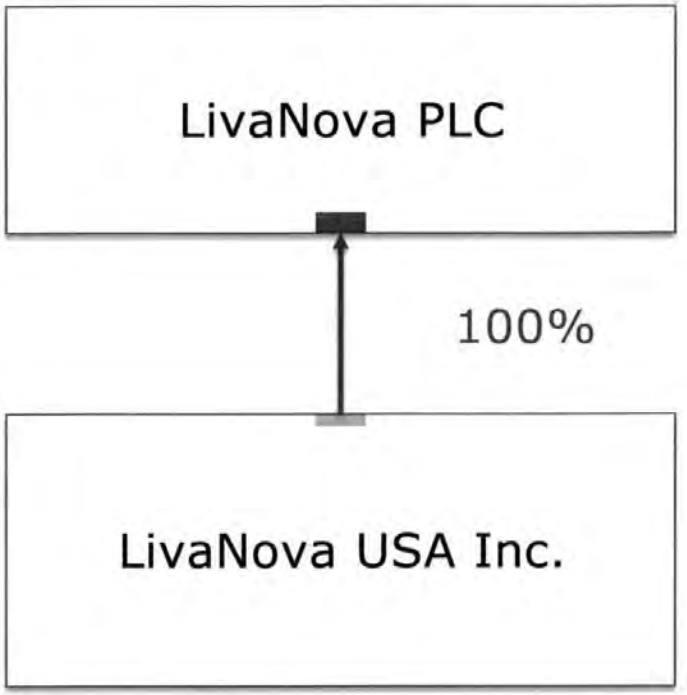
NON-TRANSFERABLE

Commissioner

513895

LivaNova Ownership Chart

Public Limited company organized under the laws of England
US EIN# 98-1268150



DE C Corporation
EIN# 76-0236465

CHUBB

Chubb European Group SE
The Chubb Building
100 Leadenhall Street
London
EC3A 3BP

T: 020 7173 7000
F: 020 7173 7800
www.chubb.com/uk

Certificate of Liability Insurance

1. Name and address of whom this certificate is issued to:

To whom it may concern

2. Name and address of Insured:

LIVANOVA Inc. – USA
100 Cyberonics Blvd – Houston TX 77058

3. **Chubb European Group SE** (as well as the other Insurance Companies listed in the following coinsurance schedule, if any) are the bearers for the coverages listed below on quota share basis, each Company within but in no case more than the percentage of participation, indicated for each one in the schedule, and with no joint several liability among them:

Insurance Company	Percentage of Participation
Chubb European Group SE	**100%**

4. Policy Description:

a) Policy number: **UKLSCD42340**

b) Coverage and limit:

✓ **General Liability**
The Company responds within the limits stated in the policy for the sums, which the Insured could be asked to pay, as liable according to the law, as right of compensation (sums, interests and expenses) for accidental damages unintentionally caused to third parties.

✓ **Products Liability**
The Company responds within the limits stated in the policy for the sums, which the Insured could be asked to pay, as liable according to the law, as right of compensation (sums, interests and expenses) for damages unintentionally caused to third parties arising out of defective products, after their delivery to third parties, having as result the death, personal injuries or material damages to tangible properties, arising out of an accidental fact deriving from the Insurerd's activity as stated in the description of the risk.

✓ **General Liability / Products Liability Limit:**
USD 6,000,000.00 per occurrence/aggregate for the whole insurance period and for whole LIVANOVA PLC Liability Program.

c) Terms
✓ Inception : 01.11.2024
✓ Expiry : 31.10.2025 both days inclusive

d) Policy Territory:
✓ Worldwide.

5. This certificate or verification of insurance, is not an insurance policy and does not amend extend or alter the coverage afforded by the policy listed herein, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of verification of insurance may be issued or pertain, the insurance afforded by the policy herein is subject to all terms, conditions and exclusions of such policy.

Signed on behalf of Chubb European Group SE

Mark Roberts, *Division President UK&I*
Issue Date 23 October 2024

Chubb European Group SE (CEG) is an undertaking governed by the provisions of the French insurance code with registration number 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. CEG has fully paid share capital of €896,176,662.

UK business address: 100 Leadenhall Street, London EC3A 3BP. Supervised by the French Prudential Supervision and Resolution Authority (4, Place de Budapest, CS 92459, 75436 PARIS CEDEX 09) and authorised and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our regulation by the Financial Conduct Authority are available from us on request. You can find details about the firm by searching 'Chubb European Group SE' online at https://register.fca.org.uk/.

BANK OF AMERICA

DATE: MAY 6, 2025

IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: 68204334

APPLICANT
LIVANOVA USA INC., 100 CYBERONICS
BOULEVARD, HOUSTON, TX 77058
11401 W 65TH WAY
ARVADO, CO 80004

BENEFICIARY
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

AT REQUEST OF
BANK OF AMERICA, MAIN BR
2 KING EDWARD ST.
BOA MERRILL LYNCH FINANCIAL CENTER
LONDON EC1A 1HQ, U.K.

AMOUNT
NOT EXCEEDING USD 100,000.00
NOT EXCEEDING ONE HUNDRED THOUSAND AND 00/100'S US DOLLARS

EXPIRATION
APRIL 30, 2026 AT OUR COUNTERS

1. AT THE REQUEST AND ON THE INSTRUCTIONS OF LIVANOVA USA INC., BANK OF AMERICA, N.A. HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, THE NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE PRINCIPAL SUM OF $100,000.00.

2. WE ARE ADVISED BY THE APPLICANT THAT THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR THE SOLE BENEFIT OF THE BOARD PURSUANT TO THE TERMS OF NRS 639.515 PERTAINING TO THE INITIAL OR RENEWAL APPLICATION FILED BY THE APPLICANT/LICENSEE.

3. WE ARE FURTHER ADVISED BY THE APPLICANT THAT THIS CREDIT IS INTENDED BY THE PARTIES TO SERVE AS A SECURITY DEVICE FOR THE PERFORMANCE BY APPLICANT/LICENSEE OF ITS OBLIGATIONS UNDER APPLICABLE NEVADA LAW REGARDING APPLICANT/LICENSEE'S OPERATION AS A PHARMACEUTICAL WHOLESALER.

4. PURSUANT TO NRS 639.515(4), UPON THE IMPOSITION OF ANY FINES OR COSTS BY THE BOARD AGAINST THE APPLICANT/LICENSEE, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING IN THE SAME FORM AS ATTACHMENT A, ATTACHED HERETO, AT OUR OFFICE LOCATED AT THE ADDRESS ABOVE.

5. THE CERTIFICATE OF DRAWING SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY FOR THE BOARD. PRESENTATION BY THE BOARD OF A COMPLETED CERTIFICATE OF DRAWING MAY BE MADE IN PERSON OR BY REGISTERED MAIL, RETURN RECEIPT REQUESTED.

6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS

ORIGINAL

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68204334

ABOVE PROVIDED, PAYMENT SHALL BE MADE TO THE BOARD, OR TO AN ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AT SUCH TIME AND PLACE AS THE BOARD SHALL SPECIFY.

7. FUNDS MAY BE DRAWN IN ONE OR MORE DRAWINGS NOT TO EXCEED THE PRINCIPAL SUM.

8. IF DEMAND FOR PAYMENT DOES NOT CONFORM TO THE TERMS OF THIS CREDIT, WE SHALL GIVE THE BOARD NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREFORE, AND AWAIT FURTHER INSTRUCTIONS.

9. UPON BEING NOTIFIED THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN CONFORMITY WITH THE CREDIT, THE BOARD MAY CORRECT ANY SUCH NON-CONFORMING DEMAND FOR PAYMENT UP TO THE CURRENT EXPIRY DATE.

10. ALL DRAWINGS UNDER THIS CREDIT SHALL BE PAID WITH OUR FUNDS. EACH DRAWING HONORED BY US HEREUNDER SHALL REDUCE, PRO TANTO, THE PRINCIPAL SUM. BY PAYING TO THE BOARD AN AMOUNT DEMANDED IN ACCORDANCE HEREWITH, WE MAKE NO REPRESENTATIONS AS TO THE CORRECTNESS OF THE AMOUNT DEMANDED.

11. THIS CREDIT WILL BE CANCELLED IN WHOLE UPON RECEIPT BY USE OF A CERTIFICATE OF CANCELLATION, WHICH SHALL BE IN THE FORM OF ATTACHMENT B ATTACHED HERETO, AND SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD AND THE ORIGINAL LETTER OF CREDIT AND ANY AMENDMENT(S) IF ANY.

12. COMMUNICATIONS WITH RESPECT TO THIS CREDIT SHALL BE IN WRITING AND ADDRESSED TO US AT AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.

13. THIS CREDIT MAY NOT BE TRANSFERRED, EITHER IN WHOLE OR IN PART.

14. THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES (ISP98), INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590. THIS CREDIT SHALL BE DEEMED A CONTRACT MADE UNDER THE LAWS OF STATE OF NEVADA, AND ANY ACTION RELATED TO THIS CREDIT SHALL BE FILED IN THE STATE OF NEVADA AND SHALL BE SUBJECT TO THE LAWS OF THE STATE OF NEVADA. IN THE EVENT OF ANY CONFLICT, THE LAWS OF THE STATE OF NEVADA WILL CONTROL.

15. IT IS A CONDITION OF THIS LETTER OF CREDIT THAT IT IS DEEMED TO BE AUTOMATICALLY EXTENDED WITHOUT AMENDMENT FOR PERIOD(S) OF ONE YEAR EACH FROM THE CURRENT EXPIRY DATE HEREOF, OR ANY FUTURE EXPIRATION DATE, UNLESS AT LEAST NINETY (90) DAYS PRIOR TO ANY EXPIRATION DATE, WE NOTIFY YOU BY REGISTERED MAIL OR OVERNIGHT COURIER AT THE ABOVE LISTED ADDRESS THAT WE ELECT NOT TO CONSIDER THIS LETTER OF CREDIT EXTENDED FOR ANY SUCH ADDITIONAL PERIOD.

ANY SUCH NOTICE SHALL BE EFFECTIVE WHEN SENT BY US AND UPON SUCH

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68204334

NOTICE TO YOU, YOU MAY DRAW AT ANY TIME PRIOR TO THE THEN CURRENT EXPIRATION DATE, UP TO THE FULL AMOUNT THEN AVAILABLE HEREUNDER, AGAINST YOUR DRAFT(S) DRAWN ON US AT SIGHT AND THE ORIGINAL OF THIS LETTER OF CREDIT AND ALL AMENDMENTS THERETO, ACCOMPANIED BY YOUR STATEMENT, SIGNED BY AN AUTHORIZED SIGNATORY, ON YOUR LETTERHEAD STATING THAT YOU ARE IN RECEIPT OF BANK OF AMERICA, N.A.'S NOTICE OF NON-EXTENSION UNDER LETTER OF CREDIT NO. 68204334 AND THE APPLICANT'S OBLIGATION TO YOU REMAINS.

THEREFORE, BANK OF AMERICA, N.A. HAS EXECUTED AND DELIVERED THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE 6TH DAY OF MAY 2025.

IF YOU REQUIRE ANY ASSISTANCE OR HAVE ANY QUESTIONS REGARDING THIS TRANSACTION, PLEASE CALL 800-370-7519.

AUTHORIZED SIGNATURE

ORIGINAL

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68204334

ATTACHMENT A
CERTIFICATE FOR DRAWING

DATE: _____

ISSUING BANK:
BANK OF AMERICA, N.A.
1 FLEET WAY,
SCRANTON, PA 18507

APPLICANT:
LIVANOVA USA INC.
100 CYBERONICS BOULEVARD
HOUSTON, TX 77058

IRREVOCABLE LETTER OF CREDIT NUMBER _____

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY
RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY OF THE NEVADA STATE BOARD OF PHARMACY (BOARD) (AS DEFINED IN THE ABOVE REFERENCED CREDIT), HEREBY CERTIFIES TO THE ISSUER THAT:

1. A LAWFUL ORDER IMPOSING FINES AND/OR COST AGAINST THE APPLICANT/LICENSEE HAS BEEN ENTERED THAT ENTITLES THE BOARD TO DRAW AGAINST IRREVOCABLE STANDBY LETTER OF CREDIT NO. _____ (CREDIT).

2. THE UNDERSIGNED IS AUTHORIZED UNDER THE TERMS OF THE CREDIT TO PRESENT THIS CERTIFICATE OF DRAWING AS THE SOLE MEANS FOR DEMANDING PAYMENT ON THE CREDIT.

3. THE BOARD IS THEREFORE MAKING A DRAWING UNDER THE CREDIT IN THE AMOUNT OF $_____.

4. THE AMOUNT DEMANDED DOES NOT EXCEED THE PRINCIPAL SUM.

5. SUMS RECEIVED SHALL BE USED BY THE BOARD IN ACCORDANCE WITH THE TERMS OF THE CREDIT.

6. THE AMOUNT OF DRAWING REQUESTED SHALL BE PAYABLE TO THE BOARD IN LAWFUL, IMMEDIATELY AVAILABLE FUNDS TO BE RECEIVED BY THE BOARD AT THE ABOVE ADDRESS NO LATER THAN 5:00 PM EASTERN TIME ON THE _____ DAY OF _____ 20_____

ORIGINAL

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68204334

THEREFORE, THE UNDERSIGNED HAS EXECUTED AND DELIVERED THIS CERTIFICATE AS OF THE __DAY OF_____, 20__.

NEVADA STATE BOARD OF PHARMACY
BY

_____
(INSERT NAME)
EXECUTIVE SECRETARY

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68204334

ATTACHMENT B
CERTIFICATE FOR CANCELLATION

DATE: _____

ISSUING BANK:
BANK OF AMERICA, N.A.
PA6-580-02-30
1 FLEET WAY
SCRANTON, PA 18507

APPLICANT:
LIVANOVA USA INC.
100 CYBERONICS BOULEVARD
HOUSTON, TX 77058

IRREVOCABLE LETTER OF CREDIT NUMBER _____

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY
RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY FOR THE NEVADA STATE BOARD OF PHARMACY (BOARD) HEREBY CERTIFIES TO THE ISSUER THAT:

1. THE LICENSE FOR WHICH THE CREDIT WAS ISSUED HAS EXPIRED, BEEN REVOKED, BEEN CANCELLED OR OTHERWISE IS NO LONGER IN EFFECT, THEREBY MAKING THE CANCELLATION OF THE CREDIT APPROPIATE.

2. THE BOARD THEREFORE REQUESTS THE CANCELLATION OF THE ABOVE-REFERENCED CREDIT AND RETURNS THE ATTACHED ORIGINAL LETTER OF CREDIT AND AMENDMENT(S), IF ANY.

THEREFORE, THE UNDERSINGED HAS EXECUTED AND DELIVERED THIS CANCELLATION AS OF THE ___DAY OF _____, 20__.

NEVADA STATE BOARD OF PHARMACY

BY

_____ (INSERT NAME)
EXECUTIVE SECRETARY

ORIGINAL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: LivaNova USA, Inc. MDEG License # (if applicable): _____

Physical Address: 100 Cyberonics Blvd

City: Houston State: TX Zip: 77058

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: (281) 228-7200 Website: livanova.com

Licensing Company Email: corporate.communications@livanova.com

Section 2: Personal Information

First: Shawn Middle: Douglas Last: Kollatschny

Alias(es, nicknames, name changes, etc.): n/a

Date of Birth: [redacted] SSN or IT[redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: 77493

Telephone: [redacted] Email: shawn.kollatschny@livanova.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Texas A&M University, College Station		09/92 -12/96	
Address	**City**	**State**	**Zip**
400 Bizzell Street	College Station	TX	77840
Diploma/Degree obtained, if any			
BS in Biomedical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Katy High School		08/88 - 06/92	
Address	**City**	**State**	**Zip**
6331 Hwy Blvd	Katy	TX	77494
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/24 - current	[redacted]			77493
07/00 - 06/24				77584
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
LivaNova, Inc. (formerly Cyberonics, Inc.)			07/97 - current	
Business Address		**City**	**State**	**Zip**
100 Cyberonics Blvd		Houston	TX	77058
Phone	**Title**		**Number of Employed Hours**	
(281) 228-7200	VP, Neuromodulation Operations & Houston Site Leader		57,000	
Description of Duties				
Quality management, manufacturing, shipping, distribution, purchasing, R&D, product and process engineering, risk management, audits, facility build-out/management, performance management/development, hiring, and training				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Shan. C

Original Signature (electronic, copies or stamps not accepted)

10-21-2024

Date

I, Shawn Kollatschny, **certify that as the MDEG Administrator for**

LivaNova USA, Inc.,

that I (initial that you have read and meet the following requirements):

1. SK Have a high school diploma or its equivalent;
2. SK Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. SK Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. SK Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Shawn Douglas Kollatschny
Print Name (First, Last)

Shawn K
Original Signature (electronic, copies or stamps not accepted)

10-21-2024
Date

Board Use Only	Date Received: 5/27/25

SHAWN DOUGLAS KOLLATSCHNY
[redacted]
Email: [redacted]

CAREER SUMMARY

Self-motivated, degreed professional with 27+ years of direct experience in designing, manufacturing, and commercially launching Class III active implantable medical devices. Results focused team player with unwavering dedication and commitment and proven ability to execute and efficiently manage resources and projects in cGMP and ISO environments.

Direct experience includes: Leadership Development, Performance/Change Management, ESG/Sustainability, Corrective Action/Preventative Action (CAPA), Design Controls/Product Development, Process Validation, Risk Analysis/Management (ISO 14971), cGMP/QSR Compliance/Quality Management Systems (ISO 13485), Procurement, Supply Chain Management, ERP/MRP Implementation, Materials Management, Program Management, Medical Device Manufacturing Facility Design and Qualification, Design for Manufacturing/Assembly (DFMA), Design Transfer, Audits, Lean Six-Sigma, Root Cause Analysis, Design Verification/Validation, Safety, Training, Resistance Spot/Laser Welding, Epoxy Casting, Silicones, Crimping, Sterilization, Packaging, Labeling, Printed Circuit Board Assembly (PCBA)

PROFESSIONAL EXPERIENCE

LIVANOVA, INC./CYBERONICS, INC. (Houston, Texas), 1997 - present

Vice President, Neuromodulation Operations and Houston Site Leader, 2018 – present
Neuromodulation business unit responsibility for logistics and distribution, inventory management, procurement, facilities management, manufacturing, process engineering, and design transfer of new products. Additional responsibilities include corporate ESG (environmental, social, governance) reporting and serving as the site leader for the Houston location.

Vice President, Global Supply Chain, 2016 – 2018
Established the newly formed Global Supply Chain function with responsibility for creating and standardizing a global SIOP process, establishing stocking levels and overseeing the replenishment of global distribution warehouses. Also served as the business process owner (BPO) with shared responsibility for the development and deployment of the new US SAP ERP system.

Director, Advanced Manufacturing Engineering & Supply Chain Management, 2011 – 2016
Responsible for materials management, procurement, and ensuring new products met design for manufacturability objectives (DFMA).

Manufacturing Engineering Manager, 2004 – 2011
Responsible for all process engineering aspects of manufacturing the neuromodulation products, including facility buildout, process validation, hiring, people development, training, and vendor selection and qualification.

Production Manager – Leads/Packaging/Sterilization/Labeling, 2001 – 2004
Responsible for overseeing the production of the neuromodulation lead products and the cleaning, packaging, sterilization, and labeling operations.

Product/Process Engineer, 1997 - 2001
Responsible for developing the company's next generation of implantable products, manufacturing facility buildout and qualification, process improvements, product enhancements, and production of the company's implantable products. Strengthened the manufacturing capabilities by developing and qualifying numerous processes, which were once outsourced.

PATENTS / PUBLICATION

- US-8509914-B2. Insert for implantable electrode. Inventors: Shawn Kollatschny and Joseph Sciacca
- US-7901613-B2. Vacuum mandrel for use in fabricating an implantable electrode. Inventors: Shawn Kollatschny and Joseph Sciacca
- US-7818069-B2. Ribbon electrode. Inventors: John Colborn, J. Nick Marsh-Chetter, Shawn Kollatschny, and Bryan Byerman
- US-6600956-B2. Circumneural electrode assembly. Inventors: Steve Maschino and Shawn Kollatschny
- Davis, K. Michelle, Lauren Heitmann, Shawn Kollatschny, and Dr. Charles Lessard.
  "Challenges Facing Technology Assessment in Modern Health Care".
  Engineering in Medicine and Biology Magazine, Vol. 15.5, Sept. 1996: *55-59.*

EDUCATION

Bachelor of Science, Biomedical Engineering. Texas A&M University (College Station, Texas)

ADDITIONAL TRAINING

- Lean/Six-Sigma Green Belt Certification
- ISO 13485 Medical Devices – Quality management systems – Requirements for regulatory purposes, Lead Auditor Training
- Design Controls/Process Validation
- AMA Management Skills for New Managers
- Medical Device Risk Management Training Using HACCP Principles (USFDA Medical Devices)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: LivaNova USA, Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 100 Cyberonics Blvd

City: Houston State: TX Zip: 77058

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 281-228-7200 Website: https://www.livanova.com/en-us

Licensing Company Email: corporate.communications@livanova.com

Section 2: Personal Information

First: Shawn Middle: Douglas Last: Kollatschny

Alias(es, nicknames, name changes, etc.): n/a

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: 77493

Telephone: [redacted] Email: shawn.kollatschny@livanova.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Texas A&M University, College Station		09/92 - 12/96	
Address	**City**	**State**	**Zip**
400 Bizzell Street	College Station	TX	77840
Diploma/Degree obtained, if any			
BS in Biomedical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Katy High School		08/88 - 06/92	
Address	**City**	**State**	**Zip**
6331 Hwy Blvd	Katy	TX	77494
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/24 - current	[redacted]			77493
07/00 - 06/24				77584

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
LivaNova, Inc. (formerly Cyberonics, Inc)			07/97 - current	
Business Address		**City**	**State**	**Zip**
100 Cyberonics Blvd		Houston	TX	77058
Phone	**Title**		**Number of Employed Hours**	
(281) 228-7200	VP, Neuromodulation Operations & Houston Site Leader		57,000	
Description of Duties				
Quality management, manufacturing, shipping, distribution, purchasing, R&D, product and process engineering, risk management, audits, facility build-out/management, performance management/development, hiring, and training				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Shan. K — 10-21-2024

Original Signature (electronic, copies or stamps not accepted) — Date

I, Shawn Kollatschny, **certify that as the designated representative for** LivaNova USA, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SDK I am at least 21 years of age;
3. SDK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SDK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SDK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SDK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SDK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Shawn Douglas Kollatschny

Print Name (First, Last)

Shawn. K

Original Signature (electronic, copies or stamps not accepted)

10-21-2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Shawn Douglas Kollatschny

Print Name (First, Last)

Shawn K

Original Signature (electronic, copies or stamps not accepted)

10-21-2024

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Harris

I, Shawn D. Kollatschny, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Shawn K

Original Signature

10-21-2024

Date

Subscribed and Sworn to before me this 21 day of October 2024

Ymelda Contreras Calvillo

Notary Public Signature

YMELDA CONTRERAS CALVILLO
My Notary ID # 133965066
Expires August 22, 2026

(Seal)

Full Name	Work Location
Alex Shvartsburg	US_Houston_100 Cyberonics Blvd
Jeffrey Pellicio	US_Houston_100 Cyberonics Blvd
Myron Haney	US_Houston_100 Cyberonics Blvd
Delia Flores	US_Houston_100 Cyberonics Blvd
Darlene Fitzpatrick	US_Houston_100 Cyberonics Blvd
Lawana Brown	US_Houston_100 Cyberonics Blvd
Jason Begnaud	US_Houston_100 Cyberonics Blvd
Josephine Rodriguez	US_Houston_100 Cyberonics Blvd
Leslie Shrum	US_Houston_100 Cyberonics Blvd
Mary Ann Ramos	US_Houston_100 Cyberonics Blvd
Josie Wash	US_Houston_100 Cyberonics Blvd
Kevin Hlavinka	US_Houston_100 Cyberonics Blvd
Jose Rosales	US_Houston_100 Cyberonics Blvd
Patricia Cantu	US_Houston_100 Cyberonics Blvd
Maria Soliz	US_Houston_100 Cyberonics Blvd
Ramon Beltran	US_Houston_100 Cyberonics Blvd
Shawn Kollatschny	US_Houston_100 Cyberonics Blvd
William Pizzitola	US_Houston_100 Cyberonics Blvd
Archie Fitzpatrick	US_Houston_100 Cyberonics Blvd
Sonya Cox	US_Houston_100 Cyberonics Blvd
Heather Sims	US_Houston_100 Cyberonics Blvd
John Dodson	US_Houston_100 Cyberonics Blvd
Sulema Nunez	US_Houston_100 Cyberonics Blvd
Angela Smith	US_Houston_100 Cyberonics Blvd
Bettie Witherspoon	US_Houston_100 Cyberonics Blvd
Soesilowati Saksono	US_Houston_100 Cyberonics Blvd
Juan Frias	US_Houston_100 Cyberonics Blvd
Maria Garate	US_Houston_100 Cyberonics Blvd
Cynthia Arias	US_Houston_100 Cyberonics Blvd
Marla Claycomb	US_Houston_100 Cyberonics Blvd
Bryan Byerman	US_Houston_100 Cyberonics Blvd
Kimberly Newell	US_Houston_100 Cyberonics Blvd
Esther Ramos	US_Houston_100 Cyberonics Blvd
Jan Julian	US_Houston_100 Cyberonics Blvd
Dipali Shah	US_Houston_100 Cyberonics Blvd
Rodrigo Rubio	US_Houston_100 Cyberonics Blvd
Pamela Solomon	US_Houston_100 Cyberonics Blvd
Judy Beard	US_Houston_100 Cyberonics Blvd
Phala Soun	US_Houston_100 Cyberonics Blvd
Clint Warren	US_Houston_100 Cyberonics Blvd
Michael Gonzales	US_Houston_100 Cyberonics Blvd
Christine Sanders Garza	US_Houston_100 Cyberonics Blvd
Laura Yates	US_Houston_100 Cyberonics Blvd
Danny Peterson	US_Houston_100 Cyberonics Blvd
David Thompson	US_Houston_100 Cyberonics Blvd
Charles Gordon	US_Houston_100 Cyberonics Blvd
Christi Covington	US_Houston_100 Cyberonics Blvd

Full Name	Work Location
Mark Carey	US_Houston_100 Cyberonics Blvd
Irene Carey	US_Houston_100 Cyberonics Blvd
John Henley	US_Houston_100 Cyberonics Blvd
Ola Floyd	US_Houston_100 Cyberonics Blvd
Lu Bu	US_Houston_100 Cyberonics Blvd
Erick Aguilar	US_Houston_100 Cyberonics Blvd
Shenita Livingston	US_Houston_100 Cyberonics Blvd
Lien Bui	US_Houston_100 Cyberonics Blvd
Kathy Keams	US_Houston_100 Cyberonics Blvd
Mary Berryman	US_Houston_100 Cyberonics Blvd
Irwin Law	US_Houston_100 Cyberonics Blvd
Danadia Ceasar	US_Houston_100 Cyberonics Blvd
Brian Tomayko	US_Houston_100 Cyberonics Blvd
Talaitha Newsome	US_Houston_100 Cyberonics Blvd
Casey Haley	US_Houston_100 Cyberonics Blvd
Mary Mcclain	US_Houston_100 Cyberonics Blvd
Lacy Armentor	US_Houston_100 Cyberonics Blvd
Sarita Evans	US_Houston_100 Cyberonics Blvd
Alma Flores	US_Houston_100 Cyberonics Blvd
Noraida Torres Cintron	US_Houston_100 Cyberonics Blvd
Robert Irby	US_Houston_100 Cyberonics Blvd
Maria Del Quintero	US_Houston_100 Cyberonics Blvd
Bridget Davis	US_Houston_100 Cyberonics Blvd
Sandy Harris	US_Houston_100 Cyberonics Blvd
Roberta Talley	US_Houston_100 Cyberonics Blvd
Linda Randon	US_Houston_100 Cyberonics Blvd
Sharon Gilpin	US_Houston_100 Cyberonics Blvd
Jana Bond	US_Houston_100 Cyberonics Blvd
Ryan Mcguire	US_Houston_100 Cyberonics Blvd
Gerrard Carlson	US_Houston_100 Cyberonics Blvd
Joseph Mynatt	US_Houston_100 Cyberonics Blvd
Daniel Hernandez	US_Houston_100 Cyberonics Blvd
Amit Mistry	US_Houston_100 Cyberonics Blvd
Christopher Leary	US_Houston_100 Cyberonics Blvd
Marlene Charcas	US_Houston_100 Cyberonics Blvd
Channa Jayasinghe	US_Houston_100 Cyberonics Blvd
Scott Dyball	US_Houston_100 Cyberonics Blvd
Luis Alberto Rodriguez Moreno	US_Houston_100 Cyberonics Blvd
Alicia Ibarra	US_Houston_100 Cyberonics Blvd
Lendora Eichorn	US_Houston_100 Cyberonics Blvd
Kelly Bryant	US_Houston_100 Cyberonics Blvd
Minerva Negron	US_Houston_100 Cyberonics Blvd
William Stromer	US_Houston_100 Cyberonics Blvd
Jeffrey Way	US_Houston_100 Cyberonics Blvd
Blanca Rojas	US_Houston_100 Cyberonics Blvd
Jennifer Lively	US_Houston_100 Cyberonics Blvd
Henry Flores	US_Houston_100 Cyberonics Blvd

Full Name	Work Location
Karla Gonzalez	US_Houston_100 Cyberonics Blvd
Tammy Nguyen	US_Houston_100 Cyberonics Blvd
Laurie Flores	US_Houston_100 Cyberonics Blvd
Lola Mark	US_Houston_100 Cyberonics Blvd
Sonia Mcgee	US_Houston_100 Cyberonics Blvd
Michael Gaines	US_Houston_100 Cyberonics Blvd
Kaitlyn Guerrero	US_Houston_100 Cyberonics Blvd
Rajesh Ramesh	US_Houston_100 Cyberonics Blvd
Matthew Cardenas	US_Houston_100 Cyberonics Blvd
Vahid Jafari	US_Houston_100 Cyberonics Blvd
Reynaldo Canales	US_Houston_100 Cyberonics Blvd
Mark Orda	US_Houston_100 Cyberonics Blvd
Kevin Spretz	US_Houston_100 Cyberonics Blvd
Alan Lucas	US_Houston_100 Cyberonics Blvd
Sai Yedavelli	US_Houston_100 Cyberonics Blvd
Lisa Delong	US_Houston_100 Cyberonics Blvd
Kimberly Stromer	US_Houston_100 Cyberonics Blvd
Sonia Maysonet Rosado	US_Houston_100 Cyberonics Blvd
Jason Peters	US_Houston_100 Cyberonics Blvd
Tonya Porter	US_Houston_100 Cyberonics Blvd
Muthuraman Ganapathi Raman	US_Houston_100 Cyberonics Blvd
Delta Sharp	US_Houston_100 Cyberonics Blvd
German Arriaga	US_Houston_100 Cyberonics Blvd
Robert Scavuzzo	US_Houston_100 Cyberonics Blvd
Robert Adkins	US_Houston_100 Cyberonics Blvd
Sandra Black	US_Houston_100 Cyberonics Blvd
Sarah Mohr	US_Houston_100 Cyberonics Blvd
Joshua Heck	US_Houston_100 Cyberonics Blvd
Satish Subramanian	US_Houston_100 Cyberonics Blvd
Sasidhar Vajha	US_Houston_100 Cyberonics Blvd
Michael Eseh-Logue	US_Houston_100 Cyberonics Blvd
Gemma Bourke	US_Houston_100 Cyberonics Blvd
Carmen Sanders	US_Houston_100 Cyberonics Blvd
Xuanmai Mai	US_Houston_100 Cyberonics Blvd
Annemarie Heins	US_Houston_100 Cyberonics Blvd
Ruby Ledezma	US_Houston_100 Cyberonics Blvd
Reina Mejia	US_Houston_100 Cyberonics Blvd
Damon Black	US_Houston_100 Cyberonics Blvd
Ernest Oakes	US_Houston_100 Cyberonics Blvd
Roberta Juarez	US_Houston_100 Cyberonics Blvd
Lori Muecke	US_Houston_100 Cyberonics Blvd
Oscar Salinas	US_Houston_100 Cyberonics Blvd
John Henderson	US_Houston_100 Cyberonics Blvd
Tiffany Bordelon	US_Houston_100 Cyberonics Blvd
Adriana Frias	US_Houston_100 Cyberonics Blvd
Wendy Johnson	US_Houston_100 Cyberonics Blvd
Lauren BAKER	US_Houston_100 Cyberonics Blvd

Full Name	Work Location
Kellyanne Tuffly	US_Houston_100 Cyberonics Blvd
Deanna Wilke	US_Houston_100 Cyberonics Blvd
Brenda Fredrichsen	US_Houston_100 Cyberonics Blvd
Brandon Powell	US_Houston_100 Cyberonics Blvd
Lisa Sampson	US_Houston_100 Cyberonics Blvd
Ymelda Calvillo	US_Houston_100 Cyberonics Blvd
Eric Cyrus	US_Houston_100 Cyberonics Blvd
Ashwini Reddy Guggilla	US_Houston_100 Cyberonics Blvd
David Mccooey	US_Houston_100 Cyberonics Blvd
Mohammad Imran	US_Houston_100 Cyberonics Blvd
Kevin Turner	US_Houston_100 Cyberonics Blvd
Sophia Hansen	US_Houston_100 Cyberonics Blvd
Troy Templin	US_Houston_100 Cyberonics Blvd
Christopher Eubanks	US_Houston_100 Cyberonics Blvd
Dana Hobert	US_Houston_100 Cyberonics Blvd
Alison Anderson	US_Houston_100 Cyberonics Blvd
Slobodan Janjic	US_Houston_100 Cyberonics Blvd
Karl Angelo Gobaton	US_Houston_100 Cyberonics Blvd
Samantha Sims	US_Houston_100 Cyberonics Blvd
Kevin Andis	US_Houston_100 Cyberonics Blvd
Balaji Rengarajan	US_Houston_100 Cyberonics Blvd
Tina Smith	US_Houston_100 Cyberonics Blvd
Dana Billiott	US_Houston_100 Cyberonics Blvd
Olutosin Fawole	US_Houston_100 Cyberonics Blvd
Donna Teer	US_Houston_100 Cyberonics Blvd
Aamir Humayun	US_Houston_100 Cyberonics Blvd
Adam Green	US_Houston_100 Cyberonics Blvd
Banko Hadjiyski	US_Houston_100 Cyberonics Blvd
Cory Farnham	US_Houston_100 Cyberonics Blvd
Emily Mander	US_Houston_100 Cyberonics Blvd
Swetha Chinnayelka	US_Houston_100 Cyberonics Blvd
Lindsey Little	US_Houston_100 Cyberonics Blvd
Asia Hudson	US_Houston_100 Cyberonics Blvd
Ayshen GURPINAR	US_Houston_100 Cyberonics Blvd
Anna Roetker	US_Houston_100 Cyberonics Blvd
Darryl Daniell	US_Houston_100 Cyberonics Blvd
Ben Miculob	US_Houston_100 Cyberonics Blvd
Aditya Talwar	US_Houston_100 Cyberonics Blvd
Ryan Spears	US_Houston_100 Cyberonics Blvd
Veronica Gonzalez	US_Houston_100 Cyberonics Blvd
Jessica Campos	US_Houston_100 Cyberonics Blvd
Ohad Balila	US_Houston_100 Cyberonics Blvd
Ashok Chinnappa	US_Houston_100 Cyberonics Blvd
Brandi Land	US_Houston_100 Cyberonics Blvd
Dida Garcia Dela Rosa	US_Houston_100 Cyberonics Blvd
Joshua Damman	US_Houston_100 Cyberonics Blvd
Roshani Patel	US_Houston_100 Cyberonics Blvd

Full Name	Work Location
Susana Hernandez	US_Houston_100 Cyberonics Blvd
Andre Saad	US_Houston_100 Cyberonics Blvd
Rakesh Kumar	US_Houston_100 Cyberonics Blvd
Nimesh Prajapati	US_Houston_100 Cyberonics Blvd
Cara Jordan	US_Houston_100 Cyberonics Blvd
John Hoang	US_Houston_100 Cyberonics Blvd
Annelise Rickman	US_Houston_100 Cyberonics Blvd
Inisha Berry	US_Houston_100 Cyberonics Blvd
Eduardo Ocanas	US_Houston_100 Cyberonics Blvd
Tomasa Payne	US_Houston_100 Cyberonics Blvd
Amber Stone	US_Houston_100 Cyberonics Blvd
Amandeep Chahal	US_Houston_100 Cyberonics Blvd
Blake Taylor	US_Houston_100 Cyberonics Blvd
Jason Howie	US_Houston_100 Cyberonics Blvd
Alexander Flowers	US_Houston_100 Cyberonics Blvd
I-Tsang Wu	US_Houston_100 Cyberonics Blvd
Eddy Powell	US_Houston_100 Cyberonics Blvd
Christopher Moschella	US_Houston_100 Cyberonics Blvd
Nicole Dixon	US_Houston_100 Cyberonics Blvd
Martha Castillo	US_Houston_100 Cyberonics Blvd
Tracey Patrice	US_Houston_100 Cyberonics Blvd
Amanda Kirkendall	US_Houston_100 Cyberonics Blvd
Brent Connett	US_Houston_100 Cyberonics Blvd
Albert Guzman	US_Houston_100 Cyberonics Blvd
Leticia Cavazos	US_Houston_100 Cyberonics Blvd
Tanvi Prashant Kamat Tarcar	US_Houston_100 Cyberonics Blvd
Eugene Poitevint	US_Houston_100 Cyberonics Blvd
Dana Salter	US_Houston_100 Cyberonics Blvd
William Graham	US_Houston_100 Cyberonics Blvd
Lisa Golden	US_Houston_100 Cyberonics Blvd
Beth Vonasek	US_Houston_100 Cyberonics Blvd
TAM VU	US_Houston_100 Cyberonics Blvd
Jonathan Walker	US_Houston_100 Cyberonics Blvd
Marie Justin John	US_Houston_100 Cyberonics Blvd
Phillip LaBar	US_Houston_100 Cyberonics Blvd
Melanie Foster	US_Houston_100 Cyberonics Blvd
Jonathan Williams	US_Houston_100 Cyberonics Blvd
Quyen Tran	US_Houston_100 Cyberonics Blvd
Martha De La Torre	US_Houston_100 Cyberonics Blvd
David Paulraj	US_Houston_100 Cyberonics Blvd
Jessica Lopez	US_Houston_100 Cyberonics Blvd
Ana Cotto	US_Houston_100 Cyberonics Blvd
Catherine Castagna	US_Houston_100 Cyberonics Blvd
Abrea Shamsid-deen	US_Houston_100 Cyberonics Blvd
Srinivas Mulugu	US_Houston_100 Cyberonics Blvd
Ryan A. Joseph	US_Houston_100 Cyberonics Blvd
Lokesh Naga Sai Tadavarthi	US_Houston_100 Cyberonics Blvd

Full Name	Work Location
Jahan Badri	US_Houston_100 Cyberonics Blvd
Anneliese Hamman	US_Houston_100 Cyberonics Blvd
Nhi Ngo	US_Houston_100 Cyberonics Blvd
Pashuly Nguyen	US_Houston_100 Cyberonics Blvd
Stephanie Yaunk	US_Houston_100 Cyberonics Blvd
Brett Thomson	US_Houston_100 Cyberonics Blvd
Jill DeVries	US_Houston_100 Cyberonics Blvd
Muthu Sellappan	US_Houston_100 Cyberonics Blvd
Isaac Chang	US_Houston_100 Cyberonics Blvd
Jamie Dickson	US_Houston_100 Cyberonics Blvd
Shandreka Robertson	US_Houston_100 Cyberonics Blvd
Benjamin Lang	US_Houston_100 Cyberonics Blvd
Mark Miller	US_Houston_100 Cyberonics Blvd
Therese Roig	US_Houston_100 Cyberonics Blvd
JOSE SALGADO	US_Houston_100 Cyberonics Blvd
Jordyn Harper	US_Houston_100 Cyberonics Blvd
Ariel Castillo	US_Houston_100 Cyberonics Blvd
Jacob Morrow	US_Houston_100 Cyberonics Blvd
Nicole Leggiero	US_Houston_100 Cyberonics Blvd
Kim Sim	US_Houston_100 Cyberonics Blvd
Chelsea Steward	US_Houston_100 Cyberonics Blvd
Gayatri Narayana Reddy	US_Houston_100 Cyberonics Blvd
Jun Yu Cen	US_Houston_100 Cyberonics Blvd
Michael Palmer	US_Houston_100 Cyberonics Blvd
Kidra Rogers	US_Houston_100 Cyberonics Blvd
Aravind Kumbakonam	US_Houston_100 Cyberonics Blvd
Tiffany Marshall	US_Houston_100 Cyberonics Blvd
Alfredo Aguiluz	US_Houston_100 Cyberonics Blvd
William Noland	US_Houston_100 Cyberonics Blvd
Anthony Gonzales	US_Houston_100 Cyberonics Blvd
Jeremias Rubio	US_Houston_100 Cyberonics Blvd
Edisa Memic	US_Houston_100 Cyberonics Blvd
Gina Wagar	US_Houston_100 Cyberonics Blvd
Mithra Anandkumar	US_Houston_100 Cyberonics Blvd
Shandra Wilkinson	US_Houston_100 Cyberonics Blvd
Wesley Jiang	US_Houston_100 Cyberonics Blvd
Anessa Byerman	US_Houston_100 Cyberonics Blvd
Alice Tran	US_Houston_100 Cyberonics Blvd
Rolin Ching	US_Houston_100 Cyberonics Blvd
KEATON WATSON	US_Houston_100 Cyberonics Blvd
Leif Peter Larsson	US_Houston_100 Cyberonics Blvd
Ericah Stuksa	US_Houston_100 Cyberonics Blvd
Richard Reyes	US_Houston_100 Cyberonics Blvd
Byron Martinez	US_Houston_100 Cyberonics Blvd
Jon Bennett	US_Houston_100 Cyberonics Blvd
Gamuchirai Chifamba	US_Houston_100 Cyberonics Blvd
Stephen Davis	US_Houston_100 Cyberonics Blvd

Full Name	Work Location
Troy Murphy	US_Houston_100 Cyberonics Blvd
Quincy Johnson	US_Houston_100 Cyberonics Blvd
Oscar Lujan	US_Houston_100 Cyberonics Blvd
KENNETH HARRIS	US_Houston_100 Cyberonics Blvd
Adam Koenig	US_Houston_100 Cyberonics Blvd
Baba Fakrodhin Muntimadugu	US_Houston_100 Cyberonics Blvd
Kelsey Pope	US_Houston_100 Cyberonics Blvd
Carra Phillips	US_Houston_100 Cyberonics Blvd
Parth Patel	US_Houston_100 Cyberonics Blvd
MUHAMMAD ARQAM KHAN	US_Houston_100 Cyberonics Blvd
Maci Pfeiffer	US_Houston_100 Cyberonics Blvd
Erik Vazquez	US_Houston_100 Cyberonics Blvd
Daniel Foreman	US_Houston_100 Cyberonics Blvd
Raelyn Gonzales-Guajardo	US_Houston_100 Cyberonics Blvd
Ian Cunningham	US_Houston_100 Cyberonics Blvd
Aaron Jauregui	US_Houston_100 Cyberonics Blvd
ANGELO SYMEONIDIS	US_Houston_100 Cyberonics Blvd
Nicole Marie	US_Houston_100 Cyberonics Blvd
Susan Chalupnik	US_Houston_100 Cyberonics Blvd
Paul Hoggatt Jr.	US_Houston_100 Cyberonics Blvd
Loc Nguyen	US_Houston_100 Cyberonics Blvd
Harrison Cope	US_Houston_100 Cyberonics Blvd
Rocio Ventura	US_Houston_100 Cyberonics Blvd
Daniel Turvey	US_Houston_100 Cyberonics Blvd
Nereida Navarro	US_Houston_100 Cyberonics Blvd
Arman Syed	US_Houston_100 Cyberonics Blvd
Madison Turpin	US_Houston_100 Cyberonics Blvd
Vinod Akinepally	US_Houston_100 Cyberonics Blvd
Joanne Chen	US_Houston_100 Cyberonics Blvd
Norma Diaz	US_Houston_100 Cyberonics Blvd
Victoria Royster	US_Houston_100 Cyberonics Blvd
Janet Paulraj	US_Houston_100 Cyberonics Blvd
Vyechi Low	US_Houston_100 Cyberonics Blvd
Rebecca Maria Gnanamuttu	US_Houston_100 Cyberonics Blvd
Daniela Arias Sanchez	US_Houston_100 Cyberonics Blvd
Kenji Kawahara	US_Houston_100 Cyberonics Blvd
Vladimir Makatsaria	US_Houston_100 Cyberonics Blvd
Anshu Bipin Andani	US_Houston_100 Cyberonics Blvd
Javier Magana	US_Houston_100 Cyberonics Blvd
Colleen Flynn	US_Houston_100 Cyberonics Blvd
Xinwen Guan	US_Houston_100 Cyberonics Blvd
Elizabeth Schock	US_Houston_100 Cyberonics Blvd
Matthew Cisneros	US_Houston_100 Cyberonics Blvd
STEVE Kalogeras	US_Houston_100 Cyberonics Blvd
Symone Flowers	US_Houston_100 Cyberonics Blvd
Long Nguyen	US_Houston_100 Cyberonics Blvd
Precious Amber Vargas	US_Houston_100 Cyberonics Blvd

Full Name	Work Location
Cindy Escobar	US_Houston_100 Cyberonics Blvd
James Stevens	US_Houston_100 Cyberonics Blvd
Victoria Flores	US_Houston_100 Cyberonics Blvd
Areeb Gwadri	US_Houston_100 Cyberonics Blvd
Holly Grammer	US_Houston_100 Cyberonics Blvd
Amanda Trader	US_Houston_100 Cyberonics Blvd
Adithya Ravi	US_Houston_100 Cyberonics Blvd
Reinaldo Barranco	US_Houston_100 Cyberonics Blvd
Li Liang	US_Houston_100 Cyberonics Blvd
ANTHONY GONZALES	US_Houston_100 Cyberonics Blvd
Byron Branch	US_Houston_100 Cyberonics Blvd
Tran Khanh (Trần Khánh)	US_Houston_100 Cyberonics Blvd
Marius Raducanu	US_Houston_100 Cyberonics Blvd
Brooke Bodway	US_Houston_100 Cyberonics Blvd
Brian Johnston	US_Houston_100 Cyberonics Blvd
Catherine Mitra	US_Houston_100 Cyberonics Blvd
Wilson Mathew	US_Houston_100 Cyberonics Blvd
Kaitlyn Cowan	US_Houston_100 Cyberonics Blvd
Roberto Colon	US_Houston_100 Cyberonics Blvd
Earnest Wiggins	US_Houston_100 Cyberonics Blvd
Evan Nicolai	US_Houston_100 Cyberonics Blvd
Saurabh Sharma	US_Houston_100 Cyberonics Blvd
Benjamin Henderson	US_Houston_100 Cyberonics Blvd
Kelly Leyva	US_Houston_100 Cyberonics Blvd
Mayur Bhakta	US_Houston_100 Cyberonics Blvd
John Roesmaladi	US_Houston_100 Cyberonics Blvd
Michael Preslar	US_Houston_100 Cyberonics Blvd
Mendy Ponton	US_Houston_100 Cyberonics Blvd
Seshagiri Rao Gururaj Julai	US_Houston_100 Cyberonics Blvd
Te'Aysa Bunton	US_Houston_100 Cyberonics Blvd
Julio Torres	US_Houston_100 Cyberonics Blvd

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: ONY Biotech Inc.

Physical Address: 455 Commerce Drive

City: Amherst State: NY Zip: 14228

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 716-636-9096 Website: www.onybiotech.com

Name of Designated Representative (DR): David Scott Verner

Licensing Company Email: mrauschelbach@onybiotech.com DR Email: sverner@onybiotech.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: EMS Providers		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

04/08/2025
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: ICS

Address: 420 International Blvd. Suite 500 City: Brooks State: KY Zip: 40109

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New York

Parent Company (if any):

Corporation/Organization Name: ONY Biotech Inc.

Mailing Address: 455 Commerce Drive

City: Amherst State: NY Zip: 14228

Telephone: 716-636-9096 Email: srow@onybiotech.com

Contact Person Name: Sindhu Row, PhD

Section 6: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✔" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✔	✔		
• **List the top four corporation shareholders and their percent ownership.**	✔			
• **List of all corporation shareholders and their percent ownership.**		✔		
• **List of all partners and their percent ownership.**			✔	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✔	✔	✔	✔
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✔	✔	✔
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✔	✔	✔
• **Copy of DEA certificate if handling controlled substances**	✔	✔	✔	✔
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✔			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✔	✔	✔	✔
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✔	✔	✔	✔
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✔	✔	✔	✔
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✔	✔	✔	✔
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✔	✔	✔
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✔	✔	✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

ONY Biotech Inc.

Facility Name

David Scott Verner

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

04/08/2025

Date

Board Use Only	Date Received: 4/28/25	Amount: $1000 - CK 38995

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
ONY BIOTECH INC.
455 Commerce Dr
Amherst, NY 14228
Registration Number: 1319086
FEI Number*: 1319086
Status: Active
Date Of Registration Status: 2025

Owner/Operator:
ONY Biotech Inc.[6]
455 Commerce Dr
Amherst, NY US 14228
Owner/Operator Number: 10092626[7]

Official Correspondent:
Sindhu Row
455 Commerce Dr
Amherst, NY 14228
Phone: 1-716-6369096-114

Verified M.H 5/6/25

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10092626&OwnerOperatc
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10092626&OwnerOperatc

Page Last Updated: 05/05/2025

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Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of **Health & Human Services**

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10092626&OwnerOperatc

March 11, 2025

ONY Biotech Inc.

Board of Directors

Name	Title	Address
Edmund A. Egan, M.D.	Board Chairman	[redacted]
Randall Burkard	Board Secretary	[redacted]

March 11, 2025

ONY Biotech Inc.

List of Corporate Officers

Name	Title	Home Address
Randall Burkard	President & CEO	[redacted]
James J. Cummings, MD	Chief Medical Officer	[redacted]
Jennifer Kelchlin	Chief Financial Officer	[redacted]
David Scott Verner	Chief Operating Officer	[redacted]

onybiotech

April 8, 2025

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
Suite 206
Reno, NV 89521

Ref: List of Indebtedness of ONY Biotech Inc.

Company/Person	Reason:
M&T Bank	Equipment Loan and Term Loan

Sincerely,

Jennifer Kelchlin
Chief Financial Officer
ONY Biotech Inc.

ONY BIOTECH INC. · 1578 Sweet Home Rd · Amherst, NY 14228 · onybiotech

April 2, 2025

ONY Biotech Inc.

Ownership Information

Name	Ownership %	Address
Randall Burkard	80%	[redacted]
Jackson Family Irrevocable Trust	20%	[redacted]

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	ONY BIOTECH INC.
DOS ID Number:	1000434
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	05/29/1985
Statement Status:	CURRENT
Statement Due Date:	05/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 14, 2025 at 11:44 A.M.

WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100007654673 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2025-28

NAME OF SUPERVISOR
DAVID S. VERNER

THIS IS TO CERTIFY

ONY BIOTECH INC.
455 COMMERCE DRIVE
AMHERST, NY 14228

is duly recorded as a

REGISTERED MANUFACTURER OF DRUGS AND/OR DEVICES

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FOURTEENTH DAY OF FEBRUARY, 2025.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF JANUARY, 2028.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

041361

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

ONYBIOT-01 BESSY1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/3/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0L48969 C3 Risk & Insurance Services 404 Camino Del Rio S. STE 410 San Diego, CA 92108	CONTACT NAME: Sydney Best PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: sydney@c3insurance.com
INSURED Ony Biotech, Inc 1576 Sweet Home Road Amherst, NY 14228	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Federal Insurance Company — 20281 INSURER B : Technology Insurance Company, Inc. — 42376 INSURER C : Ace American Insurance Company — 22667 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			36001395	10/3/2024	10/3/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ Excluded
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY			73581843	10/3/2024	10/3/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			79890416	10/3/2024	10/3/2025	EACH OCCURRENCE AGGREGATE PROD/CO EXCLD	$ 10,000,000 $ 10,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TWC4501069	10/3/2024	10/3/2025	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Products Liability*			G27098915 012	3/10/2025	3/10/2026	Each Occurrence/Agg	10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
*Products Liability - Retrodate: 09/10/2009; Deductible - $50,000 Each Occurrence /$250,000 Aggregate.

RE: Evidence of coverage.

CERTIFICATE HOLDER

Ony Biotech, Inc
455 Commerce Drive
Amherst, NY 14228

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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SURETEC INSURANCE COMPANY

3111 Camino Del Rio North, Suite 900, San Diego, CA 92108

CHANGE RIDER

Date: 05/12/2025

To be attached to and form a part of:

Bond Number: 6006685

Principal: ONY Biotech Inc.

Obligee: Nevada State Board of Pharmacy

Said bond, issued by SureTec Insurance Company, as Surety, is hereby amended as follows:

Amend company address to 455 Commerce Drive, Amherst, NY 14228

Effective date of rider: 02/26/2025

All other terms and conditions shall remain the same.

Signed and sealed this 12th day of May, 2025

SureTec Insurance Company

Surety

By: _____

Albert Espino, Attorney-in-fact

POA# 6006685

JOINT LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That SureTec Insurance Company, a Corporation duly organized and existing under the laws of the State of Texas and having its principal office in the County of Harris, Texas and Markel Insurance Company (the "Company"), a corporation duly organized and existing under the laws of the state of Illinois, and having its principal administrative office in Glen Allen, Virginia, does by these presents make, constitute and appoint:

Gloria S. Becerra, Dave B. Roalkvam, David Melman, Amanda Harvey, Evan M. DeBow, Eric Taylor, Maria Melendez, Rene Brandt, Deanna Fonseca, Albert Espino, Sergio Rynard, Ruth Alonso

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on their own behalf, individually as a surety or jointly, as co-sureties, and as their act and deed any and all bonds and other undertaking in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

Fifty Million and 00/100 Dollars ($50,000,000.00)

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolutions adopted by the Board of Directors of SureTec Insurance Company and Markel Insurance Company:

"RESOLVED, That the President, any Senior Vice President, Vice President, Assistant Vice President, Secretary, Assistant Secretary, Treasurer or Assistant Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the SureTec Insurance Company and Markel Insurance Company, as the case may be, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Markel Insurance Company and SureTec Insurance Company have caused their official seal to be hereunto affixed and these presents to be signed by their duly authorized officers on the 6th day of January , 2025 .

SureTec Insurance Company

By: _____
Michael C. Keimig, President

Markel Insurance Company

By: _____
Lindey Jennings, Vice President

State of Texas
County of Harris:

On this 6th day of January , 2025 A. D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICERS OF THE COMPANIES, to me personally known to be the individuals and officers described in, who executed the preceding instrument, and they acknowledged the execution of same, and being by me duly sworn, disposed and said that they are the officers of the said companies aforesaid, and that the seals affixed to the proceeding instrument are the Corporate Seals of said Companies, and the said Corporate Seals and their signatures as officers were duly affixed and subscribed to the said instrument by the authority and direction of the said companies, and that Resolutions adopted by the Board of Directors of said Companies referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written.

By: _____
Chelsea Turner, Notary Public
My commission expires 7/6/2028

We, the undersigned Officers of SureTec Insurance Company and Markel Insurance Company do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, we have hereunto set our hands, and affixed the Seals of said Companies, on the 12th day of May 2025

SureTec Insurance Company

By: _____
M. Brent Beaty, Assistant Secretary

Markel Insurance Company

By: _____
Andrew Marquis, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this Power you may call (713)812-0800 on any business day between 8:30 AM and 5:00 PM CST.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Diego

On May 12, 2025 before me, M. Melendez Ortiz, Notary Public

personally appeared Albert Espino

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is~~/are~~ subscribed to the within instrument and acknowledged to me that he~~/she/they~~ executed the same in his~~/her/their~~ authorized capacity~~(ies)~~, and that by his~~/her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

M. MELENDEZ ORTIZ
NOTARY PUBLIC - CALIFORNIA
COMMISSION # 2434424
SAN DIEGO COUNTY
My Comm. Exp. January 15, 2027

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

M. Melendez Ortiz
Signature of Notary

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

- ☐ INDIVIDUAL
- ☐ CORPORATE OFFICER
- ☐ PARTNER(S)
- ☐ MEMBER of LLC
- ☒ ATTORNEY-IN-FACT
- ☐ TRUSTEE(S)
- ☐ GUARDIAN/CONSERVATOR

OTHER: _____

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

SureTec Insurance Company

DESCRIPTION OF ATTACHED DOCUMENT

_____
Title or Type of Document

_____
Number of Pages

_____
Date of Document

_____
Signer(s) other than named above

SureTec Insurance Company

2103 CityWest Boulevard, Suite 1300 Houston, TX 77042

CONTINUATION CERTIFICATE

Bond No. 6006685
Principal: ONY Biotech Inc.
Bond Amount: $ 25,000.00
Bond Description: Pharmaceutical Wholesale Distributor $25,000

Obligee: Nevada State Board of Pharmacy

You are hereby notified that the above Bond shall be continued in force for a period effective from:

July 14, 2024 until July 13, 2027

unless it is cancelled by the surety or otherwise terminated. All other terms and conditions remain unchanged.

The aggregate liability of the Surety shall not exceed the amount of this Continuation Certificate. The liability of the Surety shall not cumulate by reason of this Certificate, any Continuation Certificate, Change Rider, endorsement, modification, new bond, reinstatement, reissue, renewal, replacement, or substitution issued in the future.

Signed this 23rd day of May , 2024 .

SureTec Insurance Company

By: _____
Quentin Adams or Zaira Lopez, Attorney in Fact

ONY Biotech Inc.

By: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: ONY Biotech Inc. MDEG License # (if applicable): New

Physical Address: 455 Commerce Drive

City: Amherst State: NY Zip: 14228

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 716-636-9096 Website: www.onybiotech.com

Licensing Company Email: mrauschelbach@onybiotech.com

Section 2: Personal Information

First: Craig Middle: Last: Blowers

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 455 Commerce Dr

City: Amherst State: NY Zip: 14228

Telephone: 716-636-9096 Email: cblowers@onybiotech.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Geneva College		08/10 - 05/14	
Address	**City**	**State**	**Zip**
3200 College Ave	Beaver Falls	PA	15010
Diploma/Degree obtained, if any			
B.S.E. Chemical Engineering , B.S. Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Lockport High School		09/06 - 06/10	
Address	**City**	**State**	**Zip**
250 Lincoln Ave	Lockport	NY	14094
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/24 - Present	[redacted]			14094
05/19 - 01/24				14094
12/08 - 05/19				14094
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
ONY Biotech Inc.		07/15-Present	
Business Address	**City**	**State**	**Zip**
455 Commerce Dr	Amherst	NY	14228
Phone	**Title**	**Number of Employed Hours**	
716-636-9096	Process Engineer	> 20,800	
Description of Duties			
Validation of processes and manufacture of medical products. DSCSA coordinator. Represents ONY during customer and regulatory compliance audits. Engage in project review and process improvement. Maintain technical knowledge.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

04/08/2025
Date

I, Craig Blowers, **certify that as the MDEG Administrator for**

ONY Biotech, Inc,

that I (initial that you have read and meet the following requirements):

1. CAB Have a high school diploma or its equivalent;
2. CAB Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CAB Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CAB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Craig, Blowers
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/08/2025
Date

Board Use Only	Date Received: 04/08/25

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ONY Biotech Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 455 Commerce Drive

City Amherst State NY Zip 14228

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 716-636-9096 Website www.onybiotech.com

Licensing Company Email mrauschelbach@onybiotech.com

Section 2: Personal Information

First David Middle Scott Last Verner

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 455 Commerce Drive

City Amherst State NY Zip 14228

Telephone [redacted] Email sverner@onybiotech.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Carnegie Mellon University		1988-1992	
Address	City	State	Zip
5000 Forbes Ave	Pittsburgh	PA	15213
Diploma/Degree obtained, if any			
Bachelor of Sciences, Mechanical Engineering (1992)			

School Name		From - To (MM/YY – MM/YY)	
McGuffey High School		1984-1988	
Address	City	State	Zip
86 McGuffey Drive	Claysville	PA	15323
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2007-Present	[redacted]			14131
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
ONY Biotech Inc.			2015-present	
Business Address		**City**	**State**	**Zip**
455 Commerce Drive		Amherst	NY	14228
Phone	**Title**		**Number of Employed Hours**	
716-636-9096	Chief Operating Officer		> 18,720	
Description of Duties				
Manage and oversee daily operations, including activities of Manufacturing, Engineering, Quality, Scheduling, Regulatory, Procurement and Safety.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, David Scott Verner, **certify that as the designated representative for**

ONY Biotech Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

David, Verner

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/01/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David, Verner

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/01/2025

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Erie

I, David Scott Verner, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/01/2025

Date

Subscribed and Sworn to before me this 1 day of April 2025

Notary Public Signature

Maria Rauschelbach
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01RA0017451
Qualified in Erie County
Commission Expires 12/02/2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: ONY Biotech Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 455 Commerce Drive

City: Amherst State: NY Zip: 14228

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 716-636-9096 Website: www.onybiotech.com

Licensing Company Email: mrauschelbach@onybiotech.com

Section 2: Personal Information

First: Randall Middle: Last: Burkard

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: NY Zip: 14051

Telephone: [redacted] Email: rburkard@onybiotech.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Chicago		09/86-06/88	
Address	**City**	**State**	**Zip**
5801 S. Ellis Ave.	Chicago	IL	60637
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Clarkson University		09/79-05/83	
Address	**City**	**State**	**Zip**
8 Clarkson Ave	Postdam	NY	13699
Diploma/Degree obtained, if any			
BS Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/98-Present	[redacted]			14051
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
ONY Biotech Inc.			10/13-Present	
Business Address		**City**	**State**	**Zip**
455 Commerce Drive		Amherst	NY	14228
Phone	**Title**			
716-636-9096	President & CEO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Randall, Burkard

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/08/2025

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Erie

I, Randall Burkard, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/8/2025

Date

Subscribed and Sworn to before me this 8 day of April 2025

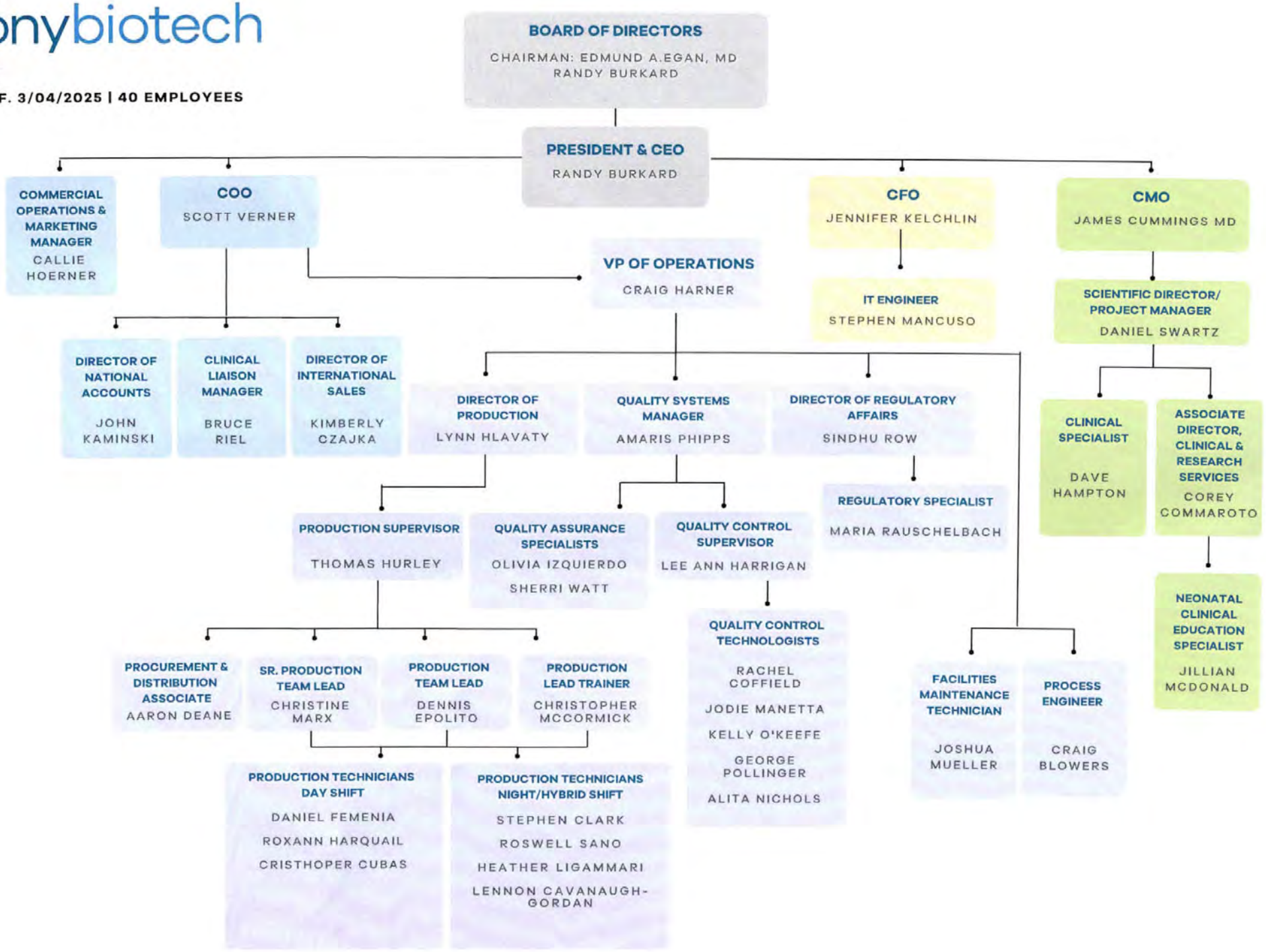
Notary Public Signature

Maria Rauschelbach
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01RA0017451
Qualified in Erie County
Commission Expires 12/02/2027

(Seal)

onybiotech

EFF. 3/04/2025 | 40 EMPLOYEES



4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☑ Ownership Change* See Attachment A ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02338	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Optinose US, Inc.

Physical Address: 777 Township Line Road, Suite 300

City: Yardley State: PA Zip: 19067

Mailing Address (if different from physical address): 777 Township Line Road, Suite 300

City: Yardley State: PA Zip: 19067

Telephone: 267-364-3500 Website: www.Optinose.com

Name of Designated Representative (DR): Robert Christopher Hensley

Licensing Company Email: quality@optinose.com DR Email: chris.hensley@optinose.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☑ Pharmacies	☑ Dangerous Drugs	☑ Manufacturer (Virtual)
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Contract Pharmaceuticals Limited

Address: 7600 Danbro Crescent City: Mississauga State: Ontario Zip: L5N 6L6

Name: Hikma Pharmaceuticals USA Inc.

Address: 1809 Wilson Road Columbus City: Columbus State: OH Zip: 43228

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): OptiNose, Inc.

Corporation/Organization Name: Optinose US, Inc.

Mailing Address: 777 Township Line Road, Suite 300

City: Yardley State: PA Zip: 19067

Telephone: 267-364-3500 Email: chris.hensley@optinose.com

Contact Person Name: Robert Christopher Hensley

Section 6: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment C		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment D	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment D		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. See Attachment E	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment F		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment G	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [3]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ See Attachment H N/A	✓	✓	✓	✓
• **If providing [3]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: N/A http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Optinose US, Inc.

Facility Name

Robert Christopher Hensley

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

06/03/2025

Date

Board Use Only	Date Received: 6/9/25	Amount: $1000 ck 2531

Attachment A

Regarding the Change of Ownership at the Grandparent Level

OptiNose US, Inc. had a change in ownership at the grandparent level.

OptiNose US, Inc. remains wholly-owned by its parent company, OptiNose, Inc.

Prior to the change, the parent company, OptiNose, Inc., was a publicly traded company.

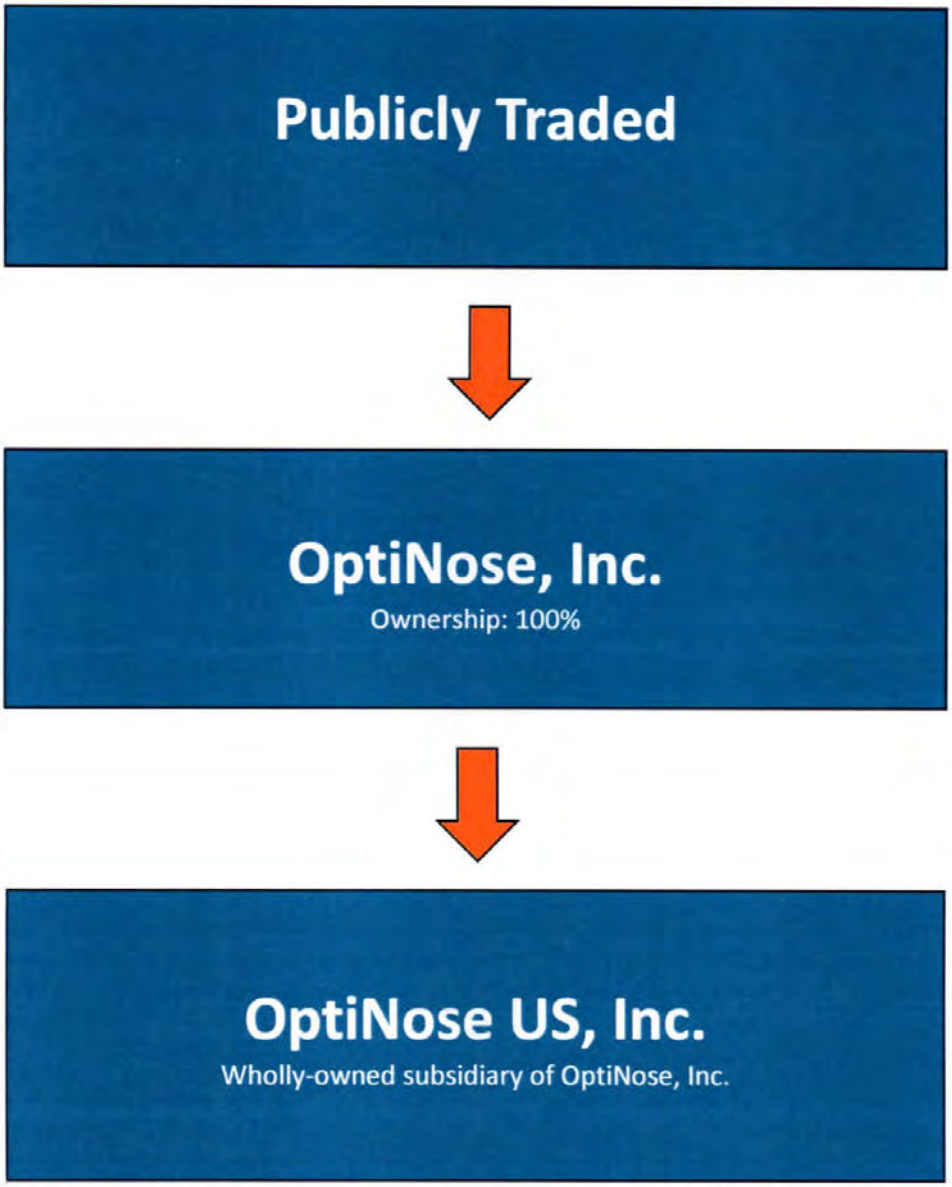
After the change, the parent company, OptiNose, Inc., is wholly-owned by Paratek Pharmaceuticals, Inc.

There has been no change at the licensee level. In addition, there has been no change in immediate parent company or direct control of the licensee.

Enclosed are organizational charts showing the ownership structure before and after the change.

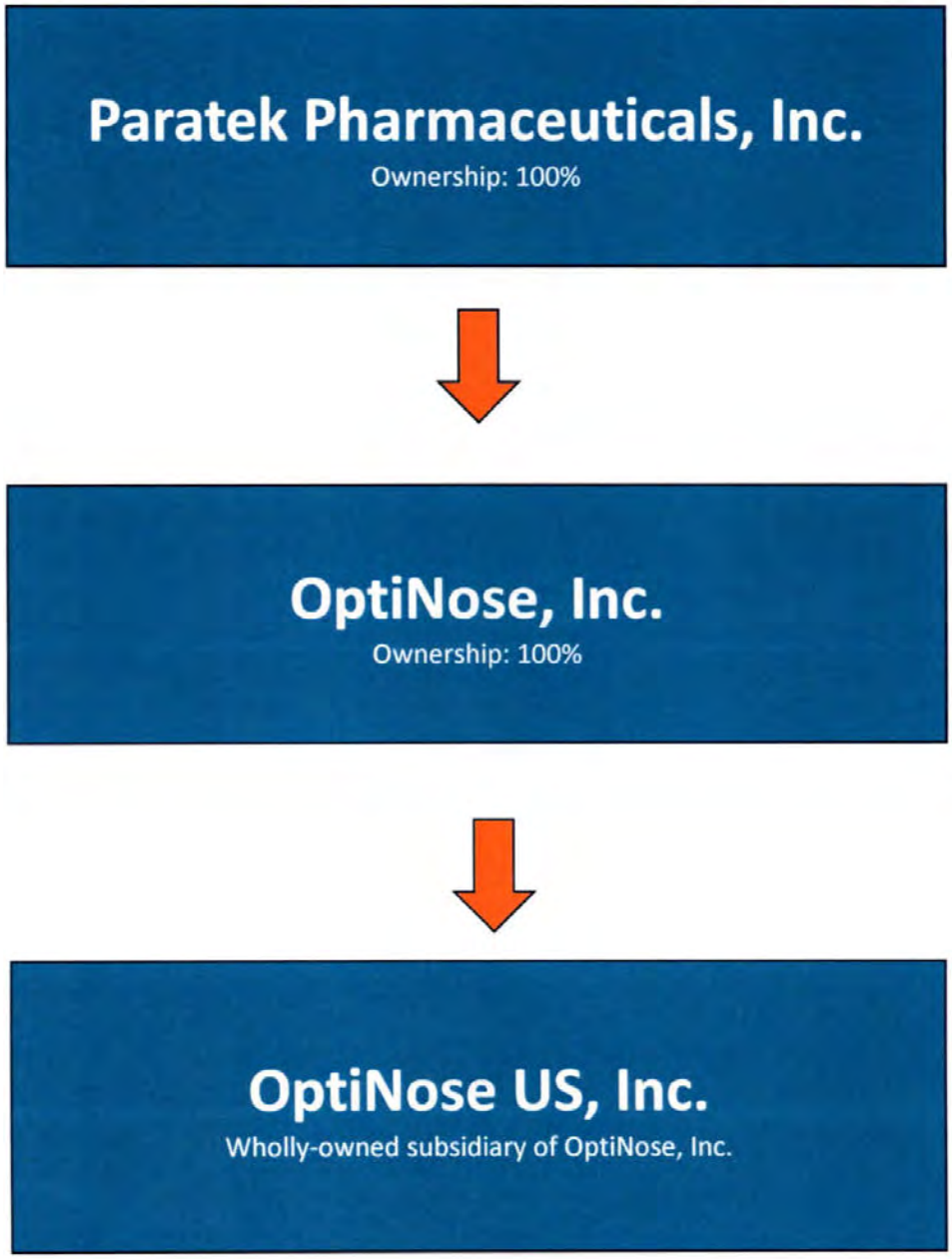
Attachment

Ownership Organizational Chart - Before Change of Ownership at Grandparent Level



Attachment

Ownership Organizational Chart - After Change of Ownership at Grandparent Level



An official website of the United States government Here's how you know

FDA U.S. FOOD & DRUG ADMINISTRATION

Search FDA.gov Menu

Home Drug Databases NDC Search Result

Share Tweet Linkedin Email Print

Current through March 31, 2025

You have searched Finished drug products

Search Results: *'OPTINOSE'*

Back to Search Page

Showing 1 to 2 of 2 entries Show 50 entries

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name
XHANCE	71143-375-01	93ug/1	SPRAY, METERED	NASAL	NDA209022	OptiNose US, Inc.
XHANCE	71143-375-98	93ug/1	SPRAY, METERED	NASAL	NDA209022	OptiNose US, Inc.

Previous 1 Next

Attachment D

Corporation Information

Corporate Officers

Evan Loh
Chief Executive Officer & President

Adam Woodrow
Chief Commercial Officer

Randall Brenner
Chief Development and Regulatory Officer

Christopher Bostrom
Chief Financial Officer and Treasurer

Jonathan Light
General Counsel, Corporate Secretary and Chief Compliance Officer

Karen McGrath
Chief People Officer

Shareholders

OptiNose, Inc.
Percent Ownership: 100%

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTINOSE US, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPTINOSE US, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

4838717 8300

SR# 20253121625

Authentication: 203988513

Date: 06-18-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

Pennsylvania
Department of Health *Pennsylvania Department of Health*

Drug, Device and Cosmetic Program

Version 4.0.0

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

OptiNose US, Inc 777 Township Line Road Suite 300; Yardley, PA 19067
Certificate(s): **9000000296** issued: 04/11/2025 expires: 4/30/2026

The entity noted above holds an active registration and/or license with the Pennsylvania Department of Health Drug, Device, and Cosmetic (DDC) program.

No formal probation, suspension, revocation, or formal disciplinary action has been issued directly by the Pennsylvania Department of Health Drug, Device, and Cosmetic (DDC) program against the aforementioned specific registration and/or license. Contact the DDC program with any further questions at (717) 787-4779 or email: ra-ddc@pa.gov

Back to DD&C Home

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Assembly Version 4.0.0.0

Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

Certificate of Licensure

Certificate No. 9000000296

Drug & Device Registration

2525 N. 7th Street
Suite 210D
HARRISBURG, PA 17110
(717) 787-4779

Category:

Virtual Manufacturer (License)
(No Commercially available product onsite. Office or Headquarters only.)

OPTINOSE US, INC
777 TOWNSHIP LINE ROAD
SUITE 300
YARDLEY, PA 19067

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: April 11, 2025
Expiration Date: The Last Day of April, 2026

Jeanne Parisi
Deputy Secretary for Quality Assurance

Pennsylvania
Department of Health

Debra L. Bogen, MD, FAAP
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800187521

Application/License No. _____

Optinose US, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
777 Township Line Road, suite 300 Yardley, PA 19067, as
(Address of Applicant/Principal)
PRINCIPAL, and Atlantic Specialty Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of New York
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
605 Highway 169 North, Suite 800, Plymouth, MN 55441 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 14, 2025.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 14th day of April, 2025.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company

Cindy E. Johnson
Surety Company's Representative

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

Cindy E. Johnson, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Bonnie Lynn Rice

Witness Rachel A. Chaveriat

Countersigned by:

N/A
Nevada Resident Agent

intact INSURANCE

Power of Attorney

Surety Bond No: 800187521

Principal Optinose US, Inc.
Obligee Nevada State Board of Pharmacy

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: Cindy E. Johnson each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2023.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, Vice President and General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON D. NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2030

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 14th day of April, 2025.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Kara L.B. Barrow, Secretary

This Power of Attorney expires
January 31, 2030

Please direct bond verifications to surety@intactinsurance.com

intact INSURANCE surety

SURETY BOND SEAL AND DIGITAL SIGNATURE ADDENDUM

ATLANTIC SPECIALTY INSURANCE COMPANY

ATLANTIC SPECIALTY INSURANCE COMPANY ("ASIC") has authorized its respective Attorneys-in-Fact to affix ASIC's corporate seal and digital signature to authorized surety bonds executed on behalf of ASIC by any such Attorney-in-Fact.

This notice verifies a surety bond that is executed on behalf of ASIC by it's Attorney-in-Fact and utilizes the corporate seal below for ASIC shall be deemed to affixed to said bond to the same extent as if its raised corporate seal was physically affixed to the face of the bond. ASIC also hereby agrees that the digital signatures applied to said bond are considered acceptable as if a wet ink signature was physically added to the face of the bond.

Dated this 28th day of July, 2021.

ATLANTIC SPECIALTY INSURANCE COMPANY



For ASIC by: _____

Michael Seff, President Intact Insurance Surety

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler OptiNose US, Inc.

Pharmacy/Wholesaler License # (if applicable) WH02338

Physical Address 777 Township Line Road, Suite 300

City Yardley State PA Zip 19067

Mailing Address (if different from physical address) 777 Township Line Road, Suite 300

City Yardley State PA Zip 19067

Telephone 267-364-3500 Website www.Optinose.com

Licensing Company Email quality@optinose.com

Section 2: Personal Information

First Robert Middle Christopher Last Hensley

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Addres[redacted]

City King of Prussia State PA Zip [redacted]

Telephone[redacted] Emai[redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Tennessee		08/1995	05/1996
Address	**City**	**State**	**Zip**
1331 Circle Park Drive	Knoxville	TN	37996
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
East Tennessee State University		08/1989	08/1993
Address	**City**	**State**	**Zip**
1276 Gilbreath Dr	Johnson City	TN	37614
Diploma/Degree obtained, if any			
Bachelor of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Chuckey-Doak High School		07/1986	1989
Address	**City**	**State**	**Zip**
365 Ripley Island Rd	Afton	TN	37616
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2007 - Present	[redacted]	Pottstown	PA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
OptiNose US, Inc.			05/25 - Present	
Business Address		**City**	**State**	**Zip**
777 Township Line Rd, Suite 300		Yardley	PA	19067
Phone	**Title**		**Number of Employed Hours**	
267-364-3500	Executive Director, Trade Relations and Patient Services		20	

Description of Duties

Point of contact for BOP and other licensing authorities; resolve fulfillment issues or disruptions; collaborate with supply chain and customer service; internal reporting and retention of records

Business Name			From - To (MM/YY – MM/YY)	
Paratek Pharmaceuticals, Inc.			02/18 - Present	
Business Address		**City**	**State**	**Zip**
1000 First Avenue, Suite 200		King of Prussia	PA	19406
Phone	**Title**		**Number of Employed Hours**	
617-807-6600	Executive Director, Trade Relations and Patient Services		20	

Description of Duties

Ensure all trade activities align with internal policies, regulatory standards, and best practices; monitor wholesaler/distributor pharmacy orders; reporting and insights to Market Access and Sales teams,; assist with develping communications of trade operations and SOPs

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Robert Christopher Hensley, **certify that as the designated representative for**

OptiNose US, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RCH I am at least 21 years of age;
3. RCH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RCH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RCH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RCH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RCH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Robert Christopher Hensley
Print Name (First, Last)

R. C-H
Original Signature (electronic, copies or stamps not accepted)

05/21/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Christopher Hensley

Print Name (First, Last)

R.C.H

Original Signature (electronic, copies or stamps not accepted)

05/21/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Montgomery

I, Robert Christopher Hensley, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

R.C.H

Original Signature

05/21/2025

Date

Subscribed and Sworn to before me this 21 day of May 2025.

Lindsay C Moss

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
LINDSAY C MOSS - Notary Public
Montgomery County
My Commission Expires November 8, 2025
Commission Number 1406230

(Seal)

Blanc, Christopher T.
Borden, Lauren S
Conte, Rosalie A
Contreras, Carlos
Conway, Lisa M
Denny, Christine
Dilenno, Susan Marie
Duffield, Robert Paul
Edmonds, Tyree Eric
Frederick, Jilliane T
Gray, Pamela Y
Gray, Philip T
Hamilton, Michelle A
Hensley, Christopher
Keller, Sandra L
King, Stephen P
Koob, Kimberly
Krick, Anthony John
Labuda, Maureen
Lehrer, Cynthia M
Lindquist, Steven
Lintia, Elena Rodica
Marotta, Renee
Pandurangi, Niru
Raffle, Alicia
Sattler, Lane M
Tozzi, Andrew J
Vassil, George Peter
Vogel, Daniel J.
Warren, Lucindia Yvette

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Orasis Pharmaceuticals, Inc.

Physical Address: 203 Fort Wade Road Suite 140

City: Ponte Vedra State: FL Zip: 32081

Mailing Address (if different from physical address): 203 Fort Wade Rd Suite 140

City: Ponte Vedra State: FL Zip: 32081-1541

Telephone: 321-377-0577 Website: https://www.orasis-pharma.com/

Name of Designated Representative (DR): Paul Smith

Licensing Company Email: licensing@orasis-pharma.com DR Email: Paul.Smith@orasis-pharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Pharmacies		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed with-in last year.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Orasis Pharmaceuticals, Ltd.

Corporation/Organization Name: Orasis Pharmaceuticals, Inc.

Mailing Address: 203 Fort Wade Rd Suite 140

City: Ponte Vedra State: FL Zip: 32081-1541

Telephone: 321-377-0577 Email: licensing@orasis-pharma.com

Contact Person Name: Paul Smith

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Orasis Pharmaceuticals, Inc.
Facility Name

Paul Smith
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

03/08/2025
Date

Board Use Only	Date Received: 3/31/25	Amount: $1000 ck# 3505

An official website of the United States government Here's how you know

FDA

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Current through March 20, 2025

You have searched Finished drug products

Search Results: *'orasis'*

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Showing 1 to 4 of 4 entries Show 50 entries

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product NDC	Non Proprietary Name	Substance Name	Product Type Name
Qlosi	83661-018-10	4mg/mL	SOLUTION	OPHTHALMIC	NDA217836	Orasis Pharmaceuticals, Inc.	83661-018	Pilocarpine Hydrochloride	PILOCARPINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Qlosi	83661-018-20	4mg/mL	SOLUTION	OPHTHALMIC	NDA217836	Orasis Pharmaceuticals, Inc.	83661-018	Pilocarpine Hydrochloride	PILOCARPINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Qlosi	83661-018-30	4mg/mL	SOLUTION	OPHTHALMIC	NDA217836	Orasis Pharmaceuticals, Inc.	83661-018	Pilocarpine Hydrochloride	PILOCARPINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Qlosi	83661-018-60	4mg/mL	SOLUTION	OPHTHALMIC	NDA217836	Orasis Pharmaceuticals, Inc.	83661-018	Pilocarpine Hydrochloride	PILOCARPINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG

Previous 1 Next



Description of Operations

Orasis Pharmaceuticals, Inc. is a Virtual Manufacturer. Orasis Pharmaceuticals, Inc's products are manufactured by a contract manufacturer and will be distributed to Specialty Partners by their 3rd Party Logistics Provider, AmerisourceBergen ICS.

Contract Manufacturer Information:
Orasis Pharmaceuticals, Inc is using the following contract manufacturer to produce their products:

Excelvision (Part of the Fareva Group)
27 Rue de la Lombardiere ZI La Lombardiere
Annonay, France 07100
FEIN Establishment Number: 3007058211
Contact Person: Pierre Génot
Contact Phone Number: +33 (0) 475-324-040

Excelvision manufactures and packages Orasis Pharmaceuticals, Inc's finished products. At no time does Excelvision own the product, contract with Orasis Pharmaceuticals, Inc's customers, invoice, nor sell the Orasis Pharmaceuticals, Inc's products. Orasis Pharmaceuticals, Inc's products, are not Controlled Substances.

Third Party Logistic information:
For distribution into the commercial supply channel, AmerisourceBergen ICS acts as Orasis Pharmaceuticals, Inc's Third-Party Logistics (3PL) provider to manage the storage and distribution of Orasis Pharmaceuticals, Inc's product to Specialty Pharmacies. AmerisourceBergen ICS' address is:

420 International Blvd, Ste 500
Brooks, KY 40109
Contact Person: Lauren Quezada
Contact Phone Number: 469-642-4822

Orasis Pharmaceuticals, Inc's normal business hours are 8:00 am – 5:00 pm Monday through Friday.



Company Information

Company Name: Orasis Pharmaceuticals, Inc.
Address: 203 Fort Wade Road Suite 140
City, State, Zip: Ponte Vedra, FL 32081
Phone: 321-377-0577
Website: www.orasis-pharma.com
E-mail: licensing@orasis-pharma.com

FEIN: 87-0819925
State of Formation: Delaware
Date Incorporated: 3/9/2021
File Number: 5436267

Ownership Information

Orasis Pharmaceuticals, Inc. is a privately held company. Their parent company is Orasis Pharmaceuticals, Ltd, located at Maskit 6, Herzliya, Israel 4673328.

Officers

Paul Smith, President and Chief Operating Officer
Business Address: 203 Fort Wade Rd Suite 140, Ponte Vedra, FL 32081
Business Phone: 617-943-4944
Email: Paul.Smith@orasis-pharma.com

ORASIS
PHARMACEUTICALS®

Company Organization Chart

November 2024

Orasis Pharmaceuticals, Ltd.
Maskit 6, str.
Herzliya 4673328, Israel
Israel Tax ID: 515317493
100% Ownership of Orasis Pharmaceutical, Inc.

Orasis Pharmaceuticals, Inc.
203 Fort Wade Rd Suite 140
Ponte Vedra, FL 32081-1541 USA
USA Tax ID: FEIN 87-0819925

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORASIS PHARMACEUTICALS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF MARCH, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORASIS PHARMACEUTICALS INC." WAS INCORPORATED ON THE NINTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5436267 8300

SR# 20250906625

Authentication: 203070467

Date: 03-04-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

ONLINE SERVICES

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AB&T Delinquent Invoice & Activity List Search

LICENSEE DETAILS

1:24:08 PM 6/18/2025

Licensee Information

Name:	**ORASIS PHARMACEUTICALS, INC.** (Primary Name)
Main Address:	**203 FORT WADE ROAD SUITE 140 PONTE VEDRA Florida 32081**
County:	**ST. JOHNS**
License Location:	**203 FORT WADE ROAD SUITE 140 PONTE VEDRA FL 32081**
County:	**ST. JOHNS**

License Information

License Type:	**Prescription Drug Manufacturer - Virtual**
Rank:	**Rx Drug Manu V**
License Number:	**4542**
Status:	**Current**
Licensure Date:	**03/14/2025**
Expires:	**03/31/2027**

Alternate Names

View Related License Information
View License Complaint

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our Chapter 455 page to determine if you are affected by this change.

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS

THE Prescription Drug Manufacturer - Virtual HEREIN HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

ORASIS PHARMACEUTICALS, INC.

203 FORT WADE ROAD
SUITE 140
PONTE VEDRA FL 32081

LICENSE NUMBER: 4542

EXPIRATION DATE: MARCH 31, 2027

Always verify licenses online at MyFloridaLicense.com

ISSUED: 03/14/2025

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

1205

JPMORGAN CHASE BANK, N.A.
TRADE & WORKING CAPITAL
10410 HIGHLAND MANOR DRIVE, FLOOR 03
TAMPA, FL 33610-9128
SWIFT: CHASUS33

To:
Orasis Pharmaceuticals Inc.
101 MARKETSIDE AVENUE
SUITE 404 324
PONTE VEDRA , FLORIDA 32081

Date: 11 Jun 2025
Subject : Acknowledgement Advice for Standby Letter of Credit Amendment
Our Reference : NUSCGS056649

Dear Sir/Madam,

Your Reference	:	SURETY BOND
Standby LC Reference	:	NUSCGS056649
Account Party	:	Orasis Pharmaceuticals Inc. 203 FORT WADE RD, SUITE 140, SUITE 404 324 PONTE VEDRA , FLORIDA 32081
Beneficiary	:	NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PKWY, SUITE 206, RENO, NV 89521 ATTN: EXECUTIVE SECRETARY

As per your request we have issued our Irrevocable Standby Letter of Credit Amendment under our reference number stated above.

We hereby enclose the copy of the Irrevocable Standby Letter of Credit Amendment for your information and record purpose.

All inquiries regarding this transaction may be directed to our Client Service Group quoting our reference NUSCGS056649 using the following contact details:
Telephone Number: 1-800-634-1969
Email Address: gts.client.services@jpmchase.com

This is a computer generated document and therefore does not require a signature

COPY OF STANDBY LETTER OF CREDIT AMENDMENT

TO: NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY,
SUITE 206, RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

DATE : 11 Jun 2025
SUBJECT : STANDBY LETTER OF CREDIT AMENDMENT
OUR REFERENCE : NUSCGS056649

DEAR SIR/MADAM,

AMENDMENT NUMBER : 1
ACCOUNT PARTY : ORASIS PHARMACEUTICALS INC.
203 FORT WADE RD, SUITE 140,
SUITE 404 324
PONTE VEDRA , FLORIDA 32081

WE HEREBY AMEND THE ABOVE REFERENCED STANDBY LETTER OF CREDIT AS FOLLOWS:

ACCOUNT PARTY ADDRESS HAS BEEN AMENDED TO READ:

WHEREVER IT READS:
QUOTE
101 MARKETSIDE AVENUE, SUITE 404 324
PONTE VEDRA , FLORIDA 32081
UNQUOTE

NOW TO READ:
QUOTE
203 FORT WADE RD, SUITE 140,
PONTE VEDRA , FLORIDA 32081
UNQUOTE

ALL OTHER TERMS AND CONDITIONS OF THE STANDBY LETTER OF CREDIT REMAIN UNCHANGED.

All inquiries regarding this transaction may be directed to our Client Service Group quoting our reference NUSCGS056649 using the following contact details:
Telephone Number: 1-800-634-1969
Email Address: gts.client.services@jpmchase.com

Yours Faithfully,
JPMorgan Chase Bank, N.A.,



Authorized Signature
Tahir H Rana
VP - Operations Manager

END OF COPY

JPMORGAN CHASE BANK, N.A.
TRADE & WORKING CAPITAL
10410 HIGHLAND MANOR DRIVE, FLOOR 03
TAMPA, FL 33610-9128
SWIFT: CHASUS33

DATE : 20 May 2025

IRREVOCABLE STANDBY LETTER OF CREDIT REFERENCE NO.: NUSCGS056649

TO: NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY,
SUITE 206, RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

DEAR SIR/MADAM,

WE HEREBY ISSUE OUR IRREVOCABLE STANDBY LETTER OF CREDIT IN YOUR FAVOR.

BENEFICIARY	:	NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PKWY, SUITE 206, RENO, NV 89521 ATTN: EXECUTIVE SECRETARY
ACCOUNT PARTY	:	ORASIS PHARMACEUTICALS INC. 101 MARKETSIDE AVENUE SUITE 404 324 PONTE VEDRA , FLORIDA 32081
DATE OF EXPIRY	:	15-APR-2026
PLACE OF EXPIRY	:	OUR COUNTER
AMOUNT	:	USD 25,000.00
APPLICABLE RULE	:	ISP LATEST VERSION

1. AT THE REQUEST AND ON THE INSTRUCTIONS OF ORASIS PHARMACEUTICALS INC., WE JPMORGAN CHASE BANK, N.A., WE JPMORGAN CHASE BANK, N.A. HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, THE NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE PRINCIPAL SUM OF USD25,000.00 (TWENTY FIVE THOUSAND AND NO/100 U.S. DOLLARS) .

2. WE UNDERSTAND THAT THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR THE SOLE BENEFIT OF THE BOARD PURSUANT TO THE TERMS OF NRS 639.515 PERTAINING TO THE INITIAL OR RENEWAL APPLICATION FILED BY THE ACCOUNT PARTY/LICENSEE.

3. WE FURTHER UNDERSTAND THAT THIS CREDIT IS INTENDED TO SERVE AS A SECURITY DEVICE FOR THE PERFORMANCE BY ACCOUNT PARTY/ LICENSEE OF ITS OBLIGATIONS UNDER APPLICABLE NEVADA LAW REGARDING ACCOUNT PARTY/LICENSEE'S OPERATION AS A PHARMACEUTICAL WHOLESALER.

4. THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING IN SUBSTANTIALLY THE SAME FORM AS ATTACHMENT A, ATTACHED HERETO, AT OUR OFFICE LOCATED AT THE ADDRESS BELOW.

5. THE CERTIFICATE OF DRAWING SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY FOR THE BOARD. PRESENTATION BY THE BOARD OF A COMPLETED CERTIFICATE OF DRAWING MAY BE MADE BY REGISTERED

MAIL, RETURN RECEIPT REQUESTED, OR COURIER.

6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS ABOVE PROVIDED, PAYMENT SHALL BE MADE TO THE BOARD, TO AN ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AT SUCH TIME AND PLACE AS THE BOARD SHALL SPECIFY.

7. FUNDS MAY BE DRAWN IN ONE OR MORE DRAWINGS NOT TO EXCEED THE PRINCIPAL SUM.

8. IF DEMAND FOR PAYMENT DOES NOT CONFORM TO THE TERMS OF THE CREDIT, WE SHALL SEND THE BOARD PROMPT NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREFOR, AND RETURN THE DOCUMENTS TO THE BOARD.

9. UPON BEING NOTIFIED THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN CONFORMITY WITH THE CREDIT, THE BOARD MAY CORRECT ANY SUCH NON-CONFORMING DEMAND FOR PAYMENT.

10. ALL DRAWINGS UNDER THIS CREDIT SHALL BE PAID WITH OUR FUNDS. EACH DRAWING HONORED BY US HEREUNDER SHALL REDUCE, PRO TANTO, THE PRINCIPAL SUM. BY PAYING TO THE BOARD AN AMOUNT DEMANDED IN ACCORDANCE HEREWITH, WE MAKE NO REPRESENTATIONS AS TO THE CORRECTNESS OF THE AMOUNT DEMANDED.

11. IT IS A CONDITION OF THIS LETTER OF CREDIT THAT IT SHALL BE AUTOMATICALLY EXTENDED WITHOUT AMENDMENT FOR ADDITIONAL ONE YEAR PERIODS FROM THE PRESENT OR EACH FUTURE EXPIRATION DATE, UNLESS AT LEAST 60 DAYS PRIOR TO THE CURRENT EXPIRY DATE WE SEND NOTICE IN WRITING TO YOU AT THE ABOVE ADDRESS, THAT WE ELECT NOT TO AUTOMATICALLY EXTEND THIS LETTER OF CREDIT FOR ANY ADDITIONAL PERIOD. HOWEVER, IN NO EVENT SHALL THIS LETTER OF CREDIT BE AUTOMATICALLY EXTENDED BEYOND APRIL 15, 2028.

12. DRAWINGS MAY BE PRESENTED BY TELECOPY ("FAX") TO FAX NUMBER 856-294-5267 UNDER TELEPHONE PRE-ADVICE TO 1-800-634-1969, PROVIDED THAT SUCH FAX PRESENTATION IS RECEIVED ON OR BEFORE THE EXPIRY DATE ON THIS INSTRUMENT IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS LETTER OF CREDIT, IT BEING UNDERSTOOD THAT ANY SUCH FAX PRESENTATION SHALL BE CONSIDERED THE SOLE OPERATIVE INSTRUMENT OF DRAWING. IN THE EVENT OF PRESENTATION BY FAX, THE ORIGINAL DOCUMENTS SHOULD NOT ALSO BE PRESENTED.

13. THIS CREDIT WILL BE CANCELLED IN WHOLE OR IN PART ONLY UPON RECEIPT BY USE OF A CERTIFICATE OF CANCELLATION WHICH SHALL BE IN THE FORM OF ATTACHMENT B, ATTACHED HERETO AND SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD.

14. COMMUNICATIONS WITH RESPECT TO THIS CREDIT SHALL BE IN WRITING AND ADDRESSED TO US AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.

15. THIS CREDIT MAY NOT BE TRANSFERRED, EITHER IN WHOLE OR IN

PART.

16. THIS CREDIT SHALL BE SUBJECT TO THE LAWS OF THE OF THE STATE OF NEVADA AND INTERNATIONAL STANDBY PRACTICES, 1998, I.C.C. PUBLICATION NO. 590 ('ISP98'). AS TO THE MATTERS NOT COVERED BY ISP98, SHALL BE SUBJECT TO LAWS OF THE STATE OF NEVADA.

PLEASE ADDRESS ALL CORRESPONDENCE REGARDING THIS STANDBY LETTER OF CREDIT QUOTING OUR REFERENCE NUSCGS056649 TO:
JPMORGAN CHASE BANK, N.A.
ATTN: TRADE OPERATIONS - STANDBY LCS 10410 HIGHLAND MANOR DRIVE, FLOOR 03, TAMPA, FL 33610-9128

All inquiries regarding this transaction may be directed to our Client Service Group quoting our reference NUSCGS056649 using the following contact details:
Telephone Number: 1-800-634-1969
Email Address: gts.client.services@jpmchase.com

Yours Faithfully,
JPMorgan Chase Bank, N.A.,



Authorized Signature
Tahir H Rana
VP - Operations Manager

ATTACHMENT A

CERTIFICATE OF DRAWING
IRREVOCABLE STANDBY LETTER OF CREDIT NO.: NUSCGS056649

TO: JPMORGAN CHASE BANK, N.A.
ATTN: TRADE OPERATIONS -
STANDBY LCS 10410 HIGHLAND
MANOR DRIVE, FLOOR 03
TAMPA, FL 33610-9128

THE UNDERSIGNED, THE EXECUTIVE SECRETARY FOR THE NEVADA STATE BOARD OF PHARMACY (BOARD) HEREBY CERTIFIES TO THE ISSUER THAT:

1. PURSUANT TO NRS 639.515(4), A LAWFUL ORDER IMPOSING FINES AND/ OR COSTS AGAINST THE ACCOUNT PARTY/LICENSEE HAS BEEN ENTERED THAT ENTITLES THE BOARD TO DRAW AGAINST IRREVOCABLE STANDBY LETTER OF CREDIT NO. NUSCGS056649 (CREDIT).

2. THE UNDERSIGNED IS AUTHORIZED UNDER THE TERMS OF THE CREDIT TO PRESENT THIS CERTIFICATE OF DRAWING AS THE SOLE MEANS FOR DEMANDING PAYMENT ON THE CREDIT.

3. THE BOARD IS THEREFORE MAKING A DRAWING UNDER THE CREDIT IN THE AMOUNT OF USD .....

4. THE AMOUNT DEMANDED DOES NOT EXCEED THE PRINCIPAL SUM.

5. SUMS RECEIVED SHALL BE USED BY THE BOARD IN ACCORDANCE WITH THE TERMS OF THE CREDIT.

6. THE AMOUNT OF DRAWING REQUESTED SHALL BE PAYABLE TO THE BOARD IN LAWFUL, IMMEDIATELY AVAILABLE FUNDS.

THEREFORE, THE UNDERSIGNED HAS EXECUTED AND DELIVERED THIS CERTIFICATE OF DRAWING ON THIS DAY OF ....., 20...

NEVADA STATE BOARD OF PHARMACY
BY:

ATTACHMENT B

CERTIFICATE FOR CANCELLATION

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: NUSCGS056649

TO: JPMORGAN CHASE BANK, N.A.
ATTN: TRADE OPERATIONS - STANDBY LCS 10410 HIGHLAND MANOR DRIVE, FLOOR 03
TAMPA, FL 33610-9128

THE UNDERSIGNED, THE EXECUTIVE SECRETARY FOR THE NEVADA STATE BOARD OF PHARMACY (BOARD) HEREBY CERTIFIES TO THE ISSUER THAT:

1. THE LICENSE FOR WHICH THE CREDIT WAS ISSUED HAS EXPIRED, BEEN REVOKED, BEEN CANCELLED, OR OTHERWISE IS NO LONGER IN EFFECT, THEREBY MAKING THE CANCELLATION OF THE CREDIT APPROPRIATE.

2. THE BOARD THEREFORE REQUESTS THE CANCELLATION OF THE ABOVE# REFERENCED CREDIT.
THEREFORE, THE UNDERSIGNED HAS EXECUTED AND DELIVERED THIS CERTIFICATE OF CANCELLATION ON THIS DAY OF..., 20...

NEVADA STATE BOARD OF PHARMACY BY:
EXECUTIVE....

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Orasis Pharmaceuticals, Inc.
Pharmacy/Wholesaler License # (if applicable) Pending
Physical Address 203 Fort Wade Road Suite 140
City Ponte Vedra State FL Zip 32081
Mailing Address (if different from physical address) 203 Fort Wade Rd Suite 140
City Ponte Vedra State FL Zip 32081-1541
Telephone 321-377-0577 Website https://www.orasis-pharma.com/
Licensing Company Email licensing@orasis-pharma.com

Section 2: Personal Information

First Paul Middle - Last Smith
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X
Mailing Address 203 Fort Wade Rd Suite 140
City Ponte Vedra State FL Zip [redacted]
Telephone [redacted] Email Paul.Smith@orasis-pharma.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Central Florida		08/95-05/99	
Address	**City**	**State**	**Zip**
4000 Central Florida Blvd, Orlando	Orlando	FL	32816
Diploma/Degree obtained, if any			
B.A., Advertising and Public Relations			

School Name		From - To (MM/YY – MM/YY)	
Colonial High School		08/91-06/95	
Address	**City**	**State**	**Zip**
6100 Oleander Dr.	Orlando	FL	32807
Diploma/Degree obtained, if any			
High School Diploma with Honors			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2021 - present	[redacted]	St. Augustine	FL	[redacted]
08/2019 - 7/2021		Mendham	NJ	
12/2005 - 08/2019		Keller	TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Orasis Pharmaceuticals, Inc.		04/21-Present	
Business Address	**City**	**State**	**Zip**
203 Fort Wade Road Suite 140	Ponte Vedra	FL	32081
Phone	**Title**	**Number of Employed Hours**	
321-377-0577	President and Chief Operating Officer	40/week	
Description of Duties			
Please see attached Resume.			

Business Name		From - To (MM/YY – MM/YY)	
Novartis		06/19-04/21	
Business Address	**City**	**State**	**Zip**
230 Park Ave #21st	New York	NY	10169
Phone	**Title**	**Number of Employed Hours**	
(212) 307-1122	Vice President and Business Unit Head, U.S. Eye Care	40/week	
Description of Duties			
Please see attached Resume.			

Business Name		From - To (MM/YY – MM/YY)	
TearLab Corporation		04/18-06/19	
Business Address	**City**	**State**	**Zip**
42309 Winchester Rd., Suite I	Temecula	CA	92590
Phone	**Title**	**Number of Employed Hours**	
855-832-7522	Executive Vice President/Commercial Operations	40/week	
Description of Duties			
Please see attached Resume.			

Business Name		From - To (MM/YY – MM/YY)	
TearLab Corporation		06/17-04/18	
Business Address	**City**	**State**	**Zip**
42309 Winchester Rd., Suite I	Temecula	CA	92590
Phone	**Title**	**Number of Employed Hours**	
855-832-7522	Global Sales	40/week	
Description of Duties			
Please see attached Resume.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		x
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

I, Paul Smith, **certify that as the designated representative for**

Orasis Pharmaceuticals, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PS I am at least 21 years of age;
3. PS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. PS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. PS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Paul Smith

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/08/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paul Smith

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/08/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of St. Johns

I, Paul Smith, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03/08/2025

Date

Subscribed and Sworn to before me this 8th day of March, 2025

Notary Public Signature

LEIGH HOPKINS
MY COMMISSION # HH 534358
EXPIRES: October 2, 2028

(Seal)

PAUL SMITH

[redacted]

OBJECTIVE

A senior executive or general management opportunity which will position me for long-term career growth, offering opportunities to develop teams and programs to enhance performance and profitability, utilizing my leadership skills to achieve strategic goals.

PROFILE

Accomplished strategist and commercial leader. Varied training and progressive experience in marketing, operations and portfolio management allow success as an adaptable leader across unique functions and diverse geographies.

Driven producer and innovator. Recognized with numerous performance awards and promotions. Consistently produce and thrive under pressure. Effectively implement strategic vision in to tactical execution.

PROFESSIONAL EXPERIENCE

Orasis Pharmaceuticals
President & Chief Operating Officer

04/2021-Present

- Currently lead day-to-day operations of the company, transitioning from development stage start-up to a fully scaled commercial enterprise
- Secured more than $96 million in financing through equity, global licensing and structured capital arrangements
- Developed a novel go-to-market approach for launch brand Qlosi™, successfully attracting investment from key strategic players in eye care

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Novartis Pharmaceuticals
Vice President/ Business Unit Head, US Eye Care

06/2019-06/2021

- Led the US Eye Care business with 240 reports across sales, market development and marketing functions
- Led integration of 400-person team from Takeda as part of the Xiidra® acquisition in July 2019, transitioning the organization from supporting a $1 billion portfolio of legacy brands to a dedicated focus on the newly acquired brand, also weighing future alignment to pipeline assets
- Executed a restructure of the combined organization and fostered a people-first environment where the culture of this newly formed team could emerge and thrive, with GLINT survey engagement scores progressing from 58% to 87% following one year as a team
- Guided team through the significant downturn during peak COVID months, recovering from a low point of 18.6% NBRx share to YE 2020 NBRx share of 27.9% and delivering 10% net sales growth vs. prior year

---

TearLab Corporation
Executive Vice President/ Commercial Operations
04/2018-06/2019

Global Sales
06/2017-4/2018

- Led team of 49 in US sales, marketing, customer support and training, achieving sequential quarterly growth of 5.3% and 104% goal attainment, while continuing to lead international operations and global distributor network
- Executed new commercial model and team restructure in 2018, producing EBITDA-positive performance for the first time, reducing net loss by 86.2% and generating cash from operations for five consecutive quarters

PROFESSIONAL EXPERIENCE CONT'D

TearLab Corporation
Vice President/ International Markets

04/2014-06/2017

- Led development and execution of the company's commercial strategy in global (non-US) markets, managing direct reports in business development and regional marketing, while leading a distributor partner network in more than 40 countries to achieve sales and corporate objectives
- Accelerated sales in key global markets by piloting and implementing a clinical application function in a hybrid direct/distributor model with staff embedded in partner organizations
- Coordinated regulatory approval and launch in 22 new markets to advance global adoption of TearLab® technology
- Achieved global revenue CAGR of 27.1% over three years

Alcon Labs, Inc.
Sr. Marketing Manager - Global Brand Lead/ Global Cataract Franchise

06/2012-04/2014

- Led global strategy formulation and implementation for $1.1 billion monofocal and toric IOL franchise, providing guidance to regional/affiliate franchise heads, achieved 99.2% performance vs. 2013 plan
- Served as franchise lead on 10 core teams during 2012-2013, providing commercial representation in an effort to increase the NPV of the product portfolio while demonstrating effective cross-functional collaboration
- Developed the launch readiness plan for the first major IOL platform innovation at Alcon in more than 10 years

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Alcon Labs, Inc.
Business Unit Head/ Alcon Laboratorios Chile Limitada

10/2009-06/2012

- Managed team of 25, with responsibility for P&L and business strategy for Surgical and Instrumentation (2009-10) and Pharmaceutical and Consumer (2011-2012) operations, including direct reports in marketing, sales, technical services and professional relations
- Launched key brand Acrysof® Restor® Toric in 2010, contributing to 31% revenue growth in the target category and Travatan® BAK-Free in 2011, achieving a record time-to-market of five days post regulatory approval
- Coordinated the local integration efforts for the transition of Novartis eye care product line in to the Alcon business, achieving target go-live date

---

Alcon Labs, Inc.
Pharmaceutical Franchise Head/ Latin America & Caribbean Region (LACAR)

09/2007-09/2009

- Planned and executed marketing initiatives and product launches through 12 local affiliate operating companies to achieve sales and market share objectives of pharmaceutical and consumer product lines, achieved 17.3% dollar growth in 2008 and 105% performance versus target
- Managed the process of affiliate sales budget development and strategic planning for all key products; established standards for advertising, promotion, targeting, distribution, training and market research
- Led regional training organization and implemented new sales, marketing and management development programs to drive demand creation

PROFESSIONAL EXPERIENCE CONT'D

Alcon Labs, Inc.
Product Manager/ Pharmaceutical Marketing

08/2005-9/2007

- Exceeded product line growth objectives with 106% share and revenue performance for feature glaucoma brand Azopt®
- Achieved 76% brand awareness at launch against 50% objective within target market segment for first-in-class glaucoma product, Travatan® Z
- Developed brand launch strategy and message platform, growing franchise within target segment by four market share points within six months

Alcon Labs, Inc.
Pharmaceutical Training Manager

11/2004-08/2005

- Implemented training on leadership, performance management, and consultative selling, incorporating these skills in representative coaching and counseling to improve skills and increase sales results
- Certified in DiSC behavioral profiling, Situational Leadership and Global Performance Selling models
- Developed tactical implementation resources to support the execution of strategic marketing initiatives

Alcon Labs, Inc.
Medical Sales Representative/ Ophthalmic Specialty

08/2002-10/2004

- Achieved President's Club honors and Balanced Performance in 2004, with 172%, 104% and 102% product quota achievement across portfolio
- Successfully launched key brand, Vigamox®, growing anti-infective share from 14% in class to over 72% October 2004 YTD
- Promoted to District Trainer and later Training Manager, leading selling skills workshops and technical product training

EDUCATION

University of Florida, *Gainesville*
Master of Business Administration (M.B.A.)

University of Central Florida, *Orlando*
B.A., Advertising and Public Relations

CONTINUING PROFESSIONAL EDUCATION

University of Pennsylvania, *Philadelphia*
Wharton Executive Education
Strategic Thinking and Management for Competitive Advantage

University of Pennsylvania, *Philadelphia*
Wharton Executive Education
Making Strategy Work: Leading Effective Execution

[redacted]

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Orasis Pharmaceuticals, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): Pending

Physical Address: 203 Fort Wade Road Suite 140

City: Ponte Vedra State: FL Zip: 32081

Mailing Address (if different from physical address): 203 Fort Wade Rd Suite 140

City: Ponte Vedra State: FL Zip: 32081-1541

Telephone: 321-377-0577 Website: https://www.orasis-pharma.com/

Licensing Company Email: licensing@orasis-pharma.com

Section 2: Personal Information

First: Paul Middle: - Last: Smith

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 203 Fort Wade Rd Suite 140

City: Ponte Vedra State: FL Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
University of Florida		08/03-05/05	
Address	**City**	**State**	**Zip**
1478 Union Rd	Gainesville	FL	32611
Diploma/Degree obtained, if any			
Masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Central Florida		08/95-05/99	
Address	**City**	**State**	**Zip**
4000 Central Florida Blvd, Orlando	Orlando	FL	32816
Diploma/Degree obtained, if any			
B.A., Advertising and Public Relations			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/30/2 Current	[redacted]	St. Augustine	FL	[redacted]
08/28/20 07/09/202		Mendham	NJ	
12/28/200 08/08/2		Keller	TX	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Orasis Pharmaceuticals, Inc.			04/21-Present	
Business Address		**City**	**State**	**Zip**
203 Fort Wade Rd Suite 140		Ponte Vedra	FL	32081
Phone	**Title**			
321-377-0577	President & COO			
Description of Duties				
Please see attached Resume.				

Business Name			From - To (MM/YY – MM/YY)	
Novartis			06/19-04/21	
Business Address		**City**	**State**	**Zip**
230 Park Ave #21st		New York	NY	10169
Phone	**Title**			
(212) 307-1122	Vice President and Business Unit Head, U.S. Eye Care			
Description of Duties				
Please see attached Resume.				

Business Name			From - To (MM/YY – MM/YY)	
TearLab Corporation			04/18-06/19	
Business Address		**City**	**State**	**Zip**
42309 Winchester Rd., Suite I		Temecula	CA	92590
Phone	**Title**			
855-832-7522	Executive Vice President/Commercial Operations			
Description of Duties				
Please see attached Resume.				

Business Name			From - To (MM/YY – MM/YY)	
TearLab Corporation			06/17-04/18	
Business Address		**City**	**State**	**Zip**
42309 Winchester Rd., Suite I		Temecula	CA	92590
Phone	**Title**			
855-832-7522	Global Sales			
Description of Duties				
Please see attached Resume.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paul Smith
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/08/2025
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of St. Johns

I, Paul Smith, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03/08/2025
Date

Subscribed and Sworn to before me this 8th day of March 2025

Notary Public Signature

LEIGH HOPKINS
MY COMMISSION # HH 534358
EXPIRES: October 2, 2028

(Seal)

ORASIS
PHARMACEUTICALS

Orasis Pharmaceuticals, Inc. March 2025

Header Company Name	Employee Name	Location	Type
ORASIS PHARMACEUTICALS INC.	Alexander, Brittany L	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Alonzo, Eliza Juanita	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Becker, Daniel G	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Bostic, Carmen	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Buchmeier, Jill M	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Cardinale, Anthony N	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Chow, Wing Yan	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Coleman, John C	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Dolak, Danielle M	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Emerson, Nancy Elizabeth	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Fakhoury, Sam	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Francis, Jeffrey T	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Fuller, Devin	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Fuson, Kimberly Paige	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Galbraith, Alexander R	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Golle, Tara	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Gray, Andrew M	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Hall, Kelly M	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Harris, Shyler	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Ignacio, Teresa	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Jett, Alston	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Jones, Dana R	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Joslin, Clint F	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Kronson, Ashley H	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Loveless, Lauren K	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Lowe, Emily N	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Martins, Simone Margaret	Ponte Vedra	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Mastrangelo, Danielle M	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	McCalley, Brian Craig	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Millard, Alison	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Mitura, Alex E	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Mock, Jacob H	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Moja, Matilda	Ponte Vedra	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Nelson, Doug G	Remote	FULL-TIME

ORASIS PHARMACEUTICALS INC.	Notermann, Brandon M	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Nutchey, David R	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Nuzzi, Vincent N	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Otterberg, Sydney E	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Pasco, Christopher Mark	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Paz, Mayra E	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Peardon, Sarah B	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Persons, Tanya R	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Pezzuto, Joshua J	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Pschak, Kendall A	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Rheault, Scott A	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Richardson, Casey J	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Robinson, Carl Shayne	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Rooney, Joan Eleanor	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Rueter, Lauralee R	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Sanchez, Gregory A	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Schwartz, Abigail	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Shelley, Natalie P	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Shevchuk, Samantha D	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Smith, Joshua M	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Smith, Paul	Ponte Vedra	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Speed, Julie R	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Stock, Lisa M	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Stoney, Tanya M	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Thornell, Susan M	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Varrone, Lisa M	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Walters, Gregory	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Wegmann, Krystine	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Wickman Jr., Robert Nelson	Remote	FULL-TIME
ORASIS PHARMACEUTICALS INC.	Zamzow, Erin R	Remote	FULL-TIME

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Ortho Technology

Physical Address: 1822 Aston Ave.

City: Carlsbad State: CA Zip: 92008

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 760-448-8600 Website: https://www.orthotechnology.com/

Name of Designated Representative (DR): Lisa Casion

Licensing Company Email: dlorthorahso@henryschein.com DR Email: lisa.casion@henryschein.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	■ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Relabeler

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year. This applies to orthodontic medical devices, not pharmaceutical products.

Name: Ortho Organizers, Inc.
Address: 1822 Aston Avenue City: Carlsbad State: CA Zip: 92008
Name: Taurus Engineering
Address: 1375 Willow Lake Blvd. City: Saint Paul State: MN Zip: 55110
Name: CDB Corporation
Address: 8770 Trade Street NE City: Leland State: NC Zip: 28451
Name: Komet USA LLC
Address: 3042 Southcross Blvd., Suite 101 City: Rockhill State: SC Zip: 29730

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware / Secretary of State
Parent Company (if any): Ortho Organizers, Inc.
Corporation/Organization Name: Ortho Technology, Inc.
Mailing Address: 1822 Aston Ave.
City: Carlsbad State: CA Zip: 92008
Telephone: 760-448-8600 Email: dlorthorahso@henryschein.com
Contact Person Name: Thomas Arnold

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration *Ortho Technology is FDA registered as a repackager/relabeler, see attached FDA registration.* 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Ortho Technology, Inc.

Facility Name

Thomas Arnold

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/27/2024

Date

Board Use Only	Date Received: 1/7/25	Amount: $1000-CC

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
ORTHO TECHNOLOGY, Inc
1822 Aston Ave
Carlsbad, CA 92008
Registration Number: 1056191
FEI Number*: 1000132261
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2025

Owner/Operator:
ORTHO TECHNOLOGY, Inc[6]
1822 Aston Ave
Carlsbad, CA US 92008
Owner/Operator Number: 9008664[7]

Official Correspondent:
Nicole Rajek
1822 Aston Ave
Carlsbad, CA 92008
Phone: 262-7055492

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Links on this page:

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3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9008664&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9008664&OwnerOperator

Page Last Updated: 12/30/2024

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Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive Vulnerability Disclosure Policy

U.S. Department of Health & Human Services

Links on this page:

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5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9008664&OwnerOperator

Name: Ortho Technology, Inc.
Facility Address: 1 Southern Ct, West Columbia, SC 29169

Corporate Officers as of December 2024

Name: James P. Breslawski
Title: President
Address: [redacted]
E-mail: james.breslawski@henryschein.com
Phone: [redacted]

Name: Mark E. Mlotek
Title: Executive Vice President
Address: [redacted]
E-mail: mark.mlotek@henryschein.com
Phone: [redacted]

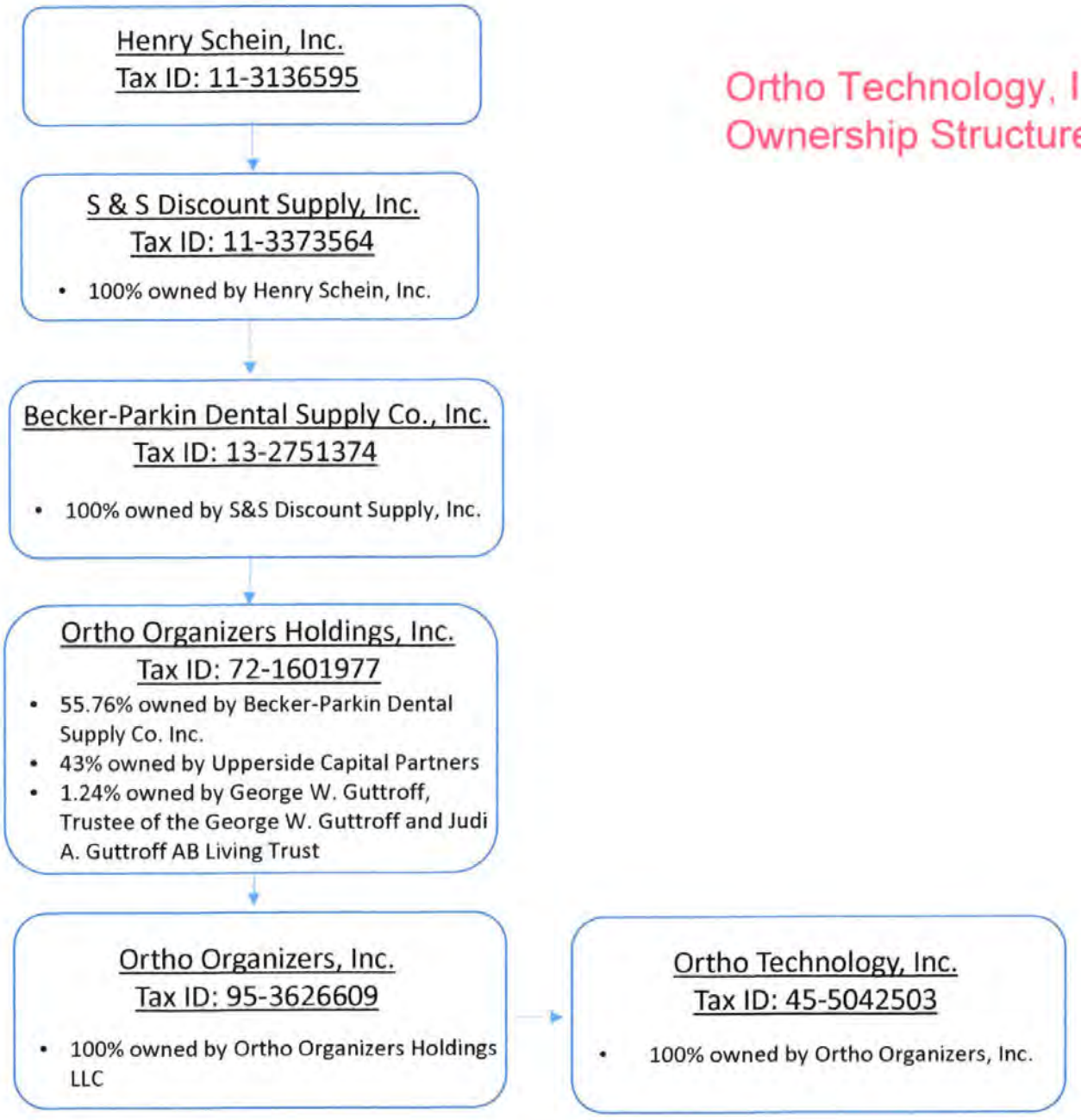
Name: Ronald N. South
Title: SVP-Chief Financial Officer
Address: [redacted]
E-mail: Ronald.South@henryschein.com
Phone: [redacted]

Name: Michael S. Ettinger
Title: Executive Vice President
Address: [redacted]
E-mail: michael.ettinger@henryschein.com
Phone: [redacted]

Name: Zachary Meli
Title: Vice President
Address: [redacted]
E-mail: zachary.meli@henryschein.com
Phone: [redacted]

Name: Jennifer Ferrero
Title: Secretary
Address: [redacted]
E-mail: Jennifer.Ferrero@henryschein.com
Phone: [redacted]

Ortho Technology, Inc.
Ownership Structure



Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORTHO TECHNOLOGY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF MARCH, A.D. 2025.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5134952 8300

SR# 20250437320

Authentication: 203211261

Date: 03-19-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of Authority

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Ortho Technology, Inc., a corporation duly organized under the laws of the state of Delaware and issued a certificate of authority to transact business in South Carolina on November 20th, 2020, has on the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that its authority to transact business in South Carolina is subject to being revoked pursuant to S.C. Code Ann. §33-15-310, and no application for surrender of authority to do business in South Carolina has been filed in this office as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 25th day of December, 2024.

Mark Hammond

Mark Hammond, Secretary of State

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

Ortho Technology, Inc.

1 Southern Court

West Columbia, SC 29169

PY .19835 PWD

Wholesale/Distributor

Heather C. Harris

Heather C. Harris, Board Chair

Archie "Artie" McKnight, Vice Chair

License Expires on
06/30/2025

Effective Date
04/10/2024

Traci Collier

Traci Collier, Board Administrator

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY): 07/30/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
One Liberty Plaza
165 Broadway, Suite 3201
New York NY 10006 USA

CONTACT NAME:
PHONE (A/C, No, Ext): (866) 283-7122 **FAX (A/C, No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Berkshire Hathaway Specialty Ins Company	22276
INSURER B:	QBE Specialty Insurance Company	11515
INSURER C:	Liberty Mutual Fire Ins Co	23035
INSURER D:	ProAssurance Specialty Insurance Company	17400
INSURER E:		
INSURER F:		

INSURED
Henry Schein, Inc.,
Subsidiaries & Affiliates
135 Duryea Road
Melville NY 11747 USA

COVERAGES **CERTIFICATE NUMBER:** 570107408249 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY			TB2621093363034	06/01/2024	06/01/2025	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	POLICY [ ] PRO-JECT [X] LOC						PRODUCTS - COMP/OP AGG	Excluded
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	
	DED / RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) N/A						E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
D	Products Liability			N24NY380027 Claims Made	06/01/2024	06/01/2025	Each Occurrence	$2,000,000
							Aggregate	$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Emergo Global Consulting LLC
and its subsidiaries
2500 Bee Cave Road,
Building 1 Suite 300
Austin TX 78746 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570107408249

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AGENCY CUSTOMER ID: 570000025511

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Henry Schein, Inc.,
POLICY NUMBER	
See Certificate Numbe 570107408249	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Numbe 570107408249	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds

Henry Schein, Inc.
Ace Surgical Supply Company, Inc.
All Star Orthodontics
BIOHORIZONS IMPLANT SYSTEMS, INC.
Camlog
Dental Instrument Sales & Service, LLC
Dentrix Dental Systems
Exan Enterprises
G.I.V. Inc.
General Injectibles & Vaccines, Inc.
HF Acquisition Co. LLC
Hand Piece Parts & Repair, Inc.
Henry Schein and Schvadent
Henry Schein Dental, Inc.
Henry Schein Global Sourcing, Inc.
Henry Schein Medical
Henry Schein Practice Solutions
Henry Schein, Supply
HealthFirst
Henry Schein MSO, LLC
Impromed, LLC.
Insource, Inc.
Ortho Organizers, Inc.
Ortho Technology, Inc.
RXWORKS, INC.
Southern Anesthesia & Surgical Inc.
The Custom Milling Center, Inc.
Zahn Dental Company, Inc.
Zahn/Darby Lab
Edge Endo
North American Rescue LLC and NAR Medical Depot, LLC
NAR Training LLC
Lighthouse 360, Inc.
Hayes Handpiece Franchises, Inc.
Henry Schein One, LLC
US Endodontics
TDSC, Inc.
NAR Medical Depot LLC
Prism Medical Products - 12.31.20
Sesame Communications
eAssist Inc.
eAssist Publishing LLC
Midway Dental Supply LLC
Ace Southern Surgical Solutions
ORTHO2 LLC
Shield HealthCare - 10/2/23
Dental Practice Transitions
Vulcan Custom Dental
AEP MPE Holdings, LLC

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015223972

Application/License No. _____

ORTHO TECHNOLOGY, INC. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1822 Aston Avenue Carlsbad, CA 92008 (Address of Applicant/Principal), as PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 26, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 26th day of December, 2024.

APPLICANT/PRINCIPAL
ORTHO TECHNOLOGY, INC.

COMPANY

Authorized Representative

SURETY
LIBERTY MUTUAL INSURANCE COMPANY

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Frances Rodriguez

Witness Anne Potter

Countersigned by

N/A
Nevada Resident Agent N/A

Posted February 20, 2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015223972

Application/License No. _____

ORTHO TECHNOLOGY, INC. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1822 Aston Avenue Carlsbad, CA 92008 (Address of Applicant/Principal), as PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 26, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 26th day of December, 2024.

APPLICANT/PRINCIPAL
ORTHO TECHNOLOGY, INC.

COMPANY

Authorized Representative

SURETY
LIBERTY MUTUAL INSURANCE COMPANY

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:

Witness Frances Rodriguez

Witness

Witness Anne Potter

Countersigned by:

N/A
Nevada Resident Agent N/A

Posted February 20, 2020

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8210937- 015009**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Debra A. Deming, Sandra Diaz, Vilma Gonzalez, Peter Healy, Pablo Garcia Horcajo, Jennifer L. Jakaitis, Francesca Kazmierczak, Aklima Noorhassan, Anne Potter, Frances Rodriguez, Valorie Spates, Susan A. Welsh, Beverly A. Woolford

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 6th day of November , 2023 .

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 6th day of November , 2023 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 26th day of December 2024

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT – DECEMBER 31, 2023

Assets	
Cash and Bank Deposits	$1,850,245,073.00
*Bonds – U.S Government	$3,859,565,383.00
*Other Bonds	$21,048,805,773.00
*Stocks	$19,937,271,802.00
Real Estate	$122,228,711.00
Agents' Balances or Uncollected Premiums	$8,208,660,427.00
Accrued Interest and Rents	$186,906,667.00
Other Admitted Assets	$15,677,869,683.63
Total Admitted Assets	**$70,891,553,519.63**

Liabilities	
Unearned Premiums	$10,298,963,305.00
Reserve for Claims and Claims Expense	$28,848,537,243.00
Funds Held Under Reinsurance Treaties	$360,714,151.00
Reserve for Dividends to Policyholders	$1,310,198.00
Additional Statutory Reserve	$296,126,000.00
Reserve for Commissions, Taxes and Other Liabilities	$7,622,413,466.63
Total	**$47,428,064,363.63**
Special Surplus Funds	$209,508,757.00
Capital Stock	$10,000,075.00
Paid in Surplus	$13,834,867,488.00
Unassigned Surplus	$9,409,112,836.00
Surplus to Policyholders	$23,463,489,156.00
Total Liabilities and Surplus	**$70,891,553,519.63**

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2023, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 8th day of March, 2024.

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

Timothy A. Mikolajewski

Timothy A. Mikolajewski, Assistant Secretary

LMS-1262/LMIC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Ortho Technology, Inc. MDEG License # (if applicable): _____

Physical Address: 1822 Aston Avenue

City: Carlsbad State: CA Zip: 92008

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 760-448-8600 Website: https://www.orthotechnology.com/

Licensing Company Email: dlorthorahso@henryschein.com

Section 2: Personal Information

First: Lisa Middle: _____ Last: Casion

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Escondido High School		1995-1997	
Address	**City**	**State**	**Zip**
1535 N Broadway	Escondido	CA	92026
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2009-present	[redacted]			[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Ortho Technology, Inc.			11/2000-present	
Business Address		**City**	**State**	**Zip**
1822 Aston Ave		Carlsbad	CA	92008
Phone	**Title**		**Number of Employed Hours**	
	Associate Manager, Manufacturing		49,920	
Description of Duties				
I prioritize production schedules, develop schedules and manpower requirements for assigned area where I oversee the dispensing, distribution and record keeping of orthodontic medical devices.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12-27-24
Date

I, Lisa Casion, **certify that as the MDEG Administrator for**

Ortho Technology, Inc.,

that I (initial that you have read and meet the following requirements):

1. _____ Have a high school diploma or its equivalent;
2. LC Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. LC Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. LC Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lisa Casion
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-27-24
Date

Board Use Only	Date Received: 1/7/25

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Ortho Technology, Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 1822 Aston Avenue

City: Carlsbad State: CA Zip: 92008

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 760-448-8600 Website: https://www.orthotechnology.com/

Licensing Company Email: dlorthorahso@henryschein.com

Section 2: Personal Information

First: Lisa Middle: Last: Casion

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] Stat[redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Escondido High School		1995-1997	
Address	**City**	**State**	**Zip**
1535 N Broadway	Escondido	CA	92026
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2009-present	[redacted]			[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Ortho Technology, Inc.			11/2000-present	
Business Address		**City**	**State**	**Zip**
1822 Aston Ave		Carlsbad	CA	92008
Phone	**Title**		**Number of Employed Hours**	
760-448-8600	Associate Manager, Manufacturing		49,920	
Description of Duties				
I prioritize production schedules, develop schedules and manpower requirements for assigned area where I oversee the dispensing, distribution and record keeping of orthodontic medical devices.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Lisa Casion, **certify that as the designated representative for**

Ortho Technology, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. LC I am at least 21 years of age;
3. LC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. LC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. LC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. LC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. LC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Lisa Casion
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-27-24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lisa Casion

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-27-24

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Diego

I, Lisa Casion, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-27-24

Date

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of CA
County of San Diego

Subscribed and Sworn to before me this 27th day of Dec. 2024.

Notary Public Signature

JOHN SIERRA LUENGAS
COMM. #2439056
Notary Public · California
San Diego County
My Comm. Expires Feb. 24, 2027

NRO1 NRO1

(Seal)

List Containing Employees, Agents, Independent Contractors, etc.

Worker	Job Title	Business Unit	Division	Manager
Cody Stanley	Buyer I - Ortho	Healthcare Specialties Group	Orthodontics Group	Amanda Hall
Matt Bellamy	Supply Chain Analyst - Ortho	Healthcare Specialties Group	Orthodontics Group	Amanda Hall
Christophor Simeno	QAD Data Analyst - Ortho	Healthcare Specialties Group	Orthodontics Group	Amanda Hall
Paz Rico	Aligner Specialist, International - Orthodontics	Healthcare Specialties Group	Orthodontics Group	Annie Barrett
Laurice Green	Customer Care Lead - Ortho	Healthcare Specialties Group	Orthodontics Group	Annie Barrett
Vicki Babilonia	Supervisor, Customer Service - Ortho	Healthcare Specialties Group	Ortho Technology	Annie Barrett
Jennifer Ellsworth	Customer Care Lead - Ortho	Healthcare Specialties Group	Orthodontics Group	Annie Barrett
Tim Crawford	Technical Support Specialist - Ortho	Healthcare Specialties Group	Orthodontics Group	Annie Barrett
Geneva Martin	Aligner Specialist, International - Orthodontics	Healthcare Specialties Group	Orthodontics Group	Annie Barrett
Veronica Gilmour	Orthodontic Treatment Developer	Healthcare Specialties Group	Orthodontics Group	Annie Barrett
Jonathan Garcia	Aligner Customer Care Representative - Ortho	Healthcare Specialties Group	Orthodontics Group	Annie Barrett
Teresa Hodges	Team Lead, Production I - Ortho	Healthcare Specialties Group	Orthodontics Group	Brian Brown
Agustina Nunez	US Production Assembler - Ortho	Healthcare Specialties Group	Orthodontics Group	Brian Brown
Gracelyn Schielke	Machine Operator	Healthcare Specialties Group	Orthodontics Group	Brian Brown
Maria Moran Freyre	Machine Operator	Healthcare Specialties Group	Orthodontics Group	Brian Brown
Socorro Montoya	US Machine Operator II - Ortho	Healthcare Specialties Group	Orthodontics Group	Brian Brown
Terry Robertson	Machine Operator I- Ortho	Healthcare Specialties Group	Orthodontics Group	Brian Brown

Adela Sanchez (On Leave)	Production Assembler	Healthcare Specialties Group	Orthodontics Group	Brian Brown
Brian Yeoman	Machine Operator I- Ortho	Healthcare Specialties Group	Orthodontics Group	Brian Brown
Thomas Arnold	Sr Regulatory Affairs Specialist	Healthcare Specialties Group	Orthodontics Group	Carl Mazzolini
Mikayla German	Sr Regulatory Affairs Specialist	Healthcare Specialties Group	Orthodontics Group	Carl Mazzolini
Lucy Salazar	Regulatory Labeling Specialist II	Healthcare Specialties Group	Orthodontics Group	Carl Mazzolini
LEWIS CERTAIN	Regulatory Affairs Specialist II - Ortho	Corporate	Regulatory	Carl Mazzolini
Lisette Ignacio	Regulatory Labeling Specialist I	Healthcare Specialties Group	Orthodontics Group	Carl Mazzolini
Brian Brown	Supervisor, Manufacturing - Ortho	Healthcare Specialties Group	Orthodontics Group	Chester Wong
Ceasar Jimenez	Machine Operator II- Ortho	Healthcare Specialties Group	Orthodontics Group	Chester Wong
Luis Maldonado	Machine Operator II- Ortho	Healthcare Specialties Group	Orthodontics Group	Chester Wong
Rosa Cabrera	Stocking Clerk - Ortho	Healthcare Specialties Group	Orthodontics Group	Chester Wong
Sandra Fuentes	Stocking Clerk - Ortho	Healthcare Specialties Group	Orthodontics Group	Chester Wong
Marty Lynch	Manager, Facilities & Safety - Ortho	Healthcare Specialties Group	Orthodontics Group	Chester Wong
Lisa Casion	Associate Manager, Manufacturing - Ortho	Healthcare Specialties Group	Orthodontics Group	Chester Wong
Efrain Luna	Team Lead, Production I - Ortho	Healthcare Specialties Group	Orthodontics Group	Chester Wong
Efren Suarez Reyes	Supervisor, Shipping/Receiving - Ortho	Healthcare Specialties Group	Orthodontics Group	Chester Wong
John Jury	US Manager, Tool Room	Healthcare Specialties Group	Orthodontics Group	Chester Wong
Carlos Barajas	Set Up Technician - Ortho	Healthcare Specialties Group	Orthodontics Group	Chester Wong
Ines Ortega	Production Operator- Ortho	Healthcare Specialties Group	Orthodontics Group	Chester Wong

Tu Nguyen	Machine Operator I- Ortho	Healthcare Specialties Group	Orthodontics Group	Chester Wong
Ana Santos	Production Assembler	Healthcare Specialties Group	Orthodontics Group	Chester Wong
CHRISTOPHER SCHMIERER	IT Support Services Technician II	Healthcare Specialties Group	Orthodontics Group	E.G. Brower
Sean Standen	Web Developer, Ortho	Healthcare Specialties Group	Orthodontics Group	E.G. Brower
John Williams	Associate Manager, Quality Assurance	Healthcare Specialties Group	Orthodontics Group	Edgar Flores
Ricardo Hiram Hernandez Rueda	Quality Engineer - Ortho	Healthcare Specialties Group	Orthodontics Group	Edgar Flores
Estela Flores	Document and Configuration Management Specialist	Healthcare Specialties Group	Orthodontics Group	Edgar Flores
Steffi Pedersen	Quality Assurance Specialist - Ortho	Healthcare Specialties Group	Orthodontics Group	Edgar Flores
LIZBETH ILESCAS VILLAVICENCIO	Quality Engineer - Ortho	Healthcare Specialties Group	Orthodontics Group	Edgar Flores
Richard Seese	Shipping Rep - Ortho	Healthcare Specialties Group	Orthodontics Group	Efren Suarez Reyes
Alma Ponce	Shipping Rep - Ortho	Healthcare Specialties Group	Orthodontics Group	Efren Suarez Reyes
Maria Morales	Shipping Rep - Ortho	Healthcare Specialties Group	Orthodontics Group	Efren Suarez Reyes
KACI ETHERIDGE	Key Account Specialist, Aligners	Healthcare Specialties Group	Orthodontics Group	Jessica Hall
Denise Marquez	Key Account Specialist, Aligners	Healthcare Specialties Group	Orthodontics Group	Jessica Hall
Samantha Wellmaker	Aligner Onboarding Specialist - Ortho	Healthcare Specialties Group	Orthodontics Group	Jessica Hall
Megan Martinson	Aligner Onboarding Specialist - Ortho	Healthcare Specialties Group	Orthodontics Group	Jessica Hall
Nihir Patel	Sr Manager, Engineering	Healthcare Specialties Group	Orthodontics Group	Jim Thompson
Tejdeep Riat	Sr Manager, Engineering	Healthcare Specialties Group	Orthodontics Group	Jim Thompson
Myron Swensen (On Leave)	Toolmaker - Ortho	Healthcare Specialties Group	Orthodontics Group	John Jury

Taylor Crain	Toolmaker Apprentice - Ortho	Healthcare Specialties Group	Orthodontics Group	John Jury
Rosa Valenzuela	Receiving Inspector-Ortho	Healthcare Specialties Group	Orthodontics Group	John Williams
Mayra Pardo	Sr Quality Control Inspector - Ortho	Healthcare Specialties Group	Orthodontics Group	John Williams
Norma Ortiz juarez	Team Lead, Quality Control - Ortho	Healthcare Specialties Group	Orthodontics Group	John Williams
Huy Tran	Quality Assurance Specialist - Ortho	Healthcare Specialties Group	Orthodontics Group	John Williams
Leticia Raymundo	Quality Control Inspector	Healthcare Specialties Group	Orthodontics Group	John Williams
Christina Garcia	Quality Control Inspector	Healthcare Specialties Group	Orthodontics Group	John Williams
Concepcion Velasquez	US Machine Operator I - Ortho	Healthcare Specialties Group	Orthodontics Group	Jonathan Foulk
Patricia Alvarado De Rivas	US Production Assembler - Ortho	Healthcare Specialties Group	Orthodontics Group	Jonathan Foulk
Maricela Gonzalez	US Production Operator - Ortho	Healthcare Specialties Group	Orthodontics Group	Jonathan Foulk
Teresa Pina De Solis	US Production Operator - Ortho	Healthcare Specialties Group	Orthodontics Group	Jonathan Foulk
Gracelia Davila	US Production Operator - Ortho	Healthcare Specialties Group	Orthodontics Group	Jonathan Foulk
Michele Manimat	Production Assembler	Healthcare Specialties Group	Orthodontics Group	Jonathan Foulk
Elena Perez	Production Assembler	Healthcare Specialties Group	Orthodontics Group	Jonathan Foulk
Lucero Murillo	Production Operator II - Ortho	Healthcare Specialties Group	Orthodontics Group	Jonathan Foulk
Angel Tadeo	Production Operator II - Ortho	Healthcare Specialties Group	Orthodontics Group	Jonathan Foulk
Florencia Villa	Production Assembler	Healthcare Specialties Group	Orthodontics Group	Jonathan Foulk
Alma Ricardo	Manufacturing Planner I - Ortho	Healthcare Specialties Group	Orthodontics Group	Kim Ramer
Julio Aguilar Rivas	Manager, Planning - Ortho	Healthcare Specialties Group	Orthodontics Group	Kim Ramer
Amanda Hall	Associate Manager, Aligner Operations	Healthcare Specialties Group	Orthodontics Group	Kim Ramer

John Murphy	Sr Manufacturing Planner - Ortho	Healthcare Specialties Group	Orthodontics Group	Kim Ramer
Mari Ecija	Manager, Purchasing - Ortho	Healthcare Specialties Group	Orthodontics Group	Kim Ramer
Teresa Puentes	US Production Operator - Ortho	Healthcare Specialties Group	Orthodontics Group	Lisa Casion
Hilda Martinez De Cebreros	US Production Operator - Ortho	Healthcare Specialties Group	Orthodontics Group	Lisa Casion
Luz Murillo	US Production Operator - Ortho	Healthcare Specialties Group	Orthodontics Group	Lisa Casion
Dey Morales Sanchez	US Machine Operator II - Ortho	Healthcare Specialties Group	Orthodontics Group	Lisa Casion
Nere Lastra	Production Operator- Ortho	Healthcare Specialties Group	Orthodontics Group	Lisa Casion
Elena Castellanos	Production Operator- Ortho	Healthcare Specialties Group	Orthodontics Group	Lisa Casion
Rogelio Pabunan	Machine Operator II- Ortho	Healthcare Specialties Group	Orthodontics Group	Lisa Casion
Maria del Rocio Chavez	US Production Operator - Ortho	Healthcare Specialties Group	Orthodontics Group	Lisa Casion
Lien Nguyen	US Production Operator - Ortho	Healthcare Specialties Group	Orthodontics Group	Lisa Casion
Laura Ramos	Production Operator II - Ortho	Healthcare Specialties Group	Orthodontics Group	Lisa Casion
Vicky Rosas	US Production Operator - Ortho	Healthcare Specialties Group	Orthodontics Group	Lisa Casion
Leobarda Vazquez	Team Lead, Production I - Ortho	Healthcare Specialties Group	Orthodontics Group	Lisa Casion
Clementina Vieyra	US Production Operator - Ortho	Healthcare Specialties Group	Orthodontics Group	Lisa Casion
Nancy Pagunsan	Production Operator II - Ortho	Healthcare Specialties Group	Orthodontics Group	Lisa Casion
Rosita Cervantes	Production Assembler	Healthcare Specialties Group	Orthodontics Group	Lisa Casion
Jonathan Foulk	Supervisor, Production - Ortho	Healthcare Specialties Group	Orthodontics Group	Lisa Casion
Veronica Navarrete	Buyer II - Ortho	Healthcare Specialties Group	Orthodontics Group	Mari Ecija
Lucy Arciniega	Buyer II - Ortho	Healthcare Specialties Group	Orthodontics Group	Mari Ecija

Cheez Knowles	US Maintenance Technician II - Ortho	Healthcare Specialties Group	Orthodontics Group	Marty Lynch
Nicole Rajek	Sr Director, Regulatory Affairs & Quality Assurance	Healthcare Specialties Group	Orthodontics Group	Matt Brown
Carl Mazzolini	Manager, Regulatory Affairs	Healthcare Specialties Group	Orthodontics Group	Nicole Rajek
Edgar Flores	Sr Manager, Quality Assurance	Healthcare Specialties Group	Orthodontics Group	Nicole Rajek
Gabe Salas	Sr Mechanical Designer	Healthcare Specialties Group	Orthodontics Group	Nihir Patel
Nikunj Gala	Sr Design Quality Engineer, Orthodontics	Healthcare Specialties Group	Orthodontics Group	Nihir Patel
Annie Barrett	Manager, Aligner Customer Service	Healthcare Specialties Group	Orthodontics Group	Pamela Benson
Chester Wong	Sr Manager, Manufacturing Ortho	Healthcare Specialties Group	Orthodontics Group	Pamela Benson
Kim Ramer	Director, Supply Chain - Ortho	Healthcare Specialties Group	Ortho Technology	Pamela Benson
Anna Riles	International Inside Sales Rep-Ortho Tech	Healthcare Specialties Group	Ortho Technology	Pamela Benson
Dean McClure	Sr Manager, Distribution Center and Inventory Control - Ortho	Healthcare Specialties Group	Orthodontics Group	Pamela Benson
Jacinthe Balos	Sales/Training Specialist	Healthcare Specialties Group	Ortho Technology	Pamela Benson
Marianela Nieva	Orthodontic Specialist	Healthcare Specialties Group	Orthodontics Group	Pamela Benson
Maria Gaby Soechtig Aponte	Orthodontic Specialist	Healthcare Specialties Group	Orthodontics Group	Pamela Benson
Adrineh Arabian	Sr Project Manager Engineering	Healthcare Specialties Group	Orthodontics Group	Pamela Benson
E.G. Brower	Sr Manager, IT Systems	Healthcare Specialties Group	Orthodontics Group	Pamela Benson
John Lawrence	Associate Manufacturing Engineer	Healthcare Specialties Group	Orthodontics Group	Tejdeep Riat
Jacob Matis	Associate Engineer	Healthcare Specialties Group	Orthodontics Group	Tejdeep Riat
Marilyn Espiritu	Sr Customer Service Representative	Healthcare Specialties Group	Orthodontics Group	Vicki Babilonia

Ingrid Mota	US Sr. Customer Service Representative- Ortho	Healthcare Specialties Group	Orthodontics Group	Vicki Babilonia
Esther Hayden	Sales Coordinator, Henry Schein Financial Services	Healthcare Specialties Group	Ortho Technology	Vicki Babilonia
Rosa Torres	Customer Service Rep-Ortho	Healthcare Specialties Group	Ortho Technology	Vicki Babilonia
Margaret O'Donnell	Sr Aligners Customer Care Representative - Ortho	Healthcare Specialties Group	Orthodontics Group	Vicki Babilonia
Pamela Benson	Executive Director, Operations Excellence and Material Management	Healthcare Specialties Group	Orthodontics Group	Yvonne Smith
Martin Bushey	Punch Press	Temporary Hire	Adecco	Lisa Casion
Emily Dotor	Production Assembler	Temporary Hire	Ultimate Staffing	Lisa Casion
Welmina Castillo	MIM Deflash	Temporary Hire	Ultimate Staffing	Brian Brown
Keith Santo	Machine Operator	Temporary Hire	Marquee Staffing	Chester Wong
Hormisdas Lopes	MIM Deflash	Temporary Hire	Adecco	Brian Brown
Carmen Acosta	MIM Deflash	Temporary Hire	Ultimate Staffing	Brian Brown
Demetria Sanchez	MIM Etch	Temporary Hire	Ultimate Staffing	Brian Brown
Giselle Sanchez	MIM Etch	Temporary Hire	Ultimate Staffing	Brian Brown
Eva Castellanos	MIM Polish	Temporary Hire	Adecco	Brian Brown
Jasmine Solis	Shipping Rep - Ortho	Temporary Hire	Marquee Staffing	Efren Suarez Reyes
Kevin Rojas	MIM Deflash	Temporary Hire	Ultimate Staffing	Brian Brown
Omar Mirza	RA Specialist	Temporary Hire	Ultimate Staffing	Carl Mazzolini
Christian Hernandez	Quality Engineer	Temporary Hire	Ultimate Staffing	Edgar Flores
Anadelia Perez	Labelling Specialist	Temporary Hire	Ultimate Staffing	Carl Mazzolini
Nadia Dannhauser	RA Specialist	Temporary Hire	Ultimate Staffing	Carl Mazzolini

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH 02259	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Patterson Dental Supply, Inc.

Physical Address: 2240 West Broadway Road, Suite 108-110

City: Mesa State: Arizona Zip: 85202

Mailing Address (if different from physical address): Attn: Regulatory Licensing, 1031 Mendota Heights Road

City: Saint Paul State: MN Zip: 55120

Telephone: 480-898-7800 Website: www.pattersoncompanies.com

Name of Designated Representative (DR): Tyler Banks

Licensing Company Email: facilitylicensing@pattersoncompa DR Email: tyler.banks@pattersondental.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Medical Class I and Medical Class II devices.	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Universities/Research		■ Others: Virtual Wholesaler - No product onsite.

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Kristin L Quigley
Original Signature (electronic, copies or stamps not accepted)

5/14/2025
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: ADEC
Address: 2601 Crestview Drive City: Newberg State: OR Zip: 97132
Name: Solventum US, LLC
Address: 2510 Conway Avenue, Ste 75-6W City: Maplewood State: MN Zip: 55144
Name: Ivoclar North America
Address: 175 Pineview Drive City: Amherst State: NY Zip: 14228
Name: Sirona Dental Systems, LLC
Address: 13320-B, Ballantyne Corporate Place City: Charlotte State: NC Zip: 28277

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Minnesota
Parent Company (if any): Patterson Dental Holdings, Inc.
Corporation/Organization Name: Patterson Dental Supply, Inc.
Mailing Address: Attn: Regulatory Licensing, 1031 Mendota Heights Road
City: Saint Paul State: MN Zip: 55120
Telephone: 651-686-1957 Email: facilitylicensing@pattersoncompanies.com
Contact Person Name: Kelley Karau

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Patterson Dental Supply, Inc.

Facility Name

Kristin L. Dietzler

Print Name of Authorized Person Submitting Application

Kristin L Dietzler

Original signature of Authorized Person (copies or stamps not accepted)

5/14/2025

Date

Board Use Only	Date Received: 5/19/25	Amount: $1000-CC

An official website of the United States government Here's how you know

FDA

Current through May 22, 2025

You have searched Finished drug products

Search Results: *'50227'*

Back to Search Page

Showing 1 to 1 of 1 entries (filtered from 14 total entries) Show 50 entr

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product N
Mepivacaine	50227-1080-5	30mg/mL	INJECTION, SOLUTION	SUBMUCOSAL	ANDA088387	Patterson Dental Supply, Inc.	50227-108

Previous 1 Next

Maria Herrera

From: Facility Licensing <facilitylicensing@pattersoncompanies.com>
Sent: Wednesday, May 28, 2025 2:12 PM
To: Maria Herrera
Cc: Karau, Kelley
Subject: RE: Nevada Out-of-State Wholesaler Application-Patterson Dental Supply, Inc.
Attachments: PDSI - Salt Lake City - NV(WS) - WH01542 - MDEG (Mortensen-signed) - CHOW.pdf; PDSI - Roseville - NV(WS) - WH01358 - MDEG (Montoya-signed) - CHOW.pdf; PDSI - Mesa - NV(WS) - WH02259 - MDEG (Tyler-signed) - CHOW.pdf; PDSI - Las Vegas - NV(WS) - WH01236 - MDEG (Jacob-signed) - CHOW.pdf; Patterson - COI - General Liability - Exp 11.01.2025 .pdf; PDSI - Mesa - NV(WS) - WH02259 - MDEG (Tyler-signed) - CHOW.pdf; NV - KO7562019 Las Vegas NV 432.pdf; PDSI - Roseville - NV(WS) - WH01358 - Cara Montoya DR Applic Signed.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Ms. Herrera, in response to your deficiency email below for Patterson Dental Supply, Inc. - please find the following:

For all applications, WH01542 (SLC,UT), WH01358 (Roseville, CA), WH02259 (Mesa, AZ), & WH01236 (Las Vegas, NV)

- The completed MDEG Administrator applications for each of the Licenses identified above.
- A copy of the Patterson Companies, Inc. – COI that covers all subsidiaries of Patterson Companies, Inc.
- Confirming FDA Labeler code for Patterson Dental Supply, Inc. as: Labeler DUNS is: 006962500

WH02259 – Patterson Dental Supply, Inc. – DR Tyler Banks

- An updated Designated Representative application that includes a completed Section 6.

WH01236 – Patterson Dental Supply, Inc. (Las Vegas NV)

- An updated Surety Bond #KO7562019 with required signatures.

WH01358 – Patterson Dental Supply, Inc. (Roseville CA – DR Cara Montoya)

- Please note: The DR application for Cara Montoya has an incorrect email address listed on page 2. Please update email to: cara.montoya@pattersondental.com
- An updated copy of the Designated Rep application for Cara Montoya is attached.

PATTERSON

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Parent Company:	Patterson Dental Holdings, Inc.
Address:	1031 Mendota Heights Road Saint Paul, MN 55120
Ownership:	100%
FEIN:	20-3380268
State of Incorporation:	Minnesota

PATTERSON DENTAL SUPPLY, INC. – Officer List

Corporate Address:	1031 Mendota Heights Road, St. Paul, MN 55120
Phone Number:	651-686-1600
FEIN:	41-1833619
State of Incorporation:	Minnesota - #9C-524 (3/22/1996)

Robert J. Rajalingam	**Chief Executive Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com

Kristin L. Dietzler	**President**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com

Kevin M. Barry	**Chief Financial Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com

Leslie B. Korsh	**Corporate Secretary**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Patterson Dental Supply, Inc.
Date Filed:	03/22/1996
File Number:	9C-524
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 12/30/2024

Steve Simon

Secretary of State
State of Minnesota

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 09/12/2024
Receipt Number: 2024180583
Receipt Amount $: 1000.00

Wholesaler - Full Service

Virtual

PERMIT NO
W000124

EXPIRES
10/31/2026

Issued to :

Patterson Dental Co. (Phx)
Patterson Dental Co. (Phx)
1031 MENDOTA HEIGHTS RD. ATTN: REGULATORY LICENSING
ST. PAUL, MN 55120

Patterson Dental Co. (Phx)
2240 W. BROADWAY RD., SUITE 108-110
MESA, AZ 85202

Kam Gardi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Patterson Dental Co. (Phx)
LICENSE NUMBER : W000124
EXPIRES : 10/31/2026

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/04/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400	**CONTACT NAME:** Marsh | U.S. Operations & Technology **PHONE (A/C, No, Ext):** 866-966-4664 **FAX (A/C, No):** 212-948-5382 **E-MAIL ADDRESS:** Minneapolis.CertRequest@marsh.com
	INSURER(S) AFFORDING COVERAGE — **NAIC #**
	INSURER A : Starr Indemnity & Liability Company — 38318
INSURED Patterson Companies, Inc. and its subsidiaries and affiliates 1031 Mendota Heights Road St. Paul, MN 55120	**INSURER B :** Starr Specialty Insurance Company — 16109
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES **CERTIFICATE NUMBER:** CHI-010950096-01 **REVISION NUMBER:** 4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY**			1000100137241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	0
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	10,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	4,000,000
	OTHER:							$	
A	**AUTOMOBILE LIABILITY**			1000198195241 (AOS)	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$	3,000,000
A	X ANY AUTO			1000198196241 (MA)	11/01/2024	11/01/2025	BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
A	X **UMBRELLA LIAB** X OCCUR			1000589674241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	5,000,000
	DED X RETENTION $ 25,000							$	
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N	N / A		100 0005556 (AOS)	11/01/2024	11/01/2025	X PER STATUTE OTH-ER		
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N			100 0005558 (FL,MA)	11/01/2024	11/01/2025	E.L. EACH ACCIDENT	$	1,000,000
B	**(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below			100 0005559 (WI)	11/01/2024	11/01/2025	E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Workers Compensation			100 0005557 (AK,AZ,CT,IA,NJ,NY,NC,TX,VT)	11/01/2024	11/01/2025	Limits		See Above

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence only.

CERTIFICATE HOLDER

Patterson Companies, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. **K09323168**

Application/License No. _____

Patterson Dental Supply, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is **2240 West Broadway Road, Suite 108-110, Mesa, AZ 85202** (Address of Applicant/Principal), as PRINCIPAL, and **Westchester Fire Insurance Company** (Surety Company), a corporation organized under the laws of the state of **Pennsylvania** (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is **436 Walnut Street, Philadelphia, PA 19106** (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on **July 7, 2016** (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 7th day of July, 20 16.

APPLICANT/PRINCIPAL
Patterson Dental Supply, Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
Westchester Fire Insurance Company

Surety Company's Representative

Cynthia L. Choren, Attorney-in-fact
print name
Non-Resident License No. 221080

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

ACKNOWLEDGMENT BY SURETY

STATE OF Missouri }
City of St. Louis } ss.

On this 7th day of July, 2016, before me personally appeared Cynthia L. Choren, known to me to be the Attorney-in-Fact of Westchester Fire Insurance Company, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

My Commission Expires: **February 24, 2018**.

(Seal)

HEIDI A. NOTHEISEN
Notary Public, Notary Seal
State of Missouri
St. Louis City
Commission # 14514582
My Commission Expires February 24, 2018

Heidi A. Notheisen
Notary Public in the State of Missouri
City of St. Louis
Commission Number: 14514582

S-0230/GEEF 2/98

Power of Attorney

WESTCHESTER FIRE INSURANCE COMPANY

Know all men by these presents: That **WESTCHESTER FIRE INSURANCE COMPANY,** a corporation of the Commonwealth of Pennsylvania pursuant to the following Resolution, adopted by the Board of Directors of the said Company on December 11, 2006, to wit:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such persons written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and Vice Presidents of the Company in hereby authorized, for and on behalf of the Company, to delegate in writing any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal of otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

Does hereby nominate, constitute and appoint Brittany D Clavin, Cynthia L Choren, Debra C Schneider, Heidi A Notheisen, JoAnn R Frank, Karen L Roider, Pamela A Beelman, Sandra L Ham, all of the City of SAINT LOUIS, Missouri, each individually if there be more than one named, its true and lawful attorney-in-fact, to make, execute, seal and deliver on its behalf, and as its act and deed any and all bonds, undertakings, recognizances, contracts and other writings in the nature thereof in penalties not exceeding Seventy Five million dollars & zero cents ($75,000,000.00) and the execution of such writings in pursuance of these presents shall be as binding upon said Company, as fully and amply as if they had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office.

IN WITNESS WHEREOF, the said Stephen M. Haney, Vice-President, has hereunto subscribed his name and affixed the Corporate seal of the said **WESTCHESTER FIRE INSURANCE COMPANY** this 22 day of January 2016.

WESTCHESTER FIRE INSURANCE COMPANY

Stephen M. Haney, Vice President

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF PHILADELPHIA ss.

On this 22 day of January, AD. 2016 before me, a Notary Public of the Commonwealth of Pennsylvania in and for the County of Philadelphia came Stephen M. Haney ,Vice-President of the **WESTCHESTER FIRE INSURANCE COMPANY** to me personally known to be the individual and officer who executed the preceding instrument, and he acknowledged that he executed the same, and that the seal affixed to the preceding instrument is the corporate seal of said Company; that the said corporate seal and his signature were duly affixed by the authority and direction of the said corporation, and that Resolution, adopted by the Board of Directors of said Company, referred to in the preceding instrument, is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Philadelphia the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
KAREN E. BRANDT, Notary Public
City of Philadelphia, Phila. County
My Commission Expires Sept. 26, 2018

Notary Public

I, the undersigned Assistant Secretary of the **WESTCHESTER FIRE INSURANCE COMPANY,** do hereby certify that the original POWER OF ATTORNEY, of which the foregoing is a substantially true and correct copy, is in full force and effect.

In witness whereof, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of the Corporation, this 7th day of July, 2016.

William L. Kelly, Assistant Secretary

THIS POWER OF ATTORNEY MAY NOT BE USED TO EXECUTE ANY BOND WITH AN INCEPTION DATE AFTER January 22, 2018.

DocuGard #04546 contains a security pantograph, blue background, heat-sensitive ink, coin-reactive watermark, and microtext printing on border.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Patterson Dental Supply, Inc. MDEG License # (if applicable): _____

Physical Address: 2240 West Broadway Road, Suites 108-110

City: Mesa State: AZ Zip: 85202

Mailing Address (if different from physical address): Attn: Regulatory Licensing, 1031 Mendota Heights Road

City: Saint Paul State: MN Zip: 55120

Telephone: 651-686-1957 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Tyler Middle: A (initial only) Last: Banks

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Mesa State: AZ Zi[redacted]

Telephone: [redacted] Email: tyler.banks@pattersondental.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Arizona State University		08/2023 - Ongoing	
Address	**City**	**State**	**Zip**
1151 S. Forest Ave	Tempe	AZ	85281
Diploma/Degree obtained, if any			
Currently enrolled in Master of Business Management			

School Name		From - To (MM/YY – MM/YY)	
Utah Tech University		08/2006 - 05/2010	
Address	**City**	**State**	**Zip**
225 S. University Avenue	St. George	UT	84770
Diploma/Degree obtained, if any			
Bachelor of Science, Organizational Business Communications			

School Name		From - To (MM/YY – MM/YY)	
Enterprise High School		09/1997 - 06/2001	
Address	**City**	**State**	**Zip**
565 S 200 E Street	Enterprise	UT	84725
Diploma/Degree obtained, if any			
Graduated			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2025 - Ongoing	[redacted]	Mesa	AZ	[redacted]
2020 - 03/2025		Las Vegas	NV	
2014 - 2020		St. George	UT	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Patterson Dental Supply, Inc.			02/2025 - Ongoing	
Business Address		**City**	**State**	**Zip**
2240 West Broadway Road, Suites 108-110		Mesa	AZ	85202
Phone	**Title**		**Number of Employed Hours**	
480-898-7800	General Manager		200	
Description of Duties				
As General Manager, is responsible to all aspects of daily operation of wholesale distributor. Ensures branch meets all state and federal regulation regarding the sale of pharmaceutical products.				

Business Name			From - To (MM/YY – MM/YY)	
Patterson Dental Supply, Inc.			08/2019 - 02/2025	
Business Address		**City**	**State**	**Zip**
6555 S Tenaya Way #100		Las Vegas	NV	89113
Phone	**Title**		**Number of Employed Hours**	
702-731-4267	District Sales Manager		6000+	
Description of Duties				
As District Sales Manager, managed 13 direct reports within service, sales and operations complying with corporate, state and federal regulations relating to sales of pharmaceutical products.				

Business Name			From - To (MM/YY – MM/YY)	
Patterson Dental Supply, Inc.			07/2015 - 08/2019	
Business Address		**City**	**State**	**Zip**
6555 S Tenaya Way #100		Las Vegas	NV	89113
Phone	**Title**		**Number of Employed Hours**	
702-731-4267	Territory Sales Rep		6000+	
Description of Duties				
Transitioned key accounts utilizing acquisition programs & partnering w/key manufacturers resulting in territory growth revenue. Thorough understanding of the organization, product lines & industry intel to build/max beneficial relationships.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5-22-25
Date

I, Tyler Banks, **certify that as the MDEG Administrator for**

Patterson Dental Supply, Inc.,

that I (initial that you have read and meet the following requirements):

1. ___ Have a high school diploma or its equivalent;
2. ___ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ___ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ___ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tyler Banks

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5-22-25

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Patterson Dental Supply, Inc.

Pharmacy/Wholesaler License # (if applicable): WH02259

Physical Address: 2240 West Broadway Road, Suites 108 - 100

City: Mesa State: AZ Zip: 85202

Mailing Address (if different from physical address): Attn: Regulatory Licensing, 1031 Mendota Heights Road

City: Saint Paul State: MN Zip: 55120

Telephone: 651-686-1957 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Tyler Middle: A (initial only) Last: Banks

Alias(es, nicknames, name changes, etc.): N/A

Date of Birt[redacted] SSN or ITI[redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City: Mesa State: AZ Zip[redacted]

Telephon[redacted] Email: tyler.banks@pattersondental.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Arizona State University		08/2023-Ongoing	
Address	**City**	**State**	**Zip**
1151 S. Forest Ave	Tempe	AZ	85281
Diploma/Degree obtained, if any			
Currently enrolled in Master of Business Management			

School Name		From - To (MM/YY – MM/YY)	
Utah Tech University		08/2006-05/2010	
Address	**City**	**State**	**Zip**
225 S. University Avenue	St. George	UT	84770
Diploma/Degree obtained, if any			
Bachelor of Science, Organizational Business Communications			

School Name		From - To (MM/YY – MM/YY)	
Enterprise High School		09/1997-06/2001	
Address	**City**	**State**	**Zip**
565 s 200 E Street	Enterprise	UT	84725
Diploma/Degree obtained, if any			
Graduated			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2025-Ongoing	[redacted]	Mesa	AZ	[redacted]
2020-03/2025		Las Vegas	NV	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Arizona State University		08/2023 - Ongoing	
Address	**City**	**State**	**Zip**
1151 S. Forest Ave	Tempe	AZ	85281
Diploma/Degree obtained, if any			
Currently enrolled in Masters of Business Management			

School Name		From - To (MM/YY – MM/YY)	
Utah Tech University		08/2006 - 05/2010	
Address	**City**	**State**	**Zip**
225 S. University Avenue	St. George	UT	84770
Diploma/Degree obtained, if any			
Bachelor of Science, Organizational Business Communications			

School Name		From - To (MM/YY – MM/YY)	
Enterprise High School		09/1997 - 06/2001	
Address	**City**	**State**	**Zip**
565 S 200 E Street	Enterprise	UT	84725
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Patterson Dental Supply, Inc.			02/2025 - Ongoing	
Business Address		City	State	Zip
2240 West Broadway Road, Suites 108 - 110		Mesa	AZ	85202
Phone	Title		Number of Employed Hours	
480-898-7800	General Manager		200	
Description of Duties				
As General Manager, is responsible to all aspects of daily operation of wholesale distributor. Ensures branch meets all state and federal regulation regarding the sale of pharmaceutical products.				

Business Name			From - To (MM/YY – MM/YY)	
Patterson Dental Supply, Inc.			08/2019 - 02/2025	
Business Address		City	State	Zip
6555 S Tenaya Way #100		Las Vegas	NV	89113
Phone	Title		Number of Employed Hours	
702-731-4267	District Sale Manager		6000+	
Description of Duties				
As District Sales Manager, managed 13 direct reports within service, sales and operations complying with corporate, state and federal regulations relating to sales of pharmaceutical products.				

Business Name			From - To (MM/YY – MM/YY)	
Patterson Dental Supply, Inc.			07/2015 - 08/2019	
Business Address		City	State	Zip
6555 S Tenaya Way #100		Las Vegas	NV	89113
Phone	Title		Number of Employed Hours	
702-731-4267	Territory Sales Rep		6000+	
Description of Duties				
Transitioned key accounts utilizing acquisition programs & partnering w/key manufacturers resulting in territory growth revenue. Thorough understanding of the organization, product lines & industry intel to build/max beneficial relationships.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic copies or stamps not accepted)

4-28-25

Date

I, Tyler Banks, **certify that as the designated representative for**

Patterson Dental Supply, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Tyler Banks

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-28-25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tyler Banks

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-28-25

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Tyler Banks, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4-28-25

Date

Subscribed and Sworn to before me this 28th day of April 2025

Notary Public Signature

RAUL ROMERO
Notary Public, State of Arizona
Maricopa County
Commission # 631562
My Commission Expires
June 27, 2026

(Seal)

PATTERSON DENTAL

1031 Mendota Heights Road

Saint Paul, MN 55120

Patterson Dental Supply, Inc.
Mesa, AZ – Employee List

Employee Name
Sailer, Michael
Haws, Jason R
Mejia, Melanie Nicole
Bradford, Arron V
Palma, Ellen Grace
Chervenka, Jeanette R
Mulvin, Leslie W
Leavitt, Andrew J
Cronin, Allen Lenfield
Cary, Rick David
Russell, James R
Klein, Daniel
Neesen, William J
Sheehy, Patrick G
Tiede, Lawrence Eugene
Smith, Brad Steven
Miller, Kristen Leigh
Buzard Jr, Daniel Lee
Wiseman, Travis S
Stutzman, Jamie L
Toennies, Robin
Stephens, MonaLisa
Hales, Jordan Leon
Brown, Curtis L
Cook, Daniel
Del Prato, Cesare James
Gatewood, James Anthony
Monfredo, Ben
Banks, Tyler
Davis, Greg
Allison, Darren
Cary, Caleb
Tygett, Andrew
Benavidez, Tomas
Reynoso, Ruben
Ortega, Tomas
Cockayne, Lydia
Ronning, Katie
Valenzuela, Diego
Simpson, Marcus

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH 01358	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Patterson Dental Supply, Inc.

Physical Address: 1030 Winding Creek Road, Suite 150

City: Roseville State: CA Zip: 95678

Mailing Address (if different from physical address): Attn: Regulatory Licensing, 1031 Mendota Heights Road

City: Saint Paul State: MN Zip: 55120

Telephone: 916-780-5100 Website: www.pattersoncompanies.com

Name of Designated Representative (DR): Cara Montoya

Licensing Company Email: facilitylicensing@pattersoncompa DR Email: karen.preston@pattersondental.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Medical Class I and Medical Class II devices.	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Dental Univ/ResearchF		■ Others: Virtual Wholesaler - No product onsite.

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Kristin L Dutzler

Original Signature (electronic, copies or stamps not accepted)

5/14/2025

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: ADEC
Address: 2601 Crestview Drive City: Newberg State: OR Zip: 97132
Name: Solventum US, LLC
Address: 2510 Conway Avenue E, Ste. 75-6W City: Maplewood State: MN Zip: 55144
Name: Ivoclar North America
Address: 175 Pineview Drive City: Amherst State: NY Zip: 14228
Name: Sirona Dental Systems, LLC
Address: 13320-B, Ballantyne Corporate Place City: Charlotte State: NC Zip: 28277

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Minnesota
Parent Company (if any): Patterson Dental Holdings, Inc.
Corporation/Organization Name: Patterson Dental Supply, Inc.
Mailing Address: Attn: Regulatory Licensing, 1031 Mendota Heights Road
City: Saint Paul State: MN Zip: 55120
Telephone: 651-686-1957 Email: facilitylicensing@pattersoncompanies.com
Contact Person Name: Kelley Karau

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Patterson Dental Supply, Inc.

Facility Name

Kristin L. Dietzler

Print Name of Authorized Person Submitting Application

Kristin L. Dietzler

Original signature of Authorized Person (copies or stamps not accepted)

5/14/2025

Date

Board Use Only	Date Received: 5/19/25	Amount: $600.00

Maria Herrera

From: Facility Licensing <facilitylicensing@pattersoncompanies.com>
Sent: Wednesday, May 28, 2025 2:12 PM
To: Maria Herrera
Cc: Karau, Kelley
Subject: RE: Nevada Out-of-State Wholesaler Application-Patterson Dental Supply, Inc.
Attachments: PDSI - Salt Lake City - NV(WS) - WH01542 - MDEG (Mortensen-signed) - CHOW.pdf; PDSI - Roseville - NV(WS) - WH01358 - MDEG (Montoya-signed) - CHOW.pdf; PDSI - Mesa - NV(WS) - WH02259 - MDEG (Tyler-signed) - CHOW.pdf; PDSI - Las Vegas - NV(WS) - WH01236 - MDEG (Jacob-signed) - CHOW.pdf; Patterson - COI - General Liability - Exp 11.01.2025 .pdf; PDSI - Mesa - NV(WS) - WH02259 - MDEG (Tyler-signed) - CHOW.pdf; NV - KO7562019 Las Vegas NV 432.pdf; PDSI - Roseville - NV(WS) - WH01358 - Cara Montoya DR Applic Signed.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Ms. Herrera, in response to your deficiency email below for Patterson Dental Supply, Inc. - please find the following:

For all applications, WH01542 (SLC,UT), WH01358 (Roseville, CA), WH02259 (Mesa, AZ), & WH01236 (Las Vegas, NV)

- The completed MDEG Administrator applications for each of the Licenses identified above.
- A copy of the Patterson Companies, Inc. – COI that covers all subsidiaries of Patterson Companies, Inc.
- Confirming FDA Labeler code for Patterson Dental Supply, Inc. as: Labeler DUNS is: 006962500

WH02259 – Patterson Dental Supply, Inc. – DR Tyler Banks

- An updated Designated Representative application that includes a completed Section 6.

WH01236 – Patterson Dental Supply, Inc. (Las Vegas NV)

- An updated Surety Bond #KO7562019 with required signatures.

WH01358 – Patterson Dental Supply, Inc. (Roseville CA – DR Cara Montoya)

- Please note: The DR application for Cara Montoya has an incorrect email address listed on page 2. Please update email to: cara.montoya@pattersondental.com
- An updated copy of the Designated Rep application for Cara Montoya is attached.

An official website of the United States government Here's how you know

FDA

Current through May 22, 2025

You have searched Finished drug products

Search Results: *'50227'*

Back to Search Page

Showing 1 to 1 of 1 entries (filtered from 14 total entries) Show 50 entr

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product N
Mepivacaine	50227-1080-5	30mg/mL	INJECTION, SOLUTION	SUBMUCOSAL	ANDA088387	Patterson Dental Supply, Inc.	50227-108

Previous 1 Next

PATTERSON

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Parent Company:	Patterson Dental Holdings, Inc.
Address:	1031 Mendota Heights Road Saint Paul, MN 55120
Ownership:	100%
FEIN:	20-3380268
State of Incorporation:	Minnesota

PATTERSON DENTAL SUPPLY, INC. – Officer List

Corporate Address:	1031 Mendota Heights Road, St. Paul, MN 55120
Phone Number:	651-686-1600
FEIN:	41-1833619
State of Incorporation:	Minnesota - #9C-524 (3/22/1996)

Robert J. Rajalingam	**Chief Executive Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com
Kristin L. Dietzler	**President**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com
Kevin M. Barry	**Chief Financial Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com
Leslie B. Korsh	**Corporate Secretary**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Patterson Dental Supply, Inc.
Date Filed:	03/22/1996
File Number:	9C-524
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota
This certificate has been issued on:	12/30/2024



Steve Simon
Secretary of State
State of Minnesota





Wholesale Drug Permit

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

LICENSE NO. WLS 3625
RECEIPT NO. 00192218

VALID UNTIL JULY 01, 2025

PATTERSON DENTAL SUPPLY INC
1030 WINDING CREEK ROAD SUITE 150
ROSEVILLE CA 95678

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

/02/24
/02/24

The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHYLS (08/30/19) WLS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/04/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC
333 South 7th Street, Suite 1400
Minneapolis, MN 55402-2400

CONTACT NAME: Marsh | U.S. Operations & Technology
PHONE (A/C, No, Ext): 866-966-4664 **FAX (A/C, No):** 212-948-5382
E-MAIL ADDRESS: Minneapolis.CertRequest@marsh.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Starr Indemnity & Liability Company	38318
INSURER B : Starr Specialty Insurance Company	16109
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Patterson Companies, Inc.
and its subsidiaries and affiliates
1031 Mendota Heights Road
St. Paul, MN 55120

COVERAGES **CERTIFICATE NUMBER:** CHI-010950096-01 **REVISION NUMBER:** 4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			1000100137241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$	2,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$	10,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$	4,000,000
								$	
A	AUTOMOBILE LIABILITY			1000198195241 (AOS)	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$	3,000,000
A	X ANY AUTO			1000198196241 (MA)	11/01/2024	11/01/2025	BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
A	X UMBRELLA LIAB X OCCUR			1000589674241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	5,000,000
	DED X RETENTION $ 25,000							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			100 0005556 (AOS)	11/01/2024	11/01/2025	X PER STATUTE OTH-ER		
B	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N / A		100 0005558 (FL,MA)	11/01/2024	11/01/2025	E.L. EACH ACCIDENT	$	1,000,000
B	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			100 0005559 (WI)	11/01/2024	11/01/2025	E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Workers Compensation			100 0005557 (AK,AZ,CT,IA,NJ,NY,NC,TX,VT)	11/01/2024	11/01/2025	Limits		See Above

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence only.

CERTIFICATE HOLDER

Patterson Companies, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. **KO9120543**

Application/License No. _____

Patterson Dental Supply, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is **1030 Winding Creek Road, #150, Roseville, CA 95678** (Address of Applicant/Principal), as PRINCIPAL, and **Westchester Fire Insurance Company** (Surety Company), a corporation organized under the laws of the state of **Pennsylvania** (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is **436 Walnut Street, Philadelphia, PA 19106** (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on **September 29, 2014** (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 29th day of September, 20 14.

APPLICANT/PRINCIPAL
Patterson Dental Supply, Inc.

Roger S. Atmoleary
Authorized Representative

SURETY COMPANY
Westchester Fire Insurance Company

Cynthia L. Choren
Surety Company's Representative

Cynthia L. Choren, Attorney-in-fact
print name
Non-Resident License No. 221080

SIGNED and SEALED in the presence of:

Teresa Fafoura
Witness

Nancy A. Strand
Witness

SIGNED and SEALED in the presence of:

Heidi A. Nothersen
Witness

Nancy Johnson
Witness

Countersigned by:

N/A
Nevada Resident Agent

ACKNOWLEDGMENT BY SURETY

STATE OF Missouri }
City of St. Louis } ss.

On this 29th day of September, 2014, before me personally appeared Cynthia L. Choren, known to me to be the Attorney-in-Fact of Westchester Fire Insurance Company, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

Sandra L. Ham
Notary Public in the State of Missouri
County of St. Louis

My Commission Expires: 01/18/2017
(Seal)

SANDRA L. HAM
Notary Public, Notary Seal
State of Missouri
St. Louis County
Commission # 12450177
My Commission Expires January 18, 2017

S-0230/GEEF 2/98

Power of Attorney

WESTCHESTER FIRE INSURANCE COMPANY

Know all men by these presents: That **WESTCHESTER FIRE INSURANCE COMPANY,** a corporation of the Commonwealth of Pennsylvania pursuant to the following Resolution, adopted by the Board of Directors of the said Company on December 11, 2006, to wit:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into the ordinary course of business (each a "Written Commitment")

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such persons written appointment as such attorney-in-fact

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments

(4) Each of the Chairman, the President and Vice Presidents of the Company in hereby authorized, for and on behalf of the Company, to delegate in writing any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested

Does hereby nominate, constitute and appoint Cynthia L Choren, Debra C Schneider, Heidi A Notheisen, JoAnn R Frank, Karen L Roider, Pamela A Beelman, Sandra L Ham, all of the City of SAINT LOUIS, Missouri, each individually if there be more than one named, its true and lawful attorney-in-fact, to make, execute, seal and deliver on its behalf, and as its act and deed any and all bonds, undertakings, recognizances, contracts and other writings in the nature thereof in penalties not exceeding Twenty million dollars & zero cents ($20,000,000.00) and the execution of such writings in pursuance of these presents shall be as binding upon said Company, as fully and amply as if they had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office,

IN WITNESS WHEREOF, the said Stephen M. Haney, Vice-President, has hereunto subscribed his name and affixed the Corporate seal of the said **WESTCHESTER FIRE INSURANCE COMPANY** this 19 day of August 2014.

WESTCHESTER FIRE INSURANCE COMPANY

Stephen M. Haney, Vice President

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF PHILADELPHIA ss.

On this 19 day of August, AD. 2014 before me, a Notary Public of the Commonwealth of Pennsylvania in and for the County of Philadelphia came Stephen M. Haney, Vice-President of the **WESTCHESTER FIRE INSURANCE COMPANY** to me personally known to be the individual and officer who executed the preceding instrument, and he acknowledged that he executed the same, and that the seal affixed to the preceding instrument is the corporate seal of said Company; that the said corporate seal and his signature were duly affixed by the authority and direction of the said corporation, and that Resolution, adopted by the Board of Directors of said Company, referred to in the preceding instrument, is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Philadelphia the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
KAREN E. BRANDT, Notary Public
City of Philadelphia, Phila. County
My Commission Expires September 26, 2014

Notary Public

I, the undersigned Assistant Secretary of the **WESTCHESTER FIRE INSURANCE COMPANY,** do hereby certify that the original POWER OF ATTORNEY, of which the foregoing is a substantially true and correct copy, is in full force and effect.

In witness whereof, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of the Corporation, this 29th day of September, 2014.

William L. Kelly, Assistant Secretary

THIS POWER OF ATTORNEY MAY NOT BE USED TO EXECUTE ANY BOND WITH AN INCEPTION DATE AFTER August 19, 2016

Super Safety® ANTI-FRAUD PROTECTION
FORM NO. 85005
THE BACK OF THIS DOCUMENT LISTS VARIOUS SECURITY FEATURES THAT WILL PROTECT AGAINST COPY COUNTERFEIT AND ALTERATION.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Patterson Dental Supply, Inc. MDEG License # (if applicable):

Physical Address: 1030 Winding Creek Road, Suite 150

City: Roseville State: CA Zip: 95678

Mailing Address (if different from physical address): Attn: Regulatory Licensing, 1031 Mendota Heights Road

City: Saint Paul State: MN Zip: 55120

Telephone: 916-780-5100 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Cara Middle: Beth Last: Montoya

Alias(es, nicknames, name changes, etc.): Cara Beth Andrade; Cara Beth Graham

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Roseville State: CA Zip: [redacted]

Telephone: [redacted] Email: cara.montoya@pattersondental.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Chabot College		08/1989 - 06/1993	
Address	**City**	**State**	**Zip**
25555 Hesperian Blvd	Hayward	CA	94545
Diploma/Degree obtained, if any			
Associate of Arts Degree			

School Name		From - To (MM/YY – MM/YY)	
Castro Valley High School		09/1983 - 06/1987	
Address	**City**	**State**	**Zip**
19400 Santa Maria Avenue	Castro Valley	CA	94546
Diploma/Degree obtained, if any			
Graduated			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2005 - Ongoing	[redacted]	Roseville	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
Patterson Dental Supply, Inc.		04/2008 - Ongoing	
Business Address	**City**	**State**	**Zip**
1030 Winding Creek Road, Suite 150	Roseville	CA	95678
Phone	**Title**	**Number of Employed Hours**	
916-780-5100	Operations Manager	6000+	
Description of Duties			
Responsible for supervision of branch operational functions to achieve branch goals. Ensures branch meets all state and federal regulations regarding the sale of pharmaceutical products.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Cara Montoya

Original Signature (electronic, copies or stamps not accepted)

5.22.25

Date

I, Cara Montoya, **certify that as the MDEG Administrator for**

Patterson Dental Supply, Inc.,

that I (initial that you have read and meet the following requirements):

1. CM Have a high school diploma or its equivalent;
2. C Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. C Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cara Montoya
Print Name (First, Last)

Cara Montoya
Original Signature (electronic, copies or stamps not accepted)

5.22.25
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Patterson Dental Supply, Inc.

Pharmacy/Wholesaler License # (if applicable): WH01358

Physical Address: 1030 Winding Creek Road, Suite 150

City: Roseville State: CA Zip: 95678

Mailing Address (if different from physical address): Attn: Regulatory Licensing, 1031 Mendota Heights Road

City: Saint Paul State: MN Zip: 55120

Telephone: 916-780-5100 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Cara Middle: Beth Last: Montoya

Alias(es, nicknames, name changes, etc.): Cara Beth Andrade; Cara Beth Graham

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]

City: Roseville State: CA Zip: [redacted]

Telephone: [redacted] Email: cara.montoya@pattersondental.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Chabot College			08/1989 - 06/1993
Address	**City**	**State**	**Zip**
25555 Hesperian Blvd	Hayward	CA	94545
Diploma/Degree obtained, if any			
Associate of Arts Degree			

School Name			From - To (MM/YY – MM/YY)
Castro Valley High School			09/1983 - 06/1987
Address	**City**	**State**	**Zip**
19400 Santa Maria Avenue	Castro Valley	CA	94546
Diploma/Degree obtained, if any			
Graduated			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2005 - Ongoing	[redacted]	Roseville	CA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Patterson Dental Supply, Inc.			04/2008 - Ongoing	
Business Address		**City**	**State**	**Zip**
1030 Winding Creek Road, Suite 150		Roseville	CA	95678
Phone	**Title**		**Number of Employed Hours**	
916-7880-5100	Operations Manager		6000+	
Description of Duties				
Responsible for supervision of branch operational functions to achieve branch goals. Ensures branch meets all state and federal regulations regarding the sale of pharmaceutical products.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Cara Montoya
Original Signature (electronic copies or stamps not accepted)

4/30/25
Date

I, Cara Montoya, **certify that as the designated representative for**

Patterson Dental Supply, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CM I am at least 21 years of age;
3. CM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Cara Montoya

Print Name (First, Last)

Cara Montoya

Original Signature (electronic, copies or stamps not accepted)

4/30/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cara Montoya

Print Name (First, Last)

Cara Montoya

Original Signature (electronic, copies or stamps not accepted)

4/30/25

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Sacramento

I, Cara Montoya, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Cara Montoya

Original Signature

4/30/25

Date

Subscribed and Sworn to before me this 30 day of April.

D. Mitchell

Notary Public Signature

PNS1

D. MITCHELL
COMMISSION #2498828
Notary Public - California
SACRAMENTO COUNTY
MY COMMISSION EXPIRES
August 31, 2028

PNS1

(Seal)

PATTERSON DENTAL

1031 Mendota Heights Road

Saint Paul, MN 55120

Patterson Dental Supply, Inc.
Roseville, CA – Employee List

Employee Name
Perry, Shana Selise
Duran, Michelle Deanna
Brown, Richard
Ross, Alison
Haynes, Tobi L
Miyasaki, Susan Lynn
Preston, Karen L
Mendonca, Sarah
Hodkin, Rick D
Lindquist, David Russell
Montoya, Cara
Zharovskiy, Vasiliy
Demydov, Andrii
Morcate, Thomas Carl
Contreras, Gabriel T
Pulmano, Jaime II Andrada
Caskey, Donald B
Harkins, Michael J
Curnutte, Scott E
Bowers, James Arthur
Erickson, Daniel J
Carreno, Matthew S
Woods, Bruce Christopher
Chilson, Eric Carl
Villarreal, Laura E
Hood, David A
Nightengale, Michelle L
Cederwall, Anastasi B
Cervantes, David George
Gray, Anne Nicole
Soult, Kevin
Beshwate, Sean D
Harvin, Heather K
Sekulich, Jennifer Jean
Hilliker, Jennifer Lee
Samsel, James
Querubin Jr, Gil Cabico
Borregaard, Nathan adam
Ferrell, David
Hanafee, Jennifer
Caskey, Garrett
Waters, Richard

Lomeli, Jared
Perez, Arleen
Aceves, Alejandra
Vidal, Erica
Taporco, Adam
Lomeli-Barocio, Nestor
Silva, Amanda
Paine, Brianna
Polach, Jade
Quan, Henry

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01542	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Patterson Dental Supply, Inc.

Physical Address: 1880 N 2200 W, Suite 10

City: Salt Lake City State: UT Zip: 84116

Mailing Address (if different from physical address): Attn: Regulatory Licensing, 1031 Mendota Heights Road

City: Saint Paul State: MN Zip: 55120

Telephone: 801-236-3000 Website: www.pattersoncompanies.com

Name of Designated Representative (DR): Garet Mortensen

Licensing Company Email: facilitylicensing@pattersoncompa DR Email: garet.mortensen@pattersondental.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Medical Class I and Medical Class II devices.	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Dental Univ/ResearchF		■ Others: Virtual Wholesaler - No product onsite.

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Kristin L. Dautzler

Original Signature (electronic, copies or stamps not accepted)

5/14/2025

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: ADEC
Address: 2601 Crestview Drive City: Newberg State: OR Zip: 97132
Name: Solventum US, LLC
Address: 2510 Conway Avenue, Ste 75-6W City: Maplewood State: MN Zip: 55144
Name: Ivoclar North America
Address: 175 Pineview Drive City: Amherst State: NY Zip: 14228
Name: Sirona Dental Systems, LLC
Address: 13320-B, Ballantyne Corporate Place City: Charlotte State: NC Zip: 28277

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Minnesota
Parent Company (if any): Patterson Dental Holdings, Inc.
Corporation/Organization Name: Patterson Dental Supply, Inc.
Mailing Address: Attn: Regulatory Licensing, 1031 Mendota Heights Road
City: Saint Paul State: MN Zip: 55120
Telephone: 651-686-1957 Email: facilitylicensing@pattersoncompanies.com
Contact Person Name: Kelley Karau

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Patterson Dental Supply, Inc.

Facility Name

Kristin L. Dietzler

Print Name of Authorized Person Submitting Application

Kristin L Dietzler

Original signature of Authorized Person (copies or stamps not accepted)

5/14/2025

Date

Board Use Only	Date Received: 5/19/25	Amount: $1000cc

Maria Herrera

From: Facility Licensing <facilitylicensing@pattersoncompanies.com>
Sent: Wednesday, May 28, 2025 2:12 PM
To: Maria Herrera
Cc: Karau, Kelley
Subject: RE: Nevada Out-of-State Wholesaler Application-Patterson Dental Supply, Inc.
Attachments: PDSI - Salt Lake City - NV(WS) - WH01542 - MDEG (Mortensen-signed) - CHOW.pdf; PDSI - Roseville - NV(WS) - WH01358 - MDEG (Montoya-signed) - CHOW.pdf; PDSI - Mesa - NV(WS) - WH02259 - MDEG (Tyler-signed) - CHOW.pdf; PDSI - Las Vegas - NV(WS) - WH01236 - MDEG (Jacob-signed) - CHOW.pdf; Patterson - COI - General Liability - Exp 11.01.2025 .pdf; PDSI - Mesa - NV(WS) - WH02259 - MDEG (Tyler-signed) - CHOW.pdf; NV - KO7562019 Las Vegas NV 432.pdf; PDSI - Roseville - NV(WS) - WH01358 - Cara Montoya DR Applic Signed.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Ms. Herrera, in response to your deficiency email below for Patterson Dental Supply, Inc. - please find the following:

For all applications, WH01542 (SLC,UT), WH01358 (Roseville, CA), WH02259 (Mesa, AZ), & WH01236 (Las Vegas, NV)

- The completed MDEG Administrator applications for each of the Licenses identified above.
- A copy of the Patterson Companies, Inc. – COI that covers all subsidiaries of Patterson Companies, Inc.
- Confirming FDA Labeler code for Patterson Dental Supply, Inc. as: Labeler DUNS is: 006962500

WH02259 – Patterson Dental Supply, Inc. – DR Tyler Banks

- An updated Designated Representative application that includes a completed Section 6.

WH01236 – Patterson Dental Supply, Inc. (Las Vegas NV)

- An updated Surety Bond #KO7562019 with required signatures.

WH01358 – Patterson Dental Supply, Inc. (Roseville CA – DR Cara Montoya)

- Please note: The DR application for Cara Montoya has an incorrect email address listed on page 2. Please update email to: cara.montoya@pattersondental.com
- An updated copy of the Designated Rep application for Cara Montoya is attached.

An official website of the United States government Here's how you know

FDA

Current through May 22, 2025

You have searched Finished drug products

Search Results: *'50227'*

Back to Search Page

Showing 1 to 1 of 1 entries (filtered from 14 total entries) Show 50 entr

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product N
Mepivacaine	50227-1080-5	30mg/mL	INJECTION, SOLUTION	SUBMUCOSAL	ANDA088387	Patterson Dental Supply, Inc.	50227-108

Previous 1 Next

PATTERSON®

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Parent Company:	Patterson Dental Holdings, Inc.
Address:	1031 Mendota Heights Road Saint Paul, MN 55120
Ownership:	100%
FEIN:	20-3380268
State of Incorporation:	Minnesota

PATTERSON DENTAL SUPPLY, INC. – Officer List

Corporate Address:	1031 Mendota Heights Road, St. Paul, MN 55120
Phone Number:	651-686-1600
FEIN:	41-1833619
State of Incorporation:	Minnesota - #9C-524 (3/22/1996)

Robert J. Rajalingam	**Chief Executive Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com

Kristin L. Dietzler	**President**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com

Kevin M. Barry	**Chief Financial Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com

Leslie B. Korsh	**Corporate Secretary**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Patterson Dental Supply, Inc.
Date Filed:	03/22/1996
File Number:	9C-524
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 12/30/2024



Steve Simon
Secretary of State
State of Minnesota

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Patterson Dental Supply Inc

EFFECTIVE 07/29/2011

EXPIRATION 09/30/2025

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

7849372-1710 Pharmacy - Class C

Wholesaler

DBA: None Associated

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

PATTERSON DENTAL SUPPLY INC
1880 N 2200 W STE 10
SALT LAKE CITY UT 84116

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
ACTIVE LICENSE

EFFECTIVE DATE: 07/29/2011

EXPIRATION DATE: 09/30/2025

ISSUED TO: Patterson Dental Supply Inc
1880 N 2200 W STE 10
SALT LAKE CITY UT 84116

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

7849372-1710 Pharmacy - Class C Wholesaler

DBAs: None Associated

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400	**CONTACT NAME:** Marsh	U.S. Operations & Technology
	PHONE (A/C, No, Ext): 866-966-4664	**FAX (A/C, No):** 212-948-5382
	E-MAIL ADDRESS: Minneapolis.CertRequest@marsh.com	
	INSURER(S) AFFORDING COVERAGE	**NAIC #**
	INSURER A : Starr Indemnity & Liability Company	38318
INSURED Patterson Companies, Inc. and its subsidiaries and affiliates 1031 Mendota Heights Road St. Paul, MN 55120	**INSURER B :** Starr Specialty Insurance Company	16109
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-010950096-01 **REVISION NUMBER:** 4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [ ] OCCUR [X] GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			1000100137241	11/01/2024	11/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	2,000,000 1,000,000 0 2,000,000 10,000,000 4,000,000
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			1000198195241 (AOS) 1000198196241 (MA)	11/01/2024 11/01/2024	11/01/2025 11/01/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	3,000,000
A	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED X RETENTION $ 25,000			1000589674241	11/01/2024	11/01/2025	EACH OCCURRENCE AGGREGATE	$ $	5,000,000 5,000,000
B B B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		100 0005556 (AOS) 100 0005558 (FL,MA) 100 0005559 (WI)	11/01/2024 11/01/2024 11/01/2024	11/01/2025 11/01/2025 11/01/2025	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
B	Workers Compensation			100 0005557 (AK,AZ,CT,IA,NJ,NY,NC,TX,VT)	11/01/2024	11/01/2025	Limits		See Above

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence only.

CERTIFICATE HOLDER

Patterson Companies, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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SURETY RIDER

To be attached to and form a part of

Bond No. KO8239186

dated effective January 9, 2009
(MONTH-DAY-YEAR)

executed by Patterson Dental Suppply, Inc. , as Principal,
(PRINCIPAL)

and by Westchester Fire Insurance Company , as Surety,

in favor of Nevada State Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The Principal address to:

1880 N. 2200 W., Suite 10, Salt Lake City, UT 84116

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective February 25, 2025
(MONTH-DAY-YEAR)

Signed and Sealed February 25, 2025
(MONTH-DAY-YEAR)

Patterson Dental Suppply, Inc.
(PRINCIPAL)

By: _____
(PRINCIPAL)

Westchester Fire Insurance Company
(SURETY)

By: Cynthia L. Choren
Cynthia L. Choren, Attorney-in-Fact

S-0443/GEEF 10/99

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint

Cynthia L. Choren

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **19th** day of **July, 2024.**

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **19th** day of **July, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22, 2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this February 25, 2025

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903- 3493 Fax (908) 903- 3656 e-mail: surety@chubb.com

Cynthia L. Hanak
Vice President

Marsh USA Inc.
701 Market Street
St. Louis, Missouri 63101
314 342 2661 Fax 314 342 2618
Cynthia.L.Hanak@marsh.com
www.marsh.com

MARSH

MARSH MERCER KROLL
GUY CARPENTER OLIVER WYMAN

January 12, 2009

Ms. Theresa Franz-Scurr
Compliance Coordinator
Patterson Companies, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

Subject:
$100,000 Nevada Prescription Drug Wholesaler Bonds
Bond No. KO8239186 – Patterson Dental Supply Inc., Salt Lake City, UT

Dear Theresa:

We are pleased to enclose the above captioned bond as you requested. Prior to filing this bond with the Nevada State Board of Pharmacy, please complete the following items:

1) Insert Application/License No.
2) Bond signed by authorized officer
3) Officer's name and title inserted below signature
4) Signature witnessed by two (2) individuals
5) Corporate seal affixed

If you have any questions regarding this bond, please do not hesitate to give me a call.

Sincerely,

Cindy

Cynthia L. Hanak
Vice President

Enclosure

NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K08239186

Application/License No. _____

Patterson Dental Supply Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 309 W. 2880 South, Salt Lake City, UT 84115 (Address of Applicant/Principal), as PRINCIPAL, and Westchester Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 436 Walnut Street, Philadelphia, PA 19106 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 9, 2009 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal

may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of January, 20 09.

APPLICANT/PRINCIPAL
Patterson Dental Supply Inc.

Authorized Representative

SURETY COMPANY
Westchester Fire Insurance Company

Surety Company's Representative

Cynthia L. Hanak, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Countersigned for Nevada By
Marsh USA, Inc.
Michele Robertson, Resident Agent

ACKNOWLEDGMENT BY SURETY

STATE OF Missouri }
County of St. Louis } ss.

On this 9th day of January, 2009, before me personally appeared Cynthia L. Hanak, known to me to be the Attorney-in-Fact of Westchester Fire Insurance Company, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

Sandra L. Ham
Notary Public in the State of Missouri

My Commission Expires: 01/18/2009
(Seal)

SANDRA L. HAM
Notary Public - State of Missouri
County of St. Louis
My Commission Expires Jan. 18, 2009
Commission #05450177

S-0230/GEEF 2/98

Power of Attorney

324011

WESTCHESTER FIRE INSURANCE COMPANY

1261266

Know all men by these presents: That **WESTCHESTER FIRE INSURANCE COMPANY**, a corporation of the State of New York, having its principal office in the City of Atlanta, Georgia, pursuant to the following Resolution, adopted by the Board of Directors of the said Company on December 11, 2006, to wit:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such persons written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested.

FURTHER RESOLVED, that the Resolution of the Board of Directors of the Company adopted at the meeting held on November 8, 1999 relating to the authorization of certain persons to execute, for and on behalf of the Company, Written Commitments and appointments and delegations, is hereby rescinded."

Does hereby nominate, constitute and appoint PAMELA A. BEELMAN, HEIDI A. NOTHEISEN, CYNTHIA L. HANAK, DEBRA C. SCHNEIDER, JOANN R. FRANK, KAREN L. ROIDER and SANDRA L. HAM all of the City of Saint Louis, State of Missouri, each individually if there be more than one named, its true and lawful attorney-in-fact, to make, execute, seal and deliver on its behalf, and as its act and deed any and all bonds, undertakings, recognizances, contracts and other writings in the nature thereof in penalties not exceeding Twenty Million Dollars ($20,000,000) and the execution of such writings in pursuance of these presents shall be as binding upon said Company, as fully and amply as if they had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office.

IN WITNESS WHEREOF, the said Stephen M. Haney, Vice-President, has hereunto subscribed his name and affixed the corporate seal of the said **WESTCHESTER FIRE INSURANCE COMPANY** this 30th day of May, 2008.

WESTCHESTER FIRE INSURANCE COMPANY

Stephen M. Haney, Vice President

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF PHILADELPHIA ss.

On this 30th day of May, A.D. 2008, before me, a Notary Public of the Commonwealth of Pennsylvania in and for the County of Philadelphia came Stephen M. Haney, Vice-President of the **WESTCHESTER FIRE INSURANCE COMPANY** to me personally known to be the individual and officer who executed the preceding instrument, and he acknowledged that he executed the same, and that the seal affixed to the preceding instrument is the corporate seal of said Company; that the said corporate seal and his signature were duly affixed by the authority and direction of the said corporation, and that Resolution, adopted by the Board of Directors of said Company, referred to in the preceding instrument, is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Philadelphia the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
KAREN E. BRANDT, Notary Public
City of Philadelphia, Phila. County
My Commission Expires September 26, 2010

Notary Public

I, the undersigned Assistant Secretary of **WESTCHESTER FIRE INSURANCE COMPANY**, do hereby certify that the original POWER OF ATTORNEY, of which the foregoing is a substantially true and correct copy, is in full force and effect.

In witness whereof, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of the Corporation, this 9th day of January, 2009.

William L. Kelly, Assistant Secretary

THIS POWER OF ATTORNEY MAY NOT BE USED TO EXECUTE ANY BOND WITH AN INCEPTION DATE AFTER May 30, 2010.

FORM NO. 8800S

THE BACK OF THIS DOCUMENT LISTS VARIOUS SECURITY FEATURES THAT WILL PROTECT AGAINST COPY COUNTERFEIT AND ALTERATION.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Patterson Dental Supply, Inc. MDEG License # (if applicable): _____

Physical Address: 1880 N 2200 W, Suite 10

City: Salt Lake City State: UT Zip: 84116

Mailing Address (if different from physical address): Attn: Regulatory Licensing, 1031 Mendota Heights Road

City: Saint Paul State: MN Zip: 55120

Telephone: 801-236-3000 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Garet Middle: Hain Last: Mortensen

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITI[redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Brigham City State: UT Zip: [redacted]

Telephone: [redacted] Email: garet.mortensen@pattersondental.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Gunnison Valley High (7th - 12th Grade)		06/1992 - 09/1998	
Address	**City**	**State**	**Zip**
35 E 600 S Street	Gunnison	UT	84634
Diploma/Degree obtained, if any			
Graduated			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2014 - Ongoing	[redacted]	Brigham	UT	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Patterson Dental Supply, Inc.			03/2016 - Ongoing	
Business Address		**City**	**State**	**Zip**
1880 N 220 W. Suite 10		Salt Lake City	UT	84116
Phone	**Title**		**Number of Employed Hours**	
801-236-3000	Operations Manager		6000+	
Description of Duties				
Responsible for supervision of branch operational functions to achieve branch goals. Ensures branch meets all state and federal regulations regarding the sale of pharmaceutical products.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/23/2025
Date

I, Garet Mortensen, **certify that as the MDEG Administrator for**

Patterson Dental Supply, Inc.,

that I (initial that you have read and meet the following requirements):

1. GM Have a high school diploma or its equivalent;
2. GM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. GM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. GM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Garet Mortensen
Print Name (First, Last)

Garet H Mortensen
Original Signature (electronic, copies or stamps not accepted)

5/23/2025
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Patterson Dental Supply, Inc.

Pharmacy/Wholesaler License # (if applicable) WH01542

Physical Address 1880 N 2200 W, Suite 10

City Salt Lake City State UT Zip 84116

Mailing Address (if different from physical address) Attn: Regulatory Licensing, 1031 Mendota Heights Road

City Saint Paul State MN Zip 55120

Telephone 801-236-3000 Website www.pattersoncompanies.com

Licensing Company Email facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First Garet Middle Hain Last Mortensen

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Brigham City State UT Zip [redacted]

Telephone [redacted] Email garet.mortensen@pattersondental.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Gunnison Valley High (7th - 12th grade)		06/1992 - 09/1998	
Address	**City**	**State**	**Zip**
35 E 600 S Street	Gunnison	UT	84634
Diploma/Degree obtained, if any			
Graduated			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2014 - Ongoing	[redacted]	Brigham City	UT	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Patterson Dental Supply, Inc.			03/2016 to Ongoing	
Business Address		**City**	**State**	**Zip**
1880 N 220 W, Suite 10		Salt Lake City	UT	84116
Phone	**Title**		**Number of Employed Hours**	
801-236-3000	Operations Manager		6000+	
Description of Duties				
Responsible for supervision of branch operational functions to achieve branch goals. Ensures branch meets all state and federal regulations regarding the sale of pharmaceutical products.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Grant A Mann

Original Signature (electronic, copies or stamps not accepted)

4/24/2025

Date

I, Garet Mortensen, **certify that as the designated representative for**

Patterson Dental Supply, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. GHM I am at least 21 years of age;
3. GHM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. GHM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. GHM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. GHM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. GHM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Garet Mortensen

Print Name (First, Last)

Garet H Mortensen

Original Signature (electronic, copies or stamps not accepted)

4/24/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Garet Mortensen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/28/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Davis

I, Garet Mortensen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/28/2025

Date

Subscribed and Sworn to before me this 28 day of April 2025.

Notary Public Signature

KARLY KIRCHNER-JIRON
Notary Public, State of Utah
Commission # 738357
My Commission Expires
July 25, 2028

(Seal)

PATTERSON DENTAL

1031 Mendota Heights Road

Saint Paul, MN 55120

Patterson Dental Supply, Inc.
Salt Lake City, UT – Employee List

Employee Name
Backman, Brad J
Mortensen, Garet H
Heaton, Rodney Joe
Bishop, Jason
Green, Jeremy Jake
Robinson, Deborah A
Zele, Samra
Hettinga, Randy
Ebert, Robert J
Cabrera, James G
Buckway, Scott Kenneth
Jensen, Darian Frank
Kelso, KC Shane
Liljenquist, Matthew Warren
Sommer, Paul
Wren, Nathan J
Sanders, Kathleen
Costley, Kade William
Madsen, Michelle Pace
Quist, Daniel J
Flinders, Blair Timothy
Pratt, Jared Michael
Mills, Julie M
Lawrence, Richard
Stringham, Robert Dean
Nay, Stuart D
White, George
Parker, Garrett
Schroeder, Cinthie
Barben, Nikkie
Garff, Brad
Anderson, Craig
Poloskey, Brayden
Steadman, Bridget
Holley, MeriJo

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH Pending	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Respironics Novametrix, LLC

Physical Address: 3000 Minuteman Road

City: Andover State: MA Zip: 01810

Mailing Address (if different from physical address): 3000 Minuteman Road, ATTN: James J. Kennedy Jr.

City: Andover State: MA Zip: 01810

Telephone: (617) 798-8128 Website: www.usa.philips.com/healthcare

Name of Designated Representative (DR): James J. Kennedy Jr.

Licensing Company Email: Statelicense@philips.com DR Email: James.kennedyjr@Philips.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☑ Manufacturer (Virtual)
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☑ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Distributors		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - See Attachment A. No pharmaceutical products are handled or sold.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Philips RS North America LLC

Corporation/Organization Name: Respironics Novametrix, LLC

Mailing Address: 3000 Minuteman Road, ATTN: James J. Kennedy Jr.

City: Andover State: MA Zip: 01810

Telephone: (617) 798-8128 Email: Statelicense@philips.com

Contact Person Name: James J. Kennedy Jr.

N/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✗
N/A 1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✗	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment C		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment D	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment D		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment E	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment F		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Wholly-owned by parent company, Philips RS North America LLC		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment D	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** N/A - See Attachment G	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ See Attachment H	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). See Attachment I	✓	✓	✓	✓
N/A - See Attachment B **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)**				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Respironics Novametrix, LLC

Facility Name

James J. Kennedy Jr.

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

14 Mar 2025

Date

Board Use Only	Date Received: 3/27/25	Amount: $1000-CK 2235

Attachment A

Nature of Business

Respironics Novametrix, LLC (Novametrix) is a virtual manufacturer of prescription and non-prescription medical devices located in Andover, MA. Novametrix sells Cardio Respiratory Monitoring Products (CO2 Sensing, Airway Flow and CPAP). Novametrix utilizes affiliated entities to physically manufacturer its products and utilities a third party to distribute its products to customers. Accordingly, the Andover, MA facility never physically manufactures or distributes any products. The facility's hours of operation are Monday – Friday, from 8:00 a.m. – 5:00 p.m.

Provided below are the locations that manufacture and distribute:

Manufacturing Locations:

Volcano Corporation d/b/a Philips de Costa Rica S.R.L.
Coyol Free Zone & Business Park, B37, Alajuela, Costa Rica
FDA Registration #: 3009490946

NextPhase Medical Devices LLC
Andador Vecinal No. 14301, Zona Cerril General, Tijuana, Baja California, CP 22330 Mexico
FDA Registration #: 3010882708

Respironics Medical Products (Shenzhen) CO., LTD.
Block 6 & 7, No. 129, 2nd Industrial Avenue, Tang Xia Yong Village, Yan Luo Sub-district, Bao An District, Shenzhen, 518105, Guangdong, China
FDA Registration #: 3003001596

Jiangyin Sinbon Electronics Co. LTD
No. 288 Middle Chengjiang Road, Jiangyin, 214434, China
FDA Registration #: 3007616088

Distributor:

FedEx Supply Chain Inc.
9570 Logistics Court, Columbus, OH 43217

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
RESPIRONICS NOVAMETRIX, LLC
Business Trade Names:
(1) Philips (2) Philips Healthcare (3) Philips Medical Systems

3000 Minuteman Rd.
Andover, MA 01810
Registration Number: 1219324
FEI Number*: 1219324
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2025

Owner/Operator:

Philips Medical Systems International BV[6]
Veenpluis 6
Best, NL 5684PC
Owner/Operator Number: 1217116[7]

Official Correspondent:
Deborah Currlin
PHILIPS
222 Jacobs Street
Cambridge, MA 02140
Phone: 858-9452753

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 12/16/2024

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
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Attachment D

LLC Information

Respironics Novametrix, LLC

Respironics Novametrix, LLC is 100% wholly-owned by its parent company, Philips RS North America LLC.

LLC Officers:

Christoph Pedain
President and Chief Executive Officer

Christopher J. Orbon
Vice President and Treasurer

Joseph E. Innamorati
Vice President and Secretary

Irma I. Gomez
Assistant Secretary

Facility Manager:

James J. Kennedy Jr.
Capnography Lab Manager

Enclosed please find a list of site employees.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESPIRONICS NOVAMETRIX, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESPIRONICS NOVAMETRIX, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3584148 8300

SR# 20244514234

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205153379

Date: 12-17-24

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/28/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, LLC. 1166 Avenue of the Americas New York, NY 10036 Attn: NewYork.Certs@marsh.com Fax: 212-948-0500	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED Philips North America LLC 222 Jacobs Street, 3rd Floor Cambridge, MA 02141	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : National Union Fire Insurance Company of Pittsburgh, — 19445 INSURER B : Safety National Casualty Corp. — 15105 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** NYC-011250033-22 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			536-18-48	12/31/2024	12/31/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	2,000,000 3,000,000 10,000 2,000,000 5,000,000 5,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA6675481	12/31/2024	12/31/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	2,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			041233800	12/31/2024	12/31/2025	EACH OCCURRENCE AGGREGATE	$ $	5,000,000 5,000,000
B B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LDS4047559 (AOS) PS4047560 (WI)	12/31/2024 12/31/2024	12/31/2025 12/31/2025	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	2,000,000 2,000,000 2,000,000
A	CYBER LIABILITY			39325976 'Subject to a policy deductible'	12/31/2024	12/31/2025	Per Occurrence Limit: Aggregate Limit:		10,000,000 10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of coverage

This certificate applies to all employees of the named insured's who are applying for vendor access at medical facilities. All operations in the United States and Canada (see attached). The Certificate Holder named below is Additional Insured where required by written contract or agreement under the Vendors' Broad Form referenced on the attached. Coverage Includes Host Liquor Liability.

CERTIFICATE HOLDER

Philips North America LLC
(See additional page for other Insureds)
222 Jacobs Street, 3rd Floor
Cambridge, MA 02141

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101736188
LOC #: New York

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
MARSH USA, LLC.		Philips North America LLC (See additional page for other Insureds) 222 Jacobs Street, 3rd Floor, Cambridge, MA 02141
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Named Insured Includes:
370 West Trimble Road LLC
AllParts Medical, LLC
BioTelemetry, Inc.
BioTel Holter Direct, LLC
BioTel Research, LLC
BioTelemetry Care Management, LLC
Telcare Medical Supply, LLC
Telcare, LLC
Braemar Manufacturing, LLC
Cardiac Monitoring Holding Company, LLC
LifeWatch Corp.
LifeWatch Services, Inc.
Cardiologs Technologies Inc.
CardioNet, LLC
BioTel INR, LLC
Geneva Healthcare, LLC
VirtualScopics, LLC
Blue Willow Systems LLC
Discus Holdings, LLC
Discus Dental, LLC
Discus International, LLC
Discus Dental Canada, LLC
Electrical Geodesics LLC
Cerebral Data Systems, Inc. (CDS)
Intact Vascular, Inc.
Philips CS Corporation (formerly "Vita Topco, Inc." and "Philips Capsule Corporation")
Capsule Technologies, Inc.
CapsuleTech, Inc.
Philips Healthcare Informatics, Inc.
Philips Image Guided Therapy Corporation
Cardioprolific Inc.
Crux Biomedical, LLC
Spectranetics LLC
Angioscore LLC
Volcano Atheromed, Inc.
Philips Medical Systems (Cleveland), Inc.
Philips Medical Systems MR, Inc.
Philips DS North America LLC
Philips North America, LLC
Philips North America, LLC D/B/A Philips Healthcare
Philips Oral Healthcare, LLC
Philips RS North America Holding Corporation
Philips RS North America LLC
Respironics California, LLC
Respironics Colorado, Inc.
Respironics Logistics Services, LLC
Respironics Novametrix, LLC
Philips Semiconductors Inc.

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AGENCY CUSTOMER ID: CN101736188
LOC #: New York

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA, LLC	Philips North America LLC (See additional page for other Insureds) 222 Jacobs Street, 3rd Floor, Cambridge, MA 02141
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Remote Diagnostics Technologies LLC
Respiratory Technologies, Inc.
Tomtec Corporation
TR Management Company, LLC
U.S. Philips Corporation
Vesper Medical, Inc.
VISICU, Inc.
VitalHealth Software Corp.
Wellcentive LLC (formerly "Wellcentive, Inc.")
Wellcentive QR, LLC
American Color & Chemical, L.L.C.
ATL Ultrasound, Inc.
Philips Ultrasound LLC (formerly "Philips Ultrasound, Inc.")
ATL International LLC
Philips Electronics North America Foundation
Philips Electronics Realty, LLC
Philips Medical Systems Export, Inc.
Philips MPEG Inc.
Philips Project Management, LLC

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CHANGE RIDER

To be attached to and form a part of Bond No. 30185503

in the amount of $25,000.00 issued by Western Surety Company

on behalf of **See attached list of principals

in favor of Nevada State Board of Pharmacy

It is understood and agreed that the bond described above is hereby modified so as to

Add the Principal:

Respironics Novametrix, LLC, 3000 Minuteman Road, Andover MA 01810

It is further expressly understood and agreed that the aggregate liability of the Western Surety Company under said bond to the obligee herein mentioned shall not exceed the amount stated above.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, agreements, conditions or limitations of the above-mentioned bond, other than as above stated.

Signed, sealed and dated this 13th day of January, 2025

Western Surety Company

BY: Kristin S. Bender Attorney-in-Fact

Nevada Non-Resident Producer License No. 8290?5

APPLICANT/PRINCIPALS:

AllParts Medical, LLC, 400 Brick Church Park Drive, Nashville, TN 37207
Discus Dental, LLC, 1700 A South Baker Ave., Ontario, CA 91761
Philips Healthcare Informatics, Inc., 4430 Rosewood Drive, Suite 200, Pleasanton, CA 94588
Philips Healthcare, a division of Philips North America LLC, 22100 Bothell Everett Hwy, Bothell,WA 98021
Philips Healthcare, a division of Philips North America LLC, 222 Jacobs Street, Cambridge, MA 02141
Philips Ultrasound LLC, 22100 Bothell Everett Highway, Bothell, WA 98021
Philips Image Guided Therapy Corporation, 3721 Valley Center Drive, Suite 500, San Diego, CA 92130
Philips Image Guided Therapy Corporation, 2451 Mercantile Drive, Rancho Cordova, CA 95742
Spectranetics LLC, 9965 Federal Drive, Colorado Springs, CO 80921
Visicu, Inc., 217 E. Redwood Street, Suite 1900, Baltimore, MD 21202
Philips RS North America LLC, 1010 Murry Ridge Lane, Murrysville, PA 15668
Philips RS North America LLC, 174 Tech Center Drive, Suite 100, Mt. Pleasant, PA 15666
Respironics Logistics Services, LLC, 174 Tech Center Drive, Suite 200, Mt. Pleasant, PA 15666

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Kristin S. Bender **, Individually**

of Morristown, NJ, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

Surety Bond Number: 30185503
Principal: see attached list or principals
Obligee: Nevada State Board of Pharmacy

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Laws and Resolutions printed below, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 13th day of March, 2024.

WESTERN SURETY COMPANY

Larry Kasten, Vice President

State of South Dakota }
County of Minnehaha } ss

On this 13th day of March, 2024, before me personally came Larry Kasten, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires
March 2, 2026

M. BENT NOTARY PUBLIC SOUTH DAKOTA

M. Bent, Notary Public

CERTIFICATE

I, Paula Kolsrud, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Laws and Resolutions of the corporation printed below are still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 13th day of January, 2025.

WESTERN SURETY COMPANY

Paula Kolsrud, Assistant Secretary

Authorizing By-Laws and Resolutions

ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

This Power of Attorney is signed by Larry Kasten, Vice President, who has been authorized pursuant to the above Bylaw to execute power of attorneys on behalf of Western Surety Company.

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 27th day of April, 2022:

"RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the Company."

Form F4280-2/2024

WESTERN SURETY COMPANY
Sioux Falls, South Dakota
Statement of Net Admitted Assets and Liabilities
December 31, 2023

ASSETS

Bonds	$	1,935,600,431
Stocks		15,281,696
Cash, cash equivalents, and short-term investments		36,335,353
Receivables for securities		14,770,000
Investment income due and accrued		18,185,645
Premiums and considerations		70,728,009
Amounts recoverable from reinsurers		4,459,042
Net deferred tax asset		18,202,272
Receivable from parent, subsidiaries, and affiliates		12,895,815
Other assets		157,742
Total Assets	$	2,126,616,005

LIABILITIES AND SURPLUS

Losses	$	247,328,673
Loss adjustment expense		56,340,495
Commissions payable, contingent commissions and other similar charges		13,245,319
Taxes, License and fees (excluding federal and foreign income taxes)		5,075,390
Federal and foreign income taxes payable		829,556
Unearned premiums		316,760,881
Advance premiums		6,183,112
Ceded reinsurance premiums payable (net of ceding commissions)		4,347,066
Amounts withheld or retained by company for account of others		3,094,680
Provision for reinsurance		157,388
Payable to parent, subsidiaries and affiliates		9,464
Other liabilities		(6,171)
Total Liabilities	$	653,365,853

Surplus Account:			
Common stock	$	4,000,000	
Gross paid in and contributed surplus		286,896,195	
Unassigned funds		1,182,353,957	
Surplus as regards policyholders			$ 1,473,250,152
Total Liabilities and Capital			$ 2,126,616,005

I, Julie Lee, Vice President of Western Surety Company hereby certify that the above is an accurate representation of the financial statement of the Company dated December 31, 2023, as filed with the various Insurance Departments and is a true and correct statement of the condition of Western Surety Company as of that date.

WESTERN SURETY COMPANY

By Julie Lee
Vice President, Accounting Policy & External Reporting

Subscribed and sworn to me this 14th day of March, 2024.

My commission expires:

YOLANDA JIMENEZ
OFFICIAL SEAL
Notary Public - State Of Illinois
My Commission Expires
September 24, 2025

By Yolanda Jimenez
Notary Public

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Respironics Novametrix, LLC MDEG License # (if applicable) N/A

Physical Address 3000 Minuteman Road

City Andover State MA Zip 01810

Mailing Address (if different from physical address) 3000 Minuteman Road, ATTN: James J. Kennedy Jr.

City Andover State MA Zip 01810

Telephone (617) 798-8128 Website www.usa.philips.com/healthcare

Licensing Company Email statelicense@philips.com

Section 2: Personal Information

First James Middle John Last Kennedy

Alias(es, nicknames, name changes, etc.) James John Kennedy Jr.

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 3000 Minuteman Road, ATTN: James J. Kennedy Jr.

City Andover State MA Zip 01810

Telephone [redacted] Email statelicense@philips.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Boston University – College of Engineering		08/12 - 05/16	
Address	**City**	**State**	**Zip**
100 Cummington Mall	Boston	MA	02215
Diploma/Degree obtained, if any			
B.S. in Biomedical Engineering and Minor in Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Seneca High School		09/08 - 06/12	
Address	**City**	**State**	**Zip**
110 Carranza Road	Tabernacle	NJ	08088
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/23 - Present	[redacted]			[redacted]
06/21 - 06/23				
06/18 - 06/21				
09/17 - 06/18				
08/16 - 09/17				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Respironics Novametrix, LLC			01/23 - Present	
Business Address		**City**	**State**	**Zip**
3000 Minuteman Road		Andover	MA	01810
Phone	**Title**		**Number of Employed Hours**	
(617) 798-8128	Capnography Lab Manager		40 hours per week	
Description of Duties				
Plan/execute/report Qualification Testing for product release. Lab Manager for R&D Lab, overseeing activities in lab.				

Business Name			From - To (MM/YY – MM/YY)	
Philips Healthcare			07/19 - 01/23	
Business Address		**City**	**State**	**Zip**
222 Jacobs Street		Cambridge	MA	02141
Phone	**Title**		**Number of Employed Hours**	
(617) 798-8128	Design Verification Engineer		40 hours per week	
Description of Duties				
Manage supplier relations around performed testing and delivery of samples and documentation. Design Verification Engineer performing testing and investigation in lab.				

Business Name			From - To (MM/YY – MM/YY)	
Haemonetics			07/18 - 06/19	
Business Address		**City**	**State**	**Zip**
400 Wood Road		Braintree	MA	02184
Phone	**Title**		**Number of Employed Hours**	
(781) 356-9377	Design Assurance Engineer		40 hours per week	
Description of Duties				
Developed verification test plans and protocols for Formal System Verification Testing of a Class 2 Medical Device. Led the Design Assurance team through a Formal System Testing Plan for a Software Release.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

N/A **This is in response to Question # _____. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

14 Mar 2025
Date

I, James J. Kennedy Jr., **certify that as the MDEG Administrator for**

Respironics Novametrix, LLC,

that I (initial that you have read and meet the following requirements):

1. JK Have a high school diploma or its equivalent;
2. JK Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JK Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JK Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Kennedy Jr.
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

14 Mar 2025
Date

Board Use Only	Date Received: 3/27/25

James J. Kennedy Jr.

[redacted]

SKILLS

Laboratory/Engineering: Signal Generation, Machining, Soldering, Metal working, Wood working, Vertical Milling
Programs: SolidWorks, MATLAB, LoggerPro, Microsoft Office, Test Track, MiniTab, SAP, and IBM Rational DOORS
Medical Device: Requirement writing/reviewing, System Verification Plan creation/execution, Accelerated Aging Protocol development, Test Case creation, Test Case Execution, Test Fixture Validation creation/execution, Agile Method, ISO 10993-1 Risk Based Analysis Training

WORK EXPERIENCE

Philips Healthcare — **Cambridge, MA**
Capnography R&D and FA Lab Manager — *January 2023 – Present*

- Built 4 Lab spaces from the ground up: 2 Qualification Labs, a Field Failure Analysis Lab with Decontamination, Advanced Development Lab
- Worked with Quality to create/update Lab governing processes to cover gaps from a Business site transfer
- Participated in Internal and External Audits to represent the R&D Labs and the associated activities
- Manage Calibration of all equipment in the lab: Custom, internally developed and purchased off the shelf
- Trend Customer complaint investigation data to identify possible design/manufacturing issues affecting the field

Design Verification Engineer — *July 2019 - Present*

- Developed and executed Verification Test Protocols across multiple product lines
- Managed supplier relations around performed testing and delivery of samples and documentation
- Verification Lead on multiple products for Performance, Reliability, and Standards Compliance testing
- Work with technicians to develop Test Fixturing for various tests and lead Validation effort

Haemonetics — **Braintree, MA**
Design Assurance Engineer (Contract) — *July 2018 - February 2019*
Design Assurance Engineer II (Full-Time) — *February 2019 - June 2019*

- Helped in the development of Disposable Set Formal Testing plans and protocols
- Executed Disposable Set Functional testing protocols
- Developed Verification test plans and protocols for Formal System Verification Testing of a Class 2 Medical Device
- Led the Design Assurance team through a Formal System Testing Plan for a Software Release
- Worked cross functionally to deliver software releases to customers
- Developed and executed Software Tool Validation Protocols
- Worked with Software Engineers to develop, document, and validate

Medtronic, Mechanical Circulatory Support Group, contracted with Populus Group — **Framingham, MA**
Associate Verification and Validation Engineer — *August 2016 – June 2018*

- Worked cross-functionally to develop tools, plans, and protocols for Software Design Verification Testing for a Class 3 Medical Device
- Utilized Test Track 2016 to organize and document Test Cases, Test Runs, Requirements, and Issues
- Designed custom test fixtures in SolidWorks
- Helped develop testing that implemented Physiologically accurate Flow Loops for Software Level Verification
- Worked towards automating current manual Test Methods for future Test Protocol Development

EDUCATION

Boston University College of Engineering — **Boston, MA**
Bachelors of Science in Biomedical Engineering — *May 2016*
Minor in Mechanical Engineering

PROJECTS

Senior Project: Development of a Novel Apparatus for Testing Tendon Fatigue and Regeneration *September 2015 – May 2016*

- Studied the factors involved with tendon fatigue to create a mathematical formula for tendon regeneration
- Designed and constructed a testing apparatus to cyclically load and unload the patellar tendons in Sprague-Dawley rats
- Utilized MATLAB to control the linear actuator on the testing apparatus
- Created a procedure to test the rats and analyze the results through histology

ACTIVITIES AND AFFILIATIONS

Technology Innovation Scholars Program — *October 2013 – May 2016*

- Educate students on basic design, machining, and assembly for the FIRST Robotics Competition
- Present engineering ideas and applications in society to students ranging from elementary to high school

FIRST Robotics Competition — *September 2008 – May 2016*

- Team 1647: The Iron Devils
- Team 1965: The Firebirds

Theta Tau – Professional Engineering Fraternity, Alpha Class — *December 2014-May 2016*

- Pledge Instructor for the Beta Class — *Spring 2015*
- Judicial Board — *Fall 2015-May 2016*

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Respironics Novametrix, LLC

Pharmacy/Wholesaler License # (if applicable): Pending

Physical Address: 3000 Minuteman Road

City: Andover State: MA Zip: 01810

Mailing Address (if different from physical address): 3000 Minuteman Road, ATTN: James J. Kennedy Jr.

City: Andover State: MA Zip: 01810

Telephone: (617) 798-8128 Website: www.usa.philips.com/healthcare

Licensing Company Email: statelicense@philips.com

Section 2: Personal Information

First: James Middle: John Last: Kennedy

Alias(es, nicknames, name changes, etc.): James John Kennedy Jr.

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 3000 Minuteman Road, ATTN: James J. Kennedy Jr.

City: Andover State: MA Zip: 01810

Telephone: [redacted] Email: statelicense@philips.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Boston University – College of Engineering		08/12 - 05/16	
Address	City	State	Zip
100 Cummington Mall	Boston	MA	02215
Diploma/Degree obtained, if any			
B.S. in Biomedical Engineering and Minor in Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Seneca High School		09/08 - 06/12	
Address	City	State	Zip
110 Carranza Rd.	Tabernacle	NJ	08088
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/23 - Present	[redacted]			[redacted]
From - To (MM/YY – MM/YY) 06/21 - 06/23				
From - To (MM/YY – MM/YY) 06/18 - 06/21				
From - To (MM/YY – MM/YY) 09/17 - 06/18				
From - To (MM/YY – MM/YY) 08/16 - 09/17				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Respironics Novametrix, LLC			01/23 - Present	
Business Address		**City**	**State**	**Zip**
3000 Minuteman Road		Andover	MA	01810
Phone	**Title**		**Number of Employed Hours**	
(617) 798-8128	Capnography Lab Manager		40 hours per week	
Description of Duties				
Plan/execute/report Qualification Testing for product release. Lab Manager for R&D Lab, overseeing activities in lab.				

Business Name			From - To (MM/YY – MM/YY)	
Philips Healthcare			07/19 - 01/23	
Business Address		**City**	**State**	**Zip**
222 Jacobs Street		Cambridge	MA	02141
Phone	**Title**		**Number of Employed Hours**	
(617) 798-8128	Design Verification Engineer		40 hours per week	
Description of Duties				
Manage supplier relations around performed testing and delivery of samples and documentation. Design Verification Engineer performing testing and investigation in lab.				

Business Name			From - To (MM/YY – MM/YY)	
Haemonetics			07/18 - 06/19	
Business Address		**City**	**State**	**Zip**
400 Wood Road		Braintree	MA	02184
Phone	**Title**		**Number of Employed Hours**	
(781) 356-9377	Design Assurance Engineer		40 hours per week	
Description of Duties				
Developed verification test plans and protocols for Formal System Verification Testing of a Class 2 Medical Device. Led the Design Assurance team through a Formal System Testing Plan for a Software Release.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

26Feb2025
Date

I, James J. Kennedy Jr., **certify that as the designated representative for**

Respironics Novametrix, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

James Kennedy Jr.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

26 Feb 2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Kennedy Jr.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

26Feb2025

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Essex

I, James Kennedy, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

26Feb2025

Date

Subscribed and Sworn to before me this 26th day of February

Sandra Lee Holmes

Notary Public Signature

Sandra Lee Holmes
NOTARY PUBLIC
Commonwealth of
Massachusetts
My Commission Expires
December 25, 2031

(Seal)

Attachment G

Regarding the Resident State License

Please note that the resident state licensing agency, the Massachusetts Department of Public Health (Department), does not license prescription device manufacturers. A resident state license does not exist and cannot be provided. Enclosed please find correspondence from the Department confirming that a license is not required.

Manufacturer and distributor registration information

Learn about registration for manufacturers and distributors of medical devices and pharmaceuticals.

Medical device manufacturer and distributor registration

This policy is intended to assist manufacturers and/or distributors of medical devices in Massachusetts to ascertain whether they need to obtain a controlled substances registration from the Massachusetts Department of Public Health (MDPH). Such a controlled substances registration would be required under Massachusetts law and regulation (M.G.L. c. 94C and 105 CMR 700.000) if a company were to manufacture, distribute or dispense controlled substances in the Commonwealth, or possess controlled substances with the intent of manufacturing, distributing or dispensing. Please note that in accordance with Massachusetts law the term "controlled substance" denotes any prescription pharmaceutical (i.e., either a federally controlled substance or a "legend" drug). Thus, any medical device that contains a prescription pharmaceutical is considered to be a controlled substance in Massachusetts regardless of its standing as a medical device.

If you are a manufacturer and/or a distributor in Massachusetts and your company does not manufacture, dispense or distribute controlled substances within the Commonwealth, or possess controlled substances for such purposes your company does not need, and has no basis for obtaining, a controlled substances registration from Massachusetts.

Thus, for example, a manufacturer or distributor of a medical device is not required to register if:

1. the device does not contain any prescription pharmaceutical; or
2. the device does contain a prescription pharmaceutical but is not manufactured, stored, dispensed, or distributed within the Commonwealth.

Pharmaceutical manufacturer and distributor registration

This policy is intended to assist manufacturers and/or distributors of prescription pharmaceuticals to ascertain whether they need to obtain a controlled substances registration from the Massachusetts Department of Public Health (MDPH). Such a controlled substances registration would be required under Massachusetts law and regulation (M.G.L. c. 94C and 105 CMR 700.000) if a company were to manufacture, distribute or dispense a controlled substance in the Commonwealth, or possess a controlled substance with the intent of manufacturing, distributing or dispensing. Please note that in accordance with Massachusetts law the term "controlled substance" denotes any prescription pharmaceutical (i.e., either a federally controlled substance or a "legend" drug).

If you are a manufacturer and/or a distributor in Massachusetts and your company does not manufacture, dispense or distribute a controlled substance within the Commonwealth, or possess a controlled substance for such purposes your company does not need, and has no basis for obtaining, a controlled substances registration from Massachusetts.

If you are a manufacturer and/or a distributor outside of Massachusetts and your company does not manufacture, dispense or distribute a controlled substance within the Commonwealth, or possess a controlled substance in the Commonwealth for such purposes your company does not need, and has no basis for obtaining, a controlled substances registration from Massachusetts.

Thus, for example, a manufacturer or distributor of a prescription pharmaceutical is not required to register if manufacture, storage and distribution of the pharmaceutical is handled from outside the state and the only activity within Massachusetts is direct delivery to a registered entity in the state.

Contact

Drug Control Program

Online

dcp.dph@mass.gov (mailto:dcp.dph@mass.gov)

Phone

(617) 973-0800 (tel:6179730800)

Address

250 Washington Street, 3rd Floor, Boston, MA 02108

Directions (https://maps.google.com/?q=250+Washington+Street%2C+3rd+Floor%2C+Boston%2C+MA+02108)

RELATED

Apply for, renew, or amend information for your facility

MCSR (/how-to/apply-for-renew-or-amend-information-for-your-facility-mcsr)

Verify an MCSR (/info-details/registration-verification-for-mcsr)

M.G.L. c. 94C (https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter94C)

105 CMR 700.00: Implementation of M.G.L. c.94C (/regulations/105-CMR-70000-implementation-of-mgl-c94c)

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Worker
Ara Bablouzian
Aristotelis Casternopoulos
Arthur Pizer
Bonnie Mason
Bryan Valcourt
Charles Chapman
Daniel Doherty
Darrell Ake
Enecieto Evangelista
Henry Gao
Jake Watson
James Kennedy
James Wilson
John Vivilecchia
Jose Hernandez
Joseph Endris
Karen Henderson
Kathleen Rice
Kathy-Jo Blouin
Lauren Di Muzio
Mark Nolin
Melanie Griffin
Michael Lippert
Minal Shah
Nan Jou Pern
Peter Cho
Quang Thanh Lu
Richard Markle
Robert Allard
Robert Gilmartin
Scott Wuthrich
Shawn Price
Stephen McClendon
Steven Caruso
Supraja Ganti
Thomas Colbert
Timothy Bun
Vasishta Malisetty
Vincent Prawira
Vinee Dave
Zhiming Mo

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Ritedose Pharmaceuticals, LLC

Physical Address: 1150 Performance Parkway

City: Columbia State: SC Zip: 29203

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: (803) 806-3300 Website: www.ritedose.com

Name of Designated Representative (DR): Connie Bradley

Licensing Company Email: sbop@ritedose.com DR Email: bradleyc@ritedose.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies ■ Practitioners ■ Hospitals ■ Wholesalers ☐ Veterinarians ☐ Others:	■ Dangerous Drugs ☐ Controlled Substances ■ [a]Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ■ Others: Wholesale Distributor

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

05/14/25
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: The Ritedose Corporation

Address: 1 Technology Circle City: Columbia State: SC Zip: 29203

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): The Ritedose Corporation

Corporation/Organization Name: Ritedose Pharmaceuticals, LLC

Mailing Address: 1150 Performance Parkway

City: Columbia State: SC Zip: 29203

Telephone: (803) 806-3300 Email: sbop@ritedose.com

Contact Person Name: Cynthia Avants

Section 6: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Ritedose Pharmaceuticals, LLC

Facility Name

Jody Chastain

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

05/16/25

Date

Board Use Only	Date Received: 5/28/25	Amount: $1000 CK 6616124

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FDA

Current through January 8, 2025

You have searched Finished drug products

Search Results: *'Ritedose Pharmaceuticals'*

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Keyword Search Search

Showing 1 to 31 of 31 entries Show entries

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product NDC	Non Proprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Albuterol Sulfate	76204-200-01	2.5mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA077839	Ritedose Pharmaceuticals, LLC	76204-200	Albuterol Sulfate	ALBUTEROL SULFATE	HUMAN PRESCRIPTION DRUG	12/05/2011	N/A	ANDA	30 POUCH in 1 CARTON (76204-200-01) / 1 AMPULE in 1 POUCH / 3 mL in 1 AMPULE
Albuterol Sulfate	76204-200-25	2.5mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA077839	Ritedose Pharmaceuticals, LLC	76204-200	Albuterol Sulfate	ALBUTEROL SULFATE	HUMAN PRESCRIPTION DRUG	12/05/2011	N/A	ANDA	1 POUCH in 1 CARTON (76204-200-25) / 25 AMPULE in 1 POUCH / 3 mL in 1 AMPULE
Albuterol Sulfate	76204-200-30	2.5mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA077839	Ritedose Pharmaceuticals, LLC	76204-200	Albuterol Sulfate	ALBUTEROL SULFATE	HUMAN PRESCRIPTION DRUG	12/05/2011	N/A	ANDA	1 POUCH in 1 CARTON (76204-200-30) / 30 AMPULE in 1 POUCH / 3 mL in 1 AMPULE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number Monograph ID	Labeler Name	Product NDC	Non Proprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Albuterol Sulfate	76204-200-60	2.5mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA077839	Ritedose Pharmaceuticals, LLC	76204-200	Albuterol Sulfate	ALBUTEROL SULFATE	HUMAN PRESCRIPTION DRUG	12/05/2011	N/A	ANDA	2 POUCH in 1 CARTON (76204-200-60) / 30 AMPULE in 1 POUCH / 3 mL in 1 AMPULE
Albuterol Sulfate Inhalation Solution	76204-010-01	.63mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA214531	Ritedose Pharmaceuticals, LLC	76204-010	Albuterol Sulfate	ALBUTEROL SULFATE	HUMAN PRESCRIPTION DRUG	01/04/2022	N/A	ANDA	30 POUCH in 1 CARTON (76204-010-01) / 1 VIAL in 1 POUCH (76204-010-11) / 3 mL in 1 VIAL
Albuterol Sulfate Inhalation Solution	76204-010-55	.63mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA214531	Ritedose Pharmaceuticals, LLC	76204-010	Albuterol Sulfate	ALBUTEROL SULFATE	HUMAN PRESCRIPTION DRUG	01/04/2022	N/A	ANDA	25 POUCH in 1 CARTON (76204-010-55) / 5 VIAL in 1 POUCH (76204-010-05) / 3 mL in 1 VIAL
Albuterol Sulfate Inhalation Solution	76204-011-01	1.25mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA214531	Ritedose Pharmaceuticals, LLC	76204-011	Albuterol Sulfate	ALBUTEROL SULFATE	HUMAN PRESCRIPTION DRUG	01/04/2022	N/A	ANDA	30 POUCH in 1 CARTON (76204-011-01) / 1 VIAL in 1 POUCH (76204-011-11) / 3 mL in 1 VIAL
Albuterol Sulfate Inhalation Solution	76204-011-55	1.25mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA214531	Ritedose Pharmaceuticals, LLC	76204-011	Albuterol Sulfate	ALBUTEROL SULFATE	HUMAN PRESCRIPTION DRUG	01/04/2022	N/A	ANDA	25 POUCH in 1 CARTON (76204-011-55) / 5 VIAL in 1 POUCH (76204-011-05) / 3 mL in 1 VIAL
Arformoterol Tartrate Inhalation Solution	76204-026-01	15ug/2mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA214736	Ritedose Pharmaceuticals, LLC	76204-026	Arformoterol Tartrate Inhalation Solution	ARFORMOTEROL TARTRATE	HUMAN PRESCRIPTION DRUG	02/27/2023	N/A	ANDA	30 POUCH in 1 CARTON (76204-026-01) / 1 AMPULE in 1 POUCH / 2 mL in 1 AMPULE
Arformoterol Tartrate Inhalation Solution	76204-026-02	15ug/2mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA214736	Ritedose Pharmaceuticals, LLC	76204-026	Arformoterol Tartrate Inhalation Solution	ARFORMOTEROL TARTRATE	HUMAN PRESCRIPTION DRUG	02/27/2023	N/A	ANDA	60 POUCH in 1 CARTON (76204-026-02) / 1 AMPULE in 1 POUCH / 2 mL in 1 AMPULE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product NDC	Non Proprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Marketing Category	Package Description
Arformoterol Tartrate Inhalation Solution	76204-026-55	15ug/2mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA214736	Ritedose Pharmaceuticals, LLC	76204-026	Arformoterol Tartrate Inhalation Solution	ARFORMOTEROL TARTRATE	HUMAN PRESCRIPTION DRUG	02/27/2023	N/A	ANDA	12 POUCH in 1 CARTON (76204-026-55) / 5 AMPULE in 1 POUCH / 2 mL in 1 AMPULE
Cromolyn Sodium Inhalation Solution	76204-028-60	20mg/2mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA209453	Ritedose Pharmaceuticals, LLC	76204-028	Cromolyn Sodium Inhalation Solution	CROMOLYN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2021	N/A	ANDA	2 POUCH in 1 CARTON (76204-028-60) / 30 AMPULE in 1 POUCH (76204-028-12) / 2 mL in 1 AMPULE
Cromolyn Sodium Oral Solution (Concentrate)	76204-025-96	100mg/5mL	SOLUTION, CONCENTRATE	ORAL	ANDA209264	Ritedose Pharmaceuticals, LLC	76204-025	Cromolyn Sodium Oral Solution (Concentrate)	CROMOLYN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2021	N/A	ANDA	12 POUCH in 1 CARTON (76204-025-96) / 8 AMPULE in 1 POUCH (76204-025-08) / 5 mL in 1 AMPULE
Ipratropium Bromide	76204-100-01	.5mg/2.5mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA075693	Ritedose Pharmaceuticals, LLC	76204-100	Ipratropium Bromide	IPRATROPIUM BROMIDE	HUMAN PRESCRIPTION DRUG	11/21/2011	N/A	ANDA	30 POUCH in 1 CARTON (76204-100-01) / 1 AMPULE in 1 POUCH / 2.5 mL in 1 AMPULE
Ipratropium Bromide	76204-100-25	.5mg/2.5mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA075693	Ritedose Pharmaceuticals, LLC	76204-100	Ipratropium Bromide	IPRATROPIUM BROMIDE	HUMAN PRESCRIPTION DRUG	11/21/2011	N/A	ANDA	1 POUCH in 1 CARTON (76204-100-25) / 25 AMPULE in 1 POUCH / 2.5 mL in 1 AMPULE
Ipratropium Bromide	76204-100-30	.5mg/2.5mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA075693	Ritedose Pharmaceuticals, LLC	76204-100	Ipratropium Bromide	IPRATROPIUM BROMIDE	HUMAN PRESCRIPTION DRUG	11/21/2011	N/A	ANDA	1 POUCH in 1 CARTON (76204-100-30) / 30 AMPULE in 1 POUCH / 2.5 mL in 1 AMPULE
Ipratropium Bromide	76204-100-60	.5mg/2.5mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA075693	Ritedose Pharmaceuticals, LLC	76204-100	Ipratropium Bromide	IPRATROPIUM BROMIDE	HUMAN PRESCRIPTION DRUG	11/21/2011	N/A	ANDA	2 POUCH in 1 CARTON (76204-100-60) / 30 AMPULE in 1

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph Id	Labeler Name	Product NDC	Non Proprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
														POUCH / 2.5 mL in 1 AMPULE
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE	76204-600-01	2.5mg/3mL, .5 mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA202496	Ritedose Pharmaceuticals, LLC	76204-600	Ipratropium Bromide and Albuterol Sulfate	ALBUTEROL SULFATE; IPRATROPIUM BROMIDE	HUMAN PRESCRIPTION DRUG	10/15/2012	N/A	ANDA	30 POUCH in 1 CARTON (76204-600-01) / 1 AMPULE in 1 POUCH / 3 mL in 1 AMPULE
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE	76204-600-05	2.5mg/3mL, .5 mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA202496	Ritedose Pharmaceuticals, LLC	76204-600	Ipratropium Bromide and Albuterol Sulfate	ALBUTEROL SULFATE; IPRATROPIUM BROMIDE	HUMAN PRESCRIPTION DRUG	10/15/2012	N/A	ANDA	6 POUCH in 1 CARTON (76204-600-05) / 5 AMPULE in 1 POUCH / 3 mL in 1 AMPULE
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE	76204-600-12	2.5mg/3mL, .5 mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA202496	Ritedose Pharmaceuticals, LLC	76204-600	Ipratropium Bromide and Albuterol Sulfate	ALBUTEROL SULFATE; IPRATROPIUM BROMIDE	HUMAN PRESCRIPTION DRUG	10/15/2012	N/A	ANDA	12 POUCH in 1 CARTON (76204-600-12) / 5 AMPULE in 1 POUCH / 3 mL in 1 AMPULE
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE	76204-600-30	2.5mg/3mL, .5 mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA202496	Ritedose Pharmaceuticals, LLC	76204-600	Ipratropium Bromide and Albuterol Sulfate	ALBUTEROL SULFATE; IPRATROPIUM BROMIDE	HUMAN PRESCRIPTION DRUG	10/15/2012	N/A	ANDA	1 POUCH in 1 CARTON (76204-600-30) / 30 AMPULE in 1 POUCH / 3 mL in 1 AMPULE
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE	76204-600-60	2.5mg/3mL, .5 mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA202496	Ritedose Pharmaceuticals, LLC	76204-600	Ipratropium Bromide and Albuterol Sulfate	ALBUTEROL SULFATE; IPRATROPIUM BROMIDE	HUMAN PRESCRIPTION DRUG	10/15/2012	N/A	ANDA	2 POUCH in 1 CARTON (76204-600-60) / 30 AMPULE in 1 POUCH / 3 mL in 1 AMPULE
Levalbuterol	76204-700-01	.31mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA203653	Ritedose Pharmaceuticals, LLC	76204-700	Levalbuterol Hydrochloride	LEVALBUTEROL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/17/2017	N/A	ANDA	30 POUCH in 1 CARTON (76204-700-01) / 1 AMPULE in 1 POUCH (76204-700-11) / 3 mL in 1 AMPULE
Levalbuterol	76204-700-25	.31mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA203653	Ritedose Pharmaceuticals, LLC	76204-700	Levalbuterol Hydrochloride	LEVALBUTEROL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/17/2017	N/A	ANDA	1 POUCH in 1 CARTON (76204-700-25) / 25

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product NDC	Non Proprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
														AMPULE in 1 POUCH (76204-700-15) / 3 mL in 1 AMPULE
Levalbuterol	76204-700-55	.31mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA203653	Ritedose Pharmaceuticals, LLC	76204-700	Levalbuterol Hydrochloride	LEVALBUTEROL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/17/2017	N/A	ANDA	5 POUCH in 1 CARTON (76204-700-55) / 5 AMPULE in 1 POUCH (76204-700-05) / 3 mL in 1 AMPULE
Levalbuterol	76204-800-01	.63mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA203653	Ritedose Pharmaceuticals, LLC	76204-800	Levalbuterol Hydrochloride	LEVALBUTEROL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/17/2017	N/A	ANDA	30 POUCH in 1 CARTON (76204-800-01) / 1 AMPULE in 1 POUCH (76204-800-11) / 3 mL in 1 AMPULE
Levalbuterol	76204-800-25	.63mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA203653	Ritedose Pharmaceuticals, LLC	76204-800	Levalbuterol Hydrochloride	LEVALBUTEROL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/17/2017	N/A	ANDA	1 POUCH in 1 CARTON (76204-800-25) / 25 AMPULE in 1 POUCH (76204-800-15) / 3 mL in 1 AMPULE
Levalbuterol	76204-800-55	.63mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA203653	Ritedose Pharmaceuticals, LLC	76204-800	Levalbuterol Hydrochloride	LEVALBUTEROL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/17/2017	N/A	ANDA	5 POUCH in 1 CARTON (76204-800-55) / 5 AMPULE in 1 POUCH (76204-800-05) / 3 mL in 1 AMPULE
Levalbuterol	76204-900-01	1.25mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA203653	Ritedose Pharmaceuticals, LLC	76204-900	Levalbuterol Hydrochloride	LEVALBUTEROL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/17/2017	N/A	ANDA	30 POUCH in 1 CARTON (76204-900-01) / 1 AMPULE in 1 POUCH (76204-900-11) / 3 mL in 1 AMPULE
Levalbuterol	76204-900-25	1.25mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA203653	Ritedose Pharmaceuticals, LLC	76204-900	Levalbuterol Hydrochloride	LEVALBUTEROL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/17/2017	N/A	ANDA	1 POUCH in 1 CARTON (76204-900-25) / 25 AMPULE in 1

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product NDC	Non Proprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
														POUCH (76204-900-15) / 3 mL in 1 AMPULE
Levalbuterol	76204-900-55	1.25mg/3mL	SOLUTION	RESPIRATORY (INHALATION)	ANDA203653	Ritedose Pharmaceuticals, LLC	76204-900	Levalbuterol Hydrochloride	LEVALBUTEROL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/17/2017	N/A	ANDA	5 POUCH in 1 CARTON (76204-900-55) / 5 AMPULE in 1 POUCH (76204-900-05) / 3 mL in 1 AMPULE

Background Information

Drug questions email: DRUGINFO@FDA.HHS.GOV

See also: Drug Registration and Listing Instructions
National Drug Code Directory Data Files

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Ritedose Pharmaceuticals, LLC

1150 Performance Parkway, Columbia, SC 29203 FEIN: 27-3907624
Incorporated in the State of Delaware on 11/08/2010

The Ritedose Corporation – Parent Company
Business Address: 1 Technology Circle, Columbia SC 29203

Jody Chastain – President & Chief Executive Officer
Business Address: 1 Technology Circle, Columbia SC 29203
Business Phone: (803) 806-3300

Duane Miskelly – Secretary, Treasurer & Chief Financial Officer Business Address: 1 Technology Circle, Columbia SC 29203 Business Phone: (803) 873-2059

Shawn Miller - Chief Information Officer
Business Address: 1 Technology Circle, Columbia SC 29203
Business Phone: (803) 806-3300

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RITEDOSE PHARMACEUTICALS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF APRIL, A.D. 2025.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203503403

Date: 04-22-25

4895310 8300

SR# 20251690956

You may verify this certificate online at corp.delaware.gov/authver.shtml

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

Ritedose Pharmaceuticals, LLC

1150 Performance Parkway
Columbia, SC 29203

PY .23069 PWD

Wholesale/Distributor

License Expires on
06/30/2026

Archie "Artie" McKnight, II, Chair

Michael K. Bedenbaugh, Vice Chair

Effective Date
05/07/2025

Kayce Shealy, Board Executive

To verify current license status, go to http://verify.llronline.com/LicLookup/LookupMain.aspx

License must be displayed publicly.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

6/21/2025

DATE (MM/DD/YYYY) 5/29/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies, LLC 444 W. 47th St., Ste. 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Federal Insurance Company	20281
INSURER B : Chubb National Insurance Company	10052
INSURER C : ProAssurance Specialty Insurance Company	17400
INSURER D : Endurance American Specialty Insurance Co.	41718
INSURER E :	
INSURER F :	

INSURED
1515412
THE RITEDOSE CORPORATION
RITEDOSE PHARMACEUTICALS LLC
1 TECHNOLOGY CIRCLE
COLUMBIA SC 29203

COVERAGES **CERTIFICATE NUMBER:** 19095678 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	N	N	36086656	6/21/2024	6/21/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ See Below $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY	N	N	73643298	6/21/2024	6/21/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ 1,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000	N	N	56722911	6/21/2024	6/21/2025	EACH OCCURRENCE AGGREGATE 	$ 10,000,000 $ 10,000,000 $ XXXXXXX
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	71841034	6/21/2024	6/21/2025	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C	GL PRODUCTS/COMPLETED OPERATIONS	N	N	N24SC380002	6/21/2024	6/21/2025	AGG: $10,000,000 OCC: $10,000,000	
D	CYBER			PRV30062795700	6/21/2024	6/21/2025	AGG: $5,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
1135 PERFORMANCE PARKWAY, COLUMBIA, SC 29203
1150 PERFORMANCE PARKWAY, COLUMBIA, SC 29203

CERTIFICATE HOLDER

19095678
Proof of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Joseph M Agnello

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GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	9455252
For	NV Pharmaceutical Wholesaler Bond
Dated effective	04/19/2024 (MONTH, DAY, YEAR)
Executed by	Ritedose Pharmaceuticals, LLC, as Principal, (PRINCIPAL)
And by	Fidelity and Deposit Company of Maryland, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Address	1135 Performance Parkway	1135 Performance Parkway, 1150 Performance Parkway

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 04/19/2025
(MONTH, DAY, YEAR)

Signed and Sealed 06/05/2025
(MONTH, DAY, YEAR)

Ritedose Pharmaceuticals, LLC
PRINCIPAL

BY _____
TITLE

Fidelity and Deposit Company of Maryland
SURETY

BY _____
Kellie A. Meyer, ATTORNEY-IN-FACT

Bond No. 9455252

Obligee: Nevada State Board of Pharmacy

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Christopher Nolan, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **Kellie A. Meyer**, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings,** and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 7th day of February, A.D. 2025.

SEAL SEAL SEAL

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Christopher Nolan
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 7th day of February, A.D. 2025, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Christopher Nolan, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Genevieve M. Maison
Notary Public
My Commission Expire January 27, 2029

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies.
this 5th day of June, 2025.



MJ Pethick

Mary Jean Pethick
Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
reportsfclaims@zurichna.com
800-626-4577

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 9455252

Application/License No. _____

Ritedose Pharmaceuticals, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1135 Performance Parkway, Columbia, SC 29203 (Address of Applicant/Principal), as PRINCIPAL, and Fidelity and Deposit Company of Maryland (Surety Company), a corporation organized under the laws of the state of IL (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1299 Zurich Way, 5th Floor , Schaumburg, IL 60196-1056 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 19, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 19th day of April, 2024.

APPLICANT/PRINCIPAL

Ritedose Pharmaceuticals, LLC

By: _____
Authorized Representative

SURETY COMPANY

Fidelity and Deposit Company of Maryland

By: _____
Surety Company's Representative

Kellie A. Meyer, Attorney-in-fact
print name

Surety Phone No. 847-605-6000

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Tiffany C. Massey

_____
Witness

Countersigned by:

_____
Nevada Resident Agent

Posted February 20, 2020

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Robert D. Murray, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Debra J. SCARBOROUGH, Kellie A. MEYER, Christy M. BRAILE, Mary T. FLANIGAN, Tahitia M. FRY, Rebecca S. LEAL, C. STEPHENS GRIGGS, Lauren SCOTT, Veronica LAWVER, Danielle R. CAPPS, Kristin D. THURBER, Patrick T. PRIBYL, Evan D. SIZEMORE, Jeffrey C. CAREY, Charles R. TETER, III, Hillary D. SHEPARD, Erin C. LAVIN, Mariana WALKER, all of Kansas City, Missouri, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 6th day of December, A.D. 2023.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 6th day of December, A.D. 2023, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Genevieve M. Maison

GENEVIEVE M. MAISON
NOTARY PUBLIC
BALTIMORE COUNTY, MD
My Commission Expires JANUARY 27, 2026

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 19th day of April, 2024.

Thomas O. McClellan
Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
reportsfclaims@zurichna.com
800-626-4577

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

VERIFICATION OF SURETY BOND RENEWAL

April 28, 2025

RE: BOND #	**9455252**
BOND AMOUNT:	**$25,000.00**
PRINCIPAL:	**RiteDose Pharmaceuticals, LLC**
OBLIGEE:	**Nevada State Board of Pharmacy**
DESCRIPTION:	**NV Pharmaceutical Wholesaler Bond**
EFFECTIVE DATE:	**April 19, 2024**
PREMIUM TERM:	**April 19, 2025 to April 19, 2026**

THE ABOVE REFERENCED BOND CONTINUES TO BE IN FULL FORCE AND EFFECT. THE BOND IS CONTINUOUS IN NATURE AND WILL REMAIN IN FORCE UNTIL CANCELLED BY THE SURETY ACCORDING TO THE TERMS AND CONDITIONS OF THE BOND.

Fidelity and Deposit Company of Maryland

Kellie A. Meyer
Attorney-in-Fact

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Ritedose Pharmaceuticals, LLC — MDEG License # (if applicable): In Process

Physical Address: 1150 Performance Parkway

City: Columbia — State: SC — Zip: 29203

Mailing Address (if different from physical address): Same as above

City: — State: — Zip:

Telephone: (803) 806-3300 — Website: www.ritedose.com

Licensing Company Email: sbop@ritedose.com

Section 2: Personal Information

First: Connie — Middle: Marie — Last: Bradley

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] — State: [redacted] — Zip: [redacted]

Telephone: [redacted] — Email: bradleyc@ritedose.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
North Buncombe High School			08/88 - 06/91
Address	City	State	Zip
890 Clarks Chapel Rd	Weaverville	NC	28787
Diploma/Degree obtained, if any			
High School Graduate			

School Name			From - To (MM/YY – MM/YY)
Western Carolina University			01/05 - 05/07
Address	City	State	Zip
1 University Dr	Cullowhee	NC	28723
Diploma/Degree obtained, if any			
MBA			

School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2009-Present	[redacted]			[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Ritedose Pharmaceuticals, LLC			01/01/2013-Present
Business Address	**City**	**State**	**Zip**
1135 Performance Parkway	Columbia	SC	29203
Phone	**Title**		**Number of Employed Hours**
(803) 806-3300	Distribution Manager		approx. 104,700 hrs
Description of Duties			
Responsible for overseeing the day-to-day operation of the warehouse and monitoring the productivity of its staff.			

Business Name			From - To (MM/YY – MM/YY)
The Ritedose Corporation			
Business Address	**City**	**State**	**Zip**
1 Technology Circle	Columbia	SC	29203
Phone	**Title**		**Number of Employed Hours**
(803) 806-3300W	Warehouse Manager		approx. 44,880 hrs
Description of Duties			
Responsible for overseeing the day-to-day operation of the warehouse and monitoring the productivity of its staff.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Connie Bradley — 05/15/25

→ Original Signature (electronic, copies or stamps not accepted) — Date

I, Connie Bradley, **certify that as the MDEG Administrator for**

Ritedose Pharmaceuticals, LLC,

that I (initial that you have read and meet the following requirements):

1. CB Have a high school diploma or its equivalent;
2. CB Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CB Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Connie Bradley
Print Name (First, Last)

Connie Bradley
→ Original Signature (electronic, copies or stamps not accepted)

05/15/25
Date

Board Use Only	Date Received: 5/28/25

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Ritedose Pharmaceuticals, LLC

Pharmacy/Wholesaler License # (if applicable): In Process

Physical Address: 1150 Performance Parkway

City: Columbia State: SC Zip: 29203

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: (803) 806-3300 Website: www.ritedose.com

Licensing Company Email: sbop@ritedose.com

Section 2: Personal Information

First: Connie Middle: Marie Last: Bradley

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: bradleyc@ritedose.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
North Buncombe High School		08/88 - 06/91	
Address	City	State	Zip
890 Clarks Chapel Rd	Weaverville	NC	28787
Diploma/Degree obtained, if any			
High School Graduate			

School Name		From - To (MM/YY – MM/YY)	
Western Carolina University		01/05 - 05/07	
Address	City	State	Zip
1 University Dr		NC	28723
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2009-Present	[redacted]			[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Ritedose Pharmaceuticals, LLC			01/01/2013-Present	
Business Address		**City**	**State**	**Zip**
1135 Performance Parkway		Columbia	SC	29203
Phone	**Title**		**Number of Employed Hours**	
(803) 806-3300	Distribution Manager		approx. 104,700 hrs	
Description of Duties				
Responsible for overseeing the day-to-day operation of the warehouse and monitoring the productivity of its staff.				

Business Name			From - To (MM/YY – MM/YY)	
The Ritedose Corporation				
Business Address		**City**	**State**	**Zip**
1 Technology Circle		Columbia	SC	29203
Phone	**Title**		**Number of Employed Hours**	
(803) 806-3300W	Warehouse Manager		approx. 44,880 hrs	
Description of Duties				
Responsible for overseeing the day-to-day operation of the warehouse and monitoring the productivity of its staff.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

N/A

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Connie Bradley
→ Original Signature (electronic, copies or stamps not accepted)

05/15/25
Date

I, Connie Bradley, **certify that as the designated representative for**

Ritedose Pharmaceuticals, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CB I am at least 21 years of age;
3. CB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Connie Bradley

Print Name (First, Last)

Connie Bradley

→ Original Signature (electronic, copies or stamps not accepted)

05/15/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Connie Bradley

Print Name (First, Last)

Connie Bradley — 05/15/25

→ Original Signature (electronic copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of SC, ss. County of Richland

I, Connie Bradley, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Connie Bradley — 05/15/25

Original Signature — **Date**

Subscribed and Sworn to before me this 15th day of May.

Sharen Bramlette

Notary Public Signature

SHAREN BRAMLETTE NOTARY PUBLIC SEAL COMM. EXP. 02/06/2033 SOUTH CAROLINA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Ritedose Pharmaceuticals, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): In Process

Physical Address: 1150 Performance Parkway

City: Columbia State: SC Zip: 29203

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: (803) 806-3300 Website: www.ritedose.com

Licensing Company Email: sbop@ritedose.com

Section 2: Personal Information

First: Jody Middle: Last: Chastain

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: (803) 806-3300 Email: chastainj@ritedose.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
LIMESTONE COLLEGE		8/2001 - 6/2003	
Address	**City**	**State**	**Zip**
1115 COLLEGE DR	GAFFNEY	SC	29340
Diploma/Degree obtained, if any			
B.S. BUSINESS ADMIN.			

School Name		From - To (MM/YY – MM/YY)	
LIBERTY HIGH SCHOOL		09/89 - 06/92	
Address	**City**	**State**	**Zip**
	LIBERTY	SC	29657
Diploma/Degree obtained, if any			
H.S. DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/20 — PRESENT	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Ritedose Pharmaceuticals, LLC			02/11 – PRESENT
Business Address	**City**	**State**	**Zip**
1135 Performance Parkway	Columbia	SC	29203
Phone	**Title**		
803-806-3300	President & CEO		
Description of Duties			
Top leadership job as head and outward facing member of the executive management team.			

Business Name			From - To (MM/YY – MM/YY)
The Ritedose Corporation			01/05 → PRESENT
Business Address	**City**	**State**	**Zip**
1 Technology Circle	Columbia	SC	29203
Phone	**Title**		
803-806-3300	President & CEO		
Description of Duties			
Top leadership job as head and outward facing member of the executive management team.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

→ Original Signature (electronic, copies or stamps not accepted)

05/16/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jody Chastain

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 05/16/25

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, Jody Chastain, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — **Date:** 05/16/25

Subscribed and Sworn to before me this 16th day of May 2025.

Notary Public Signature

SHAREN BRAMLETTE NOTARY PUBLIC COMM. EXP. 02-06-2035 SOUTH CAROLINA

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Ritedose Pharmaceuticals, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): In Process

Physical Address: 1150 Performance Parkway

City: Columbia State: SC Zip: 29203

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: (803) 806-3300 Website: www.ritedose.com

Licensing Company Email: sbop@ritedose.com

Section 2: Personal Information

First: Duane Middle: Last: Miskelly

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: miskellyd@ritedose.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Randolph High School			
Address: 1225 West Perimeter Road	City: San Antonio	State: TX	Zip: 78150
Diploma/Degree obtained, if any: High School Graduate			

School Name		From - To (MM/YY – MM/YY)	
University of Maryland			
Address: 1000 Hilltop Cir	City: College Park	State: MD	Zip: 20742
Diploma/Degree obtained, if any: BS Accounting			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/2022 to Present	[redacted]			
9/2016 to 6/2022				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Ritedose Pharmaceuticals, LLC			4/2022 to Present
Business Address	**City**	**State**	**Zip**
1135 Performance Parkway	Columbia	SC	29203
Phone	**Title**		
803-873-2059	Chief Financial officer		
Description of Duties			
As a senior executive responsible for managing the financial actions the company.			

Business Name			From - To (MM/YY – MM/YY)
The Ritedose Corporation			4/2022 to Present
Business Address	**City**	**State**	**Zip**
1 Technology Circle	Columbia	SC	29203
Phone	**Title**		
803-873-2059	Chief Financial officer		
Description of Duties			
As a senior executive responsible for managing the financial actions the company.			

Business Name			From - To (MM/YY – MM/YY)
Benefitfocus			11/2019 to 4/2022
Business Address	**City**	**State**	**Zip**
100 Benefitfocus Way	Charleston	SC	29429
Phone	**Title**		
855-221-6400	VP, FPA		
Description of Duties			
Managed the organization's financial department.			

Business Name			From - To (MM/YY – MM/YY)
Nephron Pharmaceuticals			9/2016 to 9/2018
Business Address	**City**	**State**	**Zip**
4500 12th Street Ext	West Columbia	SC	29172
Phone	**Title**		
800- 443-4313	Chief Financial officer		
Description of Duties			
As a senior executive responsible for managing the financial actions the company.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/19/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Duane Miskelly

Print Name (First, Last)

→ Original Signature (electronic, copies or stamps not accepted)

5/19/2025

Date

Please have this section completed in the presence of a Notary Public.

State of South Carolina, ss. County of Richland

I, Duane Miskelly, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

→ **Original Signature**

5/19/2025

Date

Subscribed and Sworn to before me this 19th day of May 2025.

Sharen Bramlette

Notary Public Signature

SHAREN BRAMLETTE NOTARY PUBLIC COMM. EXP. 02/06/2035 SOUTH CAROLINA

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Ritedose Pharmaceuticals, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): In Process

Physical Address: 1150 Performance Parkway

City: Columbia State: SC Zip: 29203

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: (803) 806-3300 Website: www.ritedose.com

Licensing Company Email: sbop@ritedose.com

Section 2: Personal Information

First: Shawn Middle: Last: Miller

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: (803) 806-3300 Email: millers@ritedose.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: University of Louisville			From - To (MM/YY – MM/YY): 06/96 – 05/98	
Address	City: Louisville		State: KY	Zip
Diploma/Degree obtained, if any: MBA				
School Name: Tennessee Technological University			From - To (MM/YY – MM/YY): 08/93 – 12/94	
Address	City: Cookeville		State: TN	Zip
Diploma/Degree obtained, if any: M.S. C.E.E.				
School Name: Tennessee Technological University			From - To (MM/YY – MM/YY): 08/89 – 05/93	
Address	City: Cookeville		State: TN	Zip
Diploma/Degree obtained, if any: B.S. Ch.E.				
School Name: Bradley Central High School			From - To (MM/YY – MM/YY): 08/85 – 05/89	
Address	City: Cleveland		State: TN	Zip: 37311
Diploma/Degree obtained, if any: Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Ritedose Pharmaceuticals, LLC			From - To (MM/YY – MM/YY): 2/11 - present
Business Address: 1135 Performance Parkway	City: Columbia	State: SC	Zip: 29203
Phone: 803-806-3300	Title: Chief Information Officer		
Description of Duties: Responsible for implementing IT strategies in the company's operations			

Business Name: The Ritedose Corporation			From - To (MM/YY – MM/YY):
Business Address: 1 Technology Circle	City: Columbia	State: SC	Zip: 29203
Phone: 803-806-3300	Title: Chief Information Officer		
Description of Duties: Responsible for implementing IT strategies in the company's operations			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

05/16/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Shawn Miller

Print Name (First, Last)

Shawn V. Miller

→ Original Signature (electronic, copies or stamps not accepted)

05/16/2025

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, Shawn Miller, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Shawn V. Miller

→ **Original Signature**

05/16/2025

Date

Subscribed and Sworn to before me this 16th day of May 2025

Sharen Bramlette

Notary Public Signature

SHAREN BRAMLETTE NOTARY PUBLIC COMM. EXP. 02-06-2035 SOUTH CAROLINA (seal)

Employee List:

Jody Chastain

Duane Miskelly

Shawn Miller

Connie Bradley

411

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Takeda Pharmaceuticals America, Inc.

Physical Address: 500 Kendall Street

City: Cambridge State: MA Zip: 02142

Mailing Address (if different from physical address): 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 224-554-6500 Website: www.takeda.com

Name of Designated Representative (DR): Ryan Johnson

Licensing Company Email: licensure@cardinalhealth.com DR Email: ryan.johnson2@takeda.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Virtual

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

1/30/25
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Takeda Pharmaceuticals U.S.A., Inc
Address: 500 Kendall Street City: Cambridge State: MA Zip: 02142
Name: N/a
Address: City: State: Zip:
Name: N/a
Address: City: State: Zip:
Name: N/a
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: N/a
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Takeda Pharmaceuticals U.S.A., Inc
Corporation/Organization Name: Takeda Pharmaceutical Company Limited
Mailing Address: 1-1, Nihonbashi-Honcho 2-chome, Chuo-ku, Tokyo, Japan (Owner)
City: State: Zip:
Telephone: Email: licensure@cardinalhealth.com
Contact Person Name: LaToyia Martin

Section 6: Partnership

Partnership Name: N/a
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/a
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7_1_2019_Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Takeda Pharmaceuticals America Inc.

Facility Name

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

K Chamberlain

Original signature of Authorized Person (copies or stamps not accepted)

1/30/25

Date

Board Use Only	Date Received: 1/31/25	Amount: $1000-ck 10920885

An official website of the United States government Here's how you know

FDA

Current through April 9, 2025

You have searched Finished drug products

Search Results: *'42227'*

Back to Search Page

Showing 1 to 2 of 2 entries Show 50 entries

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name
Cinryze	42227-081-01	500[iU]/5mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	BLA125267	Takeda Pharmaceuticals America, Inc.
Cinryze	42227-083-01	N/A	KIT	N/A	BLA125267	Takeda Pharmaceuticals America, Inc.

Previous 1 Next

Takeda

Better Health, Brighter Future

July 28, 2020

Subject: **Delegation of Authorization for Takeda Pharmaceuticals America, Inc.**

The undersigned, Jason E. Baranski, an Officer of Takeda Pharmaceuticals America, Inc. ("TPA") hereby delegates to Cynthia Rhodes, Manager of Quality, and Keegan Chamberlain, Director of Quality Management, employees of Cardinal Health 200, LLC, the authority to sign for all documents, applications, submissions and other related instruments required for the licensing and legally required permits filed on behalf of TPA that this delegation of authority is subject to revocation by any officer of TPA at any time and shall occur automatically when Cynthia Rhodes or Keegan Chamberlain ceases to be an employee of Cardinal Health 200, LLC.

The undersigned further approves and ratifies any and all actions taken by Cynthia Rhodes and Keegan Chamberlain prior to this date, in connection with the execution of the above referenced matters.

On behalf of:

Takeda Pharmaceuticals America, Inc.

Jason E. Baranski

Takeda Pharmaceuticals America, Inc.
95 Hayden Avenue
Lexington, MA 02421
USA

Principal Shareholders

Name of Shareholders	Percentage of total shares (%)
The Master Trust Bank of Japan, Ltd. (Trust account)	16.80
Custody Bank of Japan, Ltd.(Trust account)	5.56
THE BANK OF NEW YORK MELLON AS DEPOSITARY BANK FOR DEPOSITARY RECEIPT HOLDERS	3.74
JP Morgan Chase Bank 385632	2.42
State Street Bank West Client-Treaty 505234	2.16
Nippon Life Insurance Company	1.57
SSBTC Client Omnibus Account	1.43
JP Morgan Chase Bank 385781	1.36
Takeda Science Foundation	1.14
State Street Bank And Trust Company 505103	0.94

Takeda Pharmaceuticals America, Inc.
95 Hayden Avenue
Lexington, MA 02421
USA

CardinalHealth

500 Kendall Street
Cambridge, Massachusetts 02142

Officer Name	Title	Business Address	Business Phone Number	Email Address
Scott Glenn Dessing	Assistant Treasurer	1200 Lakeside Drive, Bannockburn, IL 60015	847-585-8045	scott.dessing@takeda.com
Paul Andrew Sundberg	Assistant Secretary	1200 Lakeside Drive, Bannockburn, IL 60015	224-554-6500	paul.sundberg@takeda.com
Max Saltzman Heuer	Assistant Secretary	500 Kendall Street Cambridge, MA 02142	617-444-2392	max.heuer@takeda.com
Julie So Young Kim	President, USBU and U.S. Country Head	500 Kendall Street, Cambridge, MA 02142	857 209 12 40	julie.kim@takeda.com
Jason E. Baranski	Secretary	730 Stockton Drive Exton, PA 19341	484 595 8419	jason.baranski@takeda.com
Fabien Dubois	President and Treasurer	500 Kendall Street, Cambridge, MA 02421	617-444-4349	Fabien.Dubois2@takeda.com

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Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TAKEDA PHARMACEUTICALS AMERICA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TAKEDA PHARMACEUTICALS AMERICA, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2000.



C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203413642

Date: 04-10-25

3290212 8300

SR# 20251499158

You may verify this certificate online at corp.delaware.gov/authver.shtml

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: February 07, 2025

To Whom It May Concern :

I hereby certify that according to the records of this office,

TAKEDA PHARMACEUTICALS AMERICA, INC.

a corporation organized under the laws of

DELAWARE

on **September 19, 2000** was qualified to do business in this Commonwealth on

November 30, 2000 under the provisions of the General Laws, and I further certify that said corporation is still qualified to do business in this Commonwealth.

I also certify that said corporation is not delinquent in the filing of any annual reports required to date.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 25020085150

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: smc

Department of State: Division of Corporations

Allowable Characters

HOME

View Search Results

Entity Details

THIS IS NOT AN OFFICAL CERTIFICATE OF STATUS

Status Retrieved: 01/30/2025 at 1:53 PM EST

Email Status

File Number:	**3290212**	Incorporation Date / Formation Date:	**9/19/2000** (mm/dd/yyyy)
Entity Name:	**TAKEDA PHARMACEUTICALS AMERICA, INC.**		
Entity Kind:	**Corporation**	Entity Type:	**General**
Residency:	**Domestic**	State:	**State:**
Status:	Good Standing	Status as of:	3/23/2023

REGISTERED AGENT INFORMATION

Name:	**THE CORPORATION TRUST COMPANY**		
Address:	**CORPORATION TRUST CENTER 1209 ORANGE ST**		
City:	**WILMINGTON**	County:	**New Castle**
State:	**DE**	Postal Code:	**19801**
Phone:	**302-658-7581**		

Back to Entity Search

An official website of the Commonwealth of Massachusetts Here's how you know

Mass.gov Office of Health and Human Services (EOHHS) License Verification Site

To view a list of status definitions please view the Bureau of Health Professions Licensure License Status Definitions.

License Information

License Type:	Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration
License Number:	VIR200087
Status:	Current
Organization Name:	Takeda Pharmaceuticals America, Inc.
Last Issue/Renewal Date:	January 23, 2025
Expiration Date:	February 08, 2026
Address:	500 Kendall Street Cambridge, MA 02142

Compliance Actions/Fines

There are no public compliance actions or fines against this license/registration record.

Verification of Licensure

If you require a Verification of Licensure for this license, please log in to https://healthprofessionlicensing.mass.gov/ and choose "Submit a New Record Request". For all other records related to this license, please make a public records request at PublicRecordsAdmin@MassMail.State.MA.US

Disclaimer: The information contained in this website ("website content") is made available as a public service by the Massachusetts Department of Public Health (the Department). The Department considers this information to constitute primary source verification. Click here for full disclaimer.

<< Back to Search Page

How To Get Help:

Mass.gov Resources

eLicensing User Guide
Bureau of Health Professions Licensure
Office of Local and Regional Health
Department of Public Health
Phone:(800) 414-0168
TTY Line:(617) 973-0988

BHPL eLicensing Support Resources

Online: eLicensing Support Request Form

DO NOT provide your Social Security Number or **Date of Birth** when contacting the eLicensing Support Desk online.

Powered By JD Software ArcHealth

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration to:

Takeda Pharmaceuticals America, Inc.
500 Kendall Street
Cambridge, MA 02142

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: VIR200087

Type: Virtual Distributor

Issue Date: 01/23/2025

Expiration Date: 02/08/2026

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

Bond No. K40509215

RIDER

To be attached to and form a part of License/Permit Bond Bond, No. K40509215

dated the 14th day of October 2024 issued by

FEDERAL INSURANCE COMPANY as Surety, on behalf of

TAKEDA PHARMACEUTICALS AMERICA, INC., as Principal,

in the penal sum of One Hundred Thousand and 00/100

Dollars ($ 100,000.00), and in favor of THE NEVADA STATE BOARD OF PHARMACY

In consideration of the premium charged for the attached bond, it is hereby agreed that the attached bond be amended as follows:

ADDING ADDITIONAL LOCATION: 500 Kendall Street, Cambridge, MA 02142

Provided, However, that the attached bond shall be subject to all its agreements, limitations and conditions except as herein expressly modified, and further that the liability of the Surety under the attached bond and the attached bond as amended by this rider shall not be cumulative.

This rider shall become effective as of the 14th day of October, 2024

Signed, sealed and dated this 14th day of October, 2024

ATTEST:

PRINCIPAL

TAKEDA PHARMACEUTICALS AMERICA, INC.

By

Charlotte Emery DeBye
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
June 15, 2029

FEDERAL INSURANCE COMPANY

ACCEPTED:

N/A

By

Patricia A. Rambo, Attorney-in-Fact

GEN90004ZZ1001f

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Kimberly G. Sherrod and Babette Ward of Columbus, Ohio; Dana Donahue, Patricia Dorsaneo, Wayne G. McVaugh, Sara Owens, Patricia A. Rambo and Lori S. Shelton of Philadelphia, Pennsylvania; Cathy H. Ho and Justin Johnson of Pittsburgh, Pennsylvania; Annmarie Breene, Patrick Breene, and Joanne C. Wagner of Radnor, Pennsylvania

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **15th** day of **August, 2024**.

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **15th** day of **August, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22,2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this October 14, 2024

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

Combined. FED-VIG-PI-WFIC-AAIC (rev. 11-19)

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K40509215

Application/License No. _____

TAKEDA PHARMACEUTICALS AMERICA, INC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
9200 Brookfield Ct, Suite 108 Florence, KY 41042, as
Address of Applicant/Principal
PRINCIPAL, and FEDERAL INSURANCE COMPANY, a
Surety Company
corporation organized under the laws of the state of IN
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
2028 Hall's Mill Road Whitehouse Station, NJ 08889 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 3/26/2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company

Know All by These Presents, That **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, and **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, do each hereby constitute and appoint Kimberly G. Sherrod of Columbus, Ohio; George Gionis, Vicki Johnston, Kaitlyn Malkowski, Elizabeth Marrero, Jaquanda Martin, Wayne G. McVaugh, Sara Owens, Patricia A. Rambo, Lori S. Shelton and Joanne C. Wagner of Philadelphia, Pennsylvania; Cathy H. Ho, Justin Johnson and Barbara L. Rutter of Pittsburgh, Pennsylvania----------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY** have each executed and attested these presents and affixed their corporate seals on this **11th** day of **April, 2019**.

Dawn M. Chloros
Dawn M. Chloros, Assistant Secretary

Steven M Haney
Stephen M. Haney, Vice President

STATE OF NEW JERSEY

County of Hunterdon ss

On this **11th** day of **April, 2019**, before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority; and that she is acquainted with Stephen M. Haney, and knows him to be Vice President of said Companies; and that the signature of Stephen M. Haney, subscribed to said Power of Attorney is in the genuine handwriting of Stephen M. Haney, and was thereto subscribed by authority of said Companies and in deponent's presence.

Notarial Seal

ROSE CURTIS
NOTARY PUBLIC OF NEW JERSEY
No. 50072400
Commission Expires November 22, 2021

Rose Curtis
Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect.
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this March 26, 2020

Dawn M. Chloros
Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Takeda Pharmaceuticals America Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 500 Kendall Street

City Cambridge State MA Zip 02142

Mailing Address (if different from physical address) 7000 Cardinal Place, QRA

City Dublin State OH Zip 43017

Telephone 224-554-6500 Website www.takeda.com

Licensing Company Email licensure@cardinalhealth.com

Section 2: Personal Information

First Geoffrey Middle Brian Last Smith

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email geoffrey.smith@takeda.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Adelphi University		09/03 - 05/07	
Address	City	State	Zip
1 South Avenue	Garden City	NY	11530
Diploma/Degree obtained, if any			
Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
Gloucester County Institute of Technology		09/99 - 06/03	
Address	City	State	Zip
1360 Tanyard Rd	Sewell	NJ	08080
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2015 - ~~2020~~ current	[redacted]			
From - To (MM/YY – MM/YY)				
2014 - 2015				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Takeda Pharmaceuticals America, Inc.			09/23-Present	
Business Address		**City**	**State**	**Zip**
500 Kendall Street		Cambridge	MA	02142
Phone	**Title**		**Number of Employed Hours**	
224-554-6500	Supply Chain Manager		1500+	
Description of Duties				
Manage and lead logistic projects to ensure the facility is in compliance to regulations. Coordinates routine operational meetings to address current challenges, on time performances, and accuracy for virtual wholesale operations.				

Business Name			From - To (MM/YY – MM/YY)	
ABCAM			05/15- 08/23	
Business Address		**City**	**State**	**Zip**
153 Grove St. Building 1100		Walthom	MA	02453
Phone	**Title**		**Number of Employed Hours**	
888-772-2226	Logistics Manage		16000	
Description of Duties				
Facilitated the processing and manufacturing of antibodies, kits, biochemicals, toxins, etc.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X -GBS
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/22/2024
Date

I, Geoffrey Smith, **certify that as the designated representative for**

_____,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. GBS I am at least 21 years of age;
3. GBS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. GBS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. GBS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. GBS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. GBS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Geoffrey Smith
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/22/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Geoffrey Smith

Print Name (First, Last)

GBS

Original Signature (electronic, copies or stamps not accepted)

12/22/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of middlesex

I, Geoffrey Smith, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

GBS

Original Signature

12/23/2024

Date

Subscribed and Sworn to before me this 23 day of December 2024

Douglas M. Rhodes

Notary Public Signature

Comm Sion Exp. 4/16/2026

DOUGLAS MICHAEL RHODES
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires On
April 17, 2026
(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Takeda Pharmaceuticals America Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/a

Physical Address: 500 Kendall Street

City: Cambridge State: MA Zip: 02142

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 224-554-6500 Website: www.takeda.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Geoffrey Middle: Brian Last: Smith

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: geoffrey.smith@takeda.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Adelphi University		09/03 - 05/07	
Address	**City**	**State**	**Zip**
1 South Avenue	Garden City	NY	11530
Diploma/Degree obtained, if any			
Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
Gloucester County Institute of Technology		09/99 - 06/03	
Address	**City**	**State**	**Zip**
1360 Tanyard Rd	Sewell	NJ	08080
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2015 - ~~2023~~ Current	[redacted]			[redacted]
2014 - 2015				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Abcam			05/15 - 08/23	
Business Address		**City**	**State**	**Zip**
152 Grove St Bldg 1100		Waltham	MA	02453
Phone	**Title**			
888 772-2226	Logistics Manager			
Description of Duties				
US & International distribution of antibodies, kits, biochemicals, toxins, etc.				

Business Name			From - To (MM/YY – MM/YY)	
Harrard Book Store			09/07 - 05/15	
Business Address		**City**	**State**	**Zip**
1256 Massachusetts Ave		Cambridge	MA	02138
Phone	**Title**			
617-661-1515	Shipping Supervisor			
Description of Duties				
Shipping, receiving & return operations				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/10/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Geoffrey Smith

Print Name (First, Last)

GBS

Original Signature (electronic, copies or stamps not accepted)

12/10/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Middlesex

I, Geoffrey Smith, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

GBS

Original Signature

12/23/2024

Date

Subscribed and Sworn to before me this 23 day of December 2024

Douglas M Rhodes.

Notary Public Signature

DOUGLAS MICHAEL RHODES
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires On
April 17, 2026

(Seal)

Takeda

Better Health, Brighter Future

Takeda Pharmaceuticals America, Inc.
500 Kendall Street
Cambridge, MA 02142

Employee List

- **Geoffrey Smith**- Head of US Distribution, Designative Representative
- **Ryan Johnson** - Supply Chain Manager

4JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Vistamerica USA LLC

Physical Address: 15207 N 75th St Ste 105B

City: Scottsdale State: AZ Zip: 85260

Mailing Address (if different from physical address): 20 Perkins Drive

City: Prescott State: AZ Zip: 86301

Telephone: 888-301-4484 Website: _____

Name of Designated Representative (DR): Scott Markham

Licensing Company Email: Orders@vistamerica.net DR Email: Docmarkham@vistamerica.net

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Non-controlled drugs, mainly ophthalmic dyes(fluorescein strips for ophthalmic use)	■ Warehouse
☐ Veterinarians		■ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/22/25
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Start up- no sales yet

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: Scott P. Markham

Business Name: Vistamerica USA, LLC

Business Address: 15207 N 75th Street Ste 105B

City: Scottsdale State: AZ Zip: 85260

Telephone: 888-301-4484 Email: docmarkaham@vistamerica.net

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Vistamerica USA LLC

Facility Name

Scott Markham

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/22/25

Date

Board Use Only	Date Received: 5/27/25	Amount: $1000-CK 1041041147

Maria Herrera

From: Vista Compliance <compliance@vistamerica.net>
Sent: Friday, June 6, 2025 12:16 PM
To: docmarkham vistamerica.net; Maria Herrera
Subject: Re: Nevada Out-of-State Wholesaler Application-Vistamerica USA LLC
Attachments: page 8 DR [31].pdf; Vistamerica COI Updated.pdf

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Afternoon,

Please see the attached documents.

Vistamerica USA LLC does have a labeler code: 83851
Vistamerica USA LLC does not ship directly to patients.

Regards,

John Sewell
Vistamerica USA LLC
Licensing Consultant

Get Outlook for Mac

From: docmarkham vistamerica.net <docmarkham@vistamerica.net>
Date: Friday, May 30, 2025 at 3:16 PM
To: Vista Compliance <compliance@vistamerica.net>
Subject: Fw: Nevada Out-of-State Wholesaler Application-Vistamerica USA LLC

Scott Markham DO

Vistamerica | USA

Wholesale Parmaceuticals and Medical Devices
(888) 301-4484 | Orders@vistamerica.net

Sent from my EyePhone

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Wednesday, May 28, 2025 3:38:03 PM
To: TJ McKnight <orders@vistamerica.net>
Cc: docmarkham vistamerica.net <docmarkham@vistamerica.net>
Subject: Nevada Out-of-State Wholesaler Application-Vistamerica USA LLC

The Nevada State Board of Pharmacy received a Wholesaler application from Vistamerica USA LLC. The application is incomplete due to the following missing item(s).

- Please confirm if Vistamerica USA LLC holds an FDA labeler code
- Please confirm if they ship directly to patients
- The liability insurance is expired and needs to show this location
- Page 8 of the DR application is not initialed by Scott

All items must be received to move forward with processing your application

Please let me know if you have any questions.

Thank you,

Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy
775-850-1440
m.herrera@pharmacy.nv.gov

An official website of the United States government Here's how you know

FDA

Current through June 6, 2025

You have searched Finished drug products

Search Results: *'83851'*

Back to Search Page

Showing 1 to 3 of 3 entries Show 50 entr

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product N
C20H10Na2O5 Fluorescein Sodium Ophthalmic Strips	83851-100-05	1mg/mg	STRIP	OPHTHALMIC	N/A	Vistamerica USA	83851-100
C20H10Na2O5 Fluorescein Sodium Ophthalmic Strips	83851-100-10	1mg/mg	STRIP	OPHTHALMIC	N/A	Vistamerica USA	83851-100
C20H10Na2O5 Fluorescein Sodium Ophthalmic Strips	83851-100-30	1mg/mg	STRIP	OPHTHALMIC	N/A	Vistamerica USA	83851-100

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

VISTAMERICA USA LLC

ACC file number: 1933636

was incorporated under the laws of the State of Arizona on 12/24/2018, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **03/12/2025**

Douglas R. Clark, Executive Director

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 04/30/2024
Receipt Number: 2024173743
Receipt Amount $: 1000.00

Wholesaler - Full Service

PERMIT NO
W003917

EXPIRES
10/31/2025

Issued to : Vistamerica USA LLC
John R. Markham P.C.
20 PERKINS DR. PRESCOTT, AZ 86301

Vistamerica USA LLC
15207 N 75TH STREET SUITE 105B
SCOTTSDALE, AZ 85260

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Vistamerica USA LLC
LICENSE NUMBER : W003917
EXPIRES : 10/31/2025

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

VISTA-1 OP ID: SS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/06/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 530-626-2533 ISU Insurance Services Atwood Agency 800 Pacific Street Placerville, CA 95667 Stephanie Martin	CONTACT NAME: Stephanie Martin PHONE (A/C, No, Ext): 530-626-2533 FAX (A/C, No): 530-622-5221 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Underwriters at Lloyds — 15792
INSURED Vistamerica USA LLC Scott Markham 20 Perkins Dr Prescott, AZ 86301	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X		GLX1943	01/25/2025	01/25/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 4,000,000
	X EXCESS LIAB CLAIMS-MADE			0100372860	05/20/2025	01/25/2026	AGGREGATE	$ 4,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: 15207 N. 765th St Suite 105B Scottsdale AZ 85260
**********PROOF OF INSURANCE **********

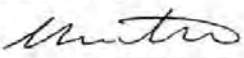
CERTIFICATE HOLDER

PROOF OF INSURANCE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. AG004490

Application/License No. _____

Vistamerica USA LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
15207 N 75th St Ste 105B, Scottsdale, AZ 85260-2678, as
Address of Applicant/Principal
PRINCIPAL, and Great Midwest Insurance Company, a
Surety Company
corporation organized under the laws of the state of Texas
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
800 Gessner Rd Ste 600, Houston, TX 77024-4538 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 05/16/2025.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 16 day of May, 2025.

APPLICANT/PRINCIPAL
Vistamerica USA LLC

Authorized Representative

SURETY COMPANY
Great Midwest Insurance Company

Surety Company's Representative

BrieAnn Carola, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

GREAT MIDWEST INSURANCE COMPANY
CORPORATE SEAL
TEXAS CORPORATION

Countersigned by:

Nevada Resident Agent

Bond Number: AG004490

POWER OF ATTORNEY

Great Midwest Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that **GREAT MIDWEST INSURANCE COMPANY**, a Texas Corporation, with its principal office in Houston, TX, does hereby constitute and appoint:

BrieAnn Carola

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **GREAT MIDWEST INSURANCE COMPANY**, on the 1st day of October, 2018 as follows:

Resolved, that the President, or any officer, be and hereby is, authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed $100,000.00, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed in the Company's sole discretion and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **GREAT MIDWEST INSURANCE COMPANY**, has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 11th day of February, 2021.

GREAT MIDWEST INSURANCE COMPANY — CORPORATE SEAL — TEXAS CORPORATION

GREAT MIDWEST INSURANCE COMPANY

BY _____

Mark W. Haushill
President

ACKNOWLEDGEMENT

On this 11th day of February, 2021, before me, personally came Mark W. Haushill to me known, who being duly sworn, did depose and say that he is the President of **GREAT MIDWEST INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

NOTARY PUBLIC STATE OF TEXAS
CHRISTINA BISHOP
Notary Public, State of Texas
Comm. Expires 04-14-2026
Notary ID 131090488

BY _____

Christina Bishop
Notary Public

CERTIFICATE

I, the undersigned, Secretary of **GREAT MIDWEST INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Houston, TX this 16th Day of May, 2025.

GREAT MIDWEST INSURANCE COMPANY — CORPORATE SEAL — TEXAS CORPORATION

BY _____

Leslie K. Shaunty
Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Great Midwest Insurance Company
Statutory Balance Sheet
as of December 31, 2023
(in thousands)

Assets		Liabilities, Capital and Surplus	
Cash & Invested Assets:		**Liabilities:**	
Cash and Short term Investments	$ 101,418	Loss and Loss Expense Reserves	$ 111,582
Bonds	289,808	Unearned Premium	52,038
Commons Stocks	50,275	Ceded Reinsurance Premium	5,685
Mortgage Loans	20,134	Amounts withheld by company for account of others	48,594
Other Invested Assets	14,880	Other Liabilities	10,488
Total Cash & Invested Assets	476,515	**Total Liabilities**	228,387
Other Assets:		**Capital and Surplus:**	
Premium Receivables	22,499	Common Stock	4,550
Reinsurance Recoverable	25,208	Gross Paid In & Contributed Capital	296,893
Tax Assets	8,064	Unassigned Funds (Surplus)	7,225
Other Assets	4,769		
Total Other Assets	60,540	**Total Capital and Surplus**	308,668
Total Assets	$ 537,055	**Total Liabilites, Capital & Surplus**	$ 537,055

CERTIFICATION

I, Mark W. Haushill, President of Great Midwest Insurance Company, hereby certify that the foregoing is a full, true and correct copy of the Balance Sheet of said Company, as of December 31, 2023.

Signature Mark W. Haushill

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company in Houston, Texas this 12 day of April, 2024.

STATE OF TEXAS
COUNTY OF HARRIS

On this 12 day of April 2024, before me, Christina Bishop a Notary Public, personally appeared, Mark W. Haushill, who provided to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument and the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of Texas that the foregoing paragraph is true and

Witness my hand and official seal.

Signature C Bishop
Signature of Notary Public

CHRISTINA BISHOP
Notary Public, State of Texas
Comm. Expires 04-14-2025
Notary ID 131090488

THANK YOU

Bond Ability

The Surety Bond Specialists

May 16th 2025

Vistamerica USA LLC

15207 N 75th Street Ste 105B
Scottsdale, AZ 85260

We are pleased to enclose the bond you requested. If you have any questions or require any changes please feel free to contact us at CustomerService@BondAbility.com

Summary of Order

BOND NUMBER	**AG004490**		
PRINCIPAL NAME	**Vistamerica USA LLC**		
BOND AMOUNT	**$ 100,000.00**		
BOND TYPE	**Warehouse- Private**		
OBLIGEE NAME	**Nevada State Board of Pharmacy**		
EFFECTIVE DATE	**May 16, 2025**	**RENEWAL DATE**	**May 15, 2026**

Additional Comments: PAID IN FULL

Our sincerest appreciation for your business! We are here to serve you in any way we can!

BondAbility Inc
6 Grey Ghost Ln
Reading, PA 19608
Phone: (800) 818-3940
Fax: (815) 550-2439
CustomerService@BondAbility.com

500.00 955 N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Vistamerica USA LLC MDEG License # (if applicable) _____

Physical Address 15207 N 75th Street Ste 105B

City Scottsdale State AZ Zip 852560

Mailing Address (if different from physical address) 20 Perkins Drive

City Prescott State AZ Zip 86301

Telephone 888-301-4484 Website www.vistamericausa.com

Licensing Company Email compliance@vistamerica.net

Section 2: Personal Information

First Scott Middle Patrick Last Markham

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email docmarkaham@vistamerica.net

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Midwestern University-Arizona College of Osteopathic Medicine			08/98-05/02
Address	**City**	**State**	**Zip**
19555 N 59th Ave	Glendale	AZ	85308
Diploma/Degree obtained, if any			
D.O.			

School Name			From - To (MM/YY – MM/YY)
Arizona State University			08/94-05/97
Address	**City**	**State**	**Zip**
1151 S Forest Ave	Tempe	AZ	85287
Diploma/Degree obtained, if any			
B.S. Biology			

School Name			From - To (MM/YY – MM/YY)
Prescott High School			08/88-05/92
Address	**City**	**State**	**Zip**
1050 Ruth Street	Prescott	AZ	86301
Diploma/Degree obtained, if any			
H.S. Diploma			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/19-Current	[redacted]			[redacted]
1/13-1/19				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Vistamerica USA, LLC			12/2018-Present	
Business Address		**City**	**State**	**Zip**
15207 N 75th Street Ste 105B		Scottsdale	AZ	85260
Phone	**Title**		**Number of Employed Hours**	
888-	Founder, President and CEO		16640	
Description of Duties				
Directed all business operations including product strategy, regulatory compliance, and market entry initiatives				

Business Name			From - To (MM/YY – MM/YY)	
Hub Pharmaceuticals			10/2008-Present	
Business Address		**City**	**State**	**Zip**
26550 Haggerty Road		Farmington Hills	MI	48331
Phone	**Title**		**Number of Employed Hours**	
951-833-5400	Medical Director and Science Liason		2600	
Description of Duties				
Provides medical and scientific leadership to support regulatory submissions, drug development and marketing strategies.				

Business Name			From - To (MM/YY – MM/YY)	
Vistamerica S de RL Medical Device Company-Mexico			09/09-01/22	
Business Address		**City**	**State**	**Zip**
Sinaloa Ave No. 183-3 Centro Sur, 83550, Puerto Penasco		Senora, Mex		
Phone	**Title**		**Number of Employed Hours**	
(55)78269492	Founder, Medical Director of Regulatory Affairs		14040	
Description of Duties				
Provide medical and scientific leadership to support regulatory submissions, drug development and marketing strategies for LATAM and the Caribbean Islands.				

Business Name			From - To (MM/YY – MM/YY)	
Arizona Institute of Eye Surgery LLC			01/07-Current	
Business Address		**City**	**State**	**Zip**
3192 Willow Creek Road		Prescott	AZ	86301
Phone	**Title**		**Number of Employed Hours**	
928-445-1234	Medical Director and Member		31200	
Description of Duties				
Oversee clinical operations, ensuring compliance with regulatory standards and patient safety with high-quality of care. Provide leadership to physicians and staff. Ensure protocols are implemented for the ASC to continue accreditation.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/21/25
Date

I, Scott Markham, **certify that as the MDEG Administrator for**

Vistamerica USA, LLC,

that I (initial that you have read and meet the following requirements):

1. _____ Have a high school diploma or its equivalent;
2. _____ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. _____ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. _____ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scott Markham

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/22/25

Date

Board Use Only	Date Received: 5/27/25

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Vistamerica USA, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 15207 N 75th Street Ste 105B

City Scottsdale State AZ Zip 85260

Mailing Address (if different from physical address) 20 Perkins Drive

City Prescott State AZ Zip 86301

Telephone 888-301-4484 Website www.vistamericausa.com

Licensing Company Email compliance@vistamerica.net

Section 2: Personal Information

First Scott Middle Patrick Last Markham

Alias(es, nicknames, name changes, etc.) None

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] Stat[redacted] Zip[redacted]

Telephone [redacted] Email docmarkaham@vistamerica.net

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Midwestern University-Arizona College of Osteopathic Medicine		08/98-05/02	
Address	**City**	**State**	**Zip**
19555 N 59th Ave	Glendale	AZ	85308
Diploma/Degree obtained, if any			
D.O.			

School Name		From - To (MM/YY – MM/YY)	
Arizona State University		08/94-05/97	
Address	**City**	**State**	**Zip**
1151 S Forest Ave	Tempe	AZ	85287
Diploma/Degree obtained, if any			
B.S. Biology			

School Name		From - To (MM/YY – MM/YY)	
Prescott High School		08/88-05/92	
Address	**City**	**State**	**Zip**
1050 Ruth Street	Prescott	AZ	86301
Diploma/Degree obtained, if any			
H.S. Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/19-Current	[redacted]			[redacted]
01/13-10/19				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Vistamerica USA, LLC			01/2018-Present	
Business Address		**City**	**State**	**Zip**
15207 N 75th Street Ste 105B		Scottsdale	AZ	85260
Phone	**Title**		**Number of Employed Hours**	
888-301-4484	Founder, President and CEO		16640	
Description of Duties				
Directed all business operations including product strategy, regulatory compliance, and market entry initiatives				

Business Name			From - To (MM/YY – MM/YY)	
Hub Pharmaceuticals			10/08-Current	
Business Address		**City**	**State**	**Zip**
26550 Haggerty Road		Farmington Hills	MI	48331
Phone	**Title**		**Number of Employed Hours**	
951-833-5400	Medical Director and Science Liaison		2600	
Description of Duties				
Provides medical and scientific leadership to support regulatory submissions, drug development and marketing strategies.				

Business Name			From - To (MM/YY – MM/YY)	
Vistamerica S de RL Medical Device Company-Mexico			09/09-01/22	
Business Address		**City**	**State**	**Zip**
Sinaloa Ave No. 183-3 Centro Sur, 83550, Puerto Penasco		Senora, Mex		
Phone	**Title**		**Number of Employed Hours**	
(55)78269492	Founder, Medical Director of Regulatory Affairs		14040	
Description of Duties				
Provide medical and scientific leadership to support regulatory submissions, drug development and marketing strategies for LATAM and the Caribbean Islands.				

Business Name			From - To (MM/YY – MM/YY)	
Arizona Institute of Eye Surgery LLC			01/07-Current	
Business Address		**City**	**State**	**Zip**
3192 Willow Creek Road		Prescott	AZ	86301
Phone	**Title**		**Number of Employed Hours**	
928-445-1234	Medical Director and Member		31200	
Description of Duties				
Oversee clinical operations, ensuring compliance with regulatory standards and patient safety with high-quality of care. Provide leadership to physicians and staff. Ensure protocols are implemented for the ASC to continue accreditation.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/22/25
Date

I, Scott P. Markham, **certify that as the designated representative for**

Vistamerica USA, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Scott Markham

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/3/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scott Markham

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/23/25

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Yavapai

I, Scott Markham, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/23/25

Date

Subscribed and Sworn to before me this 23rd day of May, 2025

Lynn M Trumper

Notary Public Signature

Lynn M Trumper
Notary Public
Yavapai County, Arizona
My Comm. Expires 12-30-25
Commission No. 619873

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Vistamerica USA LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): W003917

Physical Address: 15207 N 75th St Ste 105B

City: Scottsdale State: AZ Zip: 85260

Mailing Address (if different from physical address): 20 Perkins Drive

City: Prescott State: AZ Zip: 86301

Telephone: 928-273-3040 Website:

Licensing Company Email: Orders@vistamerica.net

Section 2: Personal Information

First: Scott Middle: Patrick Last: Markham

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: Docmarkham@Vistamerica.net

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Midwestern University-Arizona College of Osteopathic Medicine		08/98-05/02	
Address	**City**	**State**	**Zip**
19555 N 59th Ave	Glendale	AZ	85308
Diploma/Degree obtained, if any			
D.O.			

School Name		From - To (MM/YY – MM/YY)	
Arizona State University		08/94-05/97	
Address	**City**	**State**	**Zip**
1151 S Forest Ave	Tempe	AZ	85287
Diploma/Degree obtained, if any			
B.S. Biology			

School Name		From - To (MM/YY – MM/YY)	
Prescott High School		08/88-05/92	
Address	**City**	**State**	**Zip**
1050 Ruth Street	Prescott	AZ	86301
Diploma/Degree obtained, if any			
H.S.Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/19-Current	[redacted]			[redacted]
01/13-10/19				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Arizona Institute of Eye Surgery LLC			01/07-Current
Business Address	**City**	**State**	**Zip**
3192 Willow Creek Road	Prescott	AZ	86301
Phone	**Title**		
928-445-1234	Medical Director and Member		
Description of Duties			
Oversee clinical operations, ensuring compliance with regulatory standards and patient safety with high-quality of care. Provide leadership to physicians and staff. Ensure protocols are implemented for the ASC to continue accreditation.			

Business Name			From - To (MM/YY – MM/YY)
Hub Pharmaceuticals			10/08-Current
Business Address	**City**	**State**	**Zip**
26550 Haggerty Road	Farmington Hills	MI	48331
Phone	**Title**		
951-833-5400	Medical Director and Science Liaison		
Description of Duties			
Provides medical and scientific leadership to support regulatory submissions, drug development and marketing strategies.			

Business Name			From - To (MM/YY – MM/YY)
Vistamerica S de RL Medical Device Company-Mexico			09/09-01/22
Business Address	**City**	**State**	**Zip**
Sinaloa Ave No. 183-3 Centro Sur, 83550, Puerto Penasco	Senora, Mex		
Phone	**Title**		
(55)78269492	Founder, Medical Director of Regulatory Affairs		
Description of Duties			
Provide medical and scientific leadership to support regulatory submissions, drug development and marketing strategies for LATAM and the Caribbean Islands.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/23/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scott Markham

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/23/25

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Yavapai

I, Scott Markham, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/23/25

Date

Subscribed and Sworn to before me this 23rd day of May, 2025

Lynn M Trumper

Notary Public Signature

Lynn M Trumper
Notary Public
Yavapai County, Arizona
My Comm. Expires 12-30-25
Commission No. 619873
(Seal)

Vistamerica

Employee/Independent contractors/Consultants

Scott Markham- Owner/President

TJ McKnight – Director of Purchasing

Lee Biberdorf – Accountant

Kristine Wiggins – Billing

Susan Hall – Billing

Sanjay Chopra – Manager

John Sewell-Licensing Consultant

4KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02779	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Fisher BioServices, Inc.

Physical Address: 4650 New Design Road, Suite F

City: Frederick State: MD Zip: 21703

Mailing Address (if different from physical address): c/o State License Servicing, 225 Dolson Ave, 4th Floor

City: Middletown State: NY Zip: 10940

Telephone: (240) 405-1060 Website: www.thermofisher.com

Name of Designated Representative (DR): Ashley Nicole McCarl

Licensing Company Email: FBS@slsny.com DR Email: ashley.mccarl@thermofisher.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☒ Others: Drugs (Biologics)	☐ Warehouse
☒ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☒ Others: 3PL

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: NIAID
Address: 5601 Fishers lane City: Bethesda State: MD Zip: 20892
Name: Kite Pharma Inc
Address: 2400 Broadway City: Santa Monica State: CA Zip: 90404
Name: Westat
Address: 1600 Research Blvd City: Rockville State: MD Zip: 20850
Name: NCI Treatment and Biology Sector
Address: 9609 Medical Center Drive City: Rockville State: MD Zip: 20850

N/A

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: VA
Parent Company (if any): Fisher Clinical Services, Inc.
Corporation/Organization Name: Fisher BioServices, Inc.
Mailing Address: c/o State License Servicing 225 Dolson Ave, 4th Floor
City: Middletown State: NY Zip: 10940
Telephone: (240) 405-1060 Email: FBS@slsny.com
Contact Person Name: Christine Cannon

N/A

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Fisher BioServices, Inc.

Facility Name

Deanna Marie Connors

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

07 Apr 2025

Date

Board Use Only	Date Received: 5/12/25	Amount: $1000 CK 36930

NABP ACCREDITED
DRUG DISTRIBUTOR

Fisher BioServices, Inc

located at

4650 New Design Road, Frederick, MD, 21703

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

10/03/2022 to 10/02/2025
Period of Accreditation

VAMC

Fisher BioServices, Inc.

Corporate Address: 14665 Rothgeb Drive, Rockville, MD 20850 USA
FEIN: 54-1348241
www.thermofisher.com

Drug Labeler Code: N/A
Incorporation State: VA
Incorporation Date: 12/19/1985

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
CRYO	4650 New Design Road Suite F Frederick, MD 21703 County: Fredrick	N/A	N/A - No CS	081352696	Yes	(240) 405-1060	(240) 405-1050

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	
Ashley Nicole McCarl	[redacted]	Supervisor, Distribution		*All states*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Fisher Clinical Services, Inc.	7554 Schantz Road Allentown , PA 18106		100%	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
William Edward Turner	[redacted]	President & Secretary	No
Deanna Marie Connors		Assistant Secretary	
Stephen Eric Benson		Treasurer	
James E. Bruni		Assistant Secretary	No
Michael K. Michaud		Assistant Secretary	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
Capitol Corporate Services, Inc.

Company Particulars

List of Officers



Corporate Officers

James E. Bruni- Assistant Secretary

Michael K. Michaud- Assistant Secretary

William Edward Turner- President & Secretary

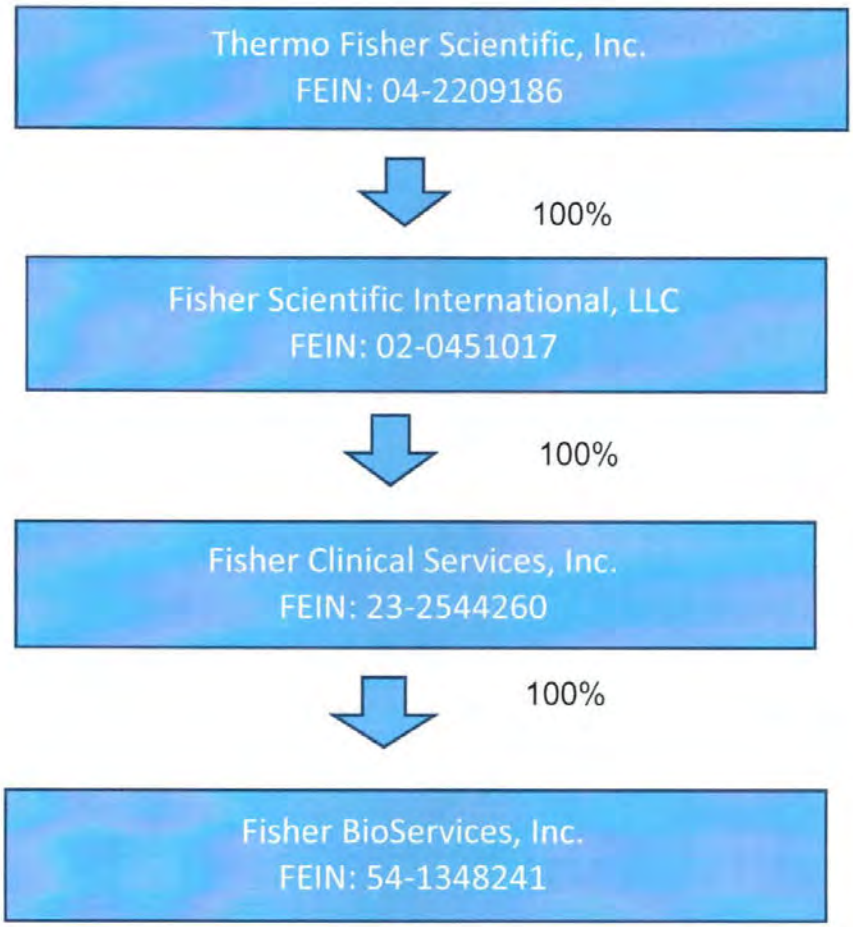
Stephen Eric Benson- Treasurer

Deanna Connors- Assistant Secretary

Org Chart

Fisher BioServices
A Thermo Fisher Scientific Brand

Ownership Organizational Chart



Cert. of Good Standing

Commonwealth of Virginia

State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That FISHER BIOSERVICES INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on December 19, 1985;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

February 28, 2025

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER : 2025022821467804

Home State VOL

MARYLAND
Department of Health

Wes Moore, Governor • Aruna Miller, Lt. Governor • Laura Herrera M.D, MPH, Secretary

MARYLAND BOARD OF PHARMACY
4201, Patterson Avenue, Baltimore, Maryland 21215-2299
Kristopher Rusinko, Board President • Deena Speights-Napata, Executive Director

Maryland Board of Pharmacy
VERIFICATION OF GOOD STANDING

NAME OF REGISTRANT: **Fisher BioServices Inc**

TYPE OF REGISTRATION ISSUED: **Distributor**

MARYLAND REGISTRATION NUMBER: **D06249**

ORIGINAL ISSUANCE DATE: 01/12/2018

EXPIRATION DATE: 05/31/2025

CURRENT STATUS: Active X Non-Renewed ____ Null and Void _

GOOD STANDING: Yes X No ____

HAS LICENSEE BEEN FOUND GUILTY OF ANY VIOLATIONS FOR WHICH DISCIPLINARY ACTION WAS TAKEN? Yes ___ No X

SIGNATURE: Deena Speights-Napata

Deena Speights-Napata, M.A.
Executive Director
May 24, 2024

410-764-4755 • Fax 410-358-6207 • Toll Free 800-542-4964
DHMH 1-877-463-3464 • Maryland Relay Service 1-800-735-2258
Web Site: www.health.maryland.gov/pharmacy

HS License

STATE OF MARYLAND
DEPARTMENT OF HEALTH

158518

THE MARYLAND STATE BOARD OF PHARMACY CERTIFIES THAT

Fisher Bioservices Inc

IS A REGISTERED Active

Distributor (exp.: 05/31/2025)

In accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. PERM. NO.	EXPIRATION DATE	
D06249	05/31/2025	

SIGNATURE OF BEARER

RIDER

To be attached to and form part of:

Bond Number	K15334502
dated	October 11, 2018
issued by the	WESTCHESTER FIRE INSURANCE COMPANY
in the amount of	$ 100,000.00
on behalf of	FISHER BIOSERVICES, INC. (Principal)
and in favor of	STATE OF NEVADA AND NEVADA STATE BOARD OF PHARMACY (Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The following locations shall be added to the bond:

4650 New Design Road
Suite D
Frederick, MD 21703

And

4650 New Design Road
Suite F
Frederick, MD 21703

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 24th day of August, 2020.

Signed, Sealed & Dated this 24th day of August, 2020.

FISHER BIOSERVICES, INC.
(Principal)

By: _____

WESTCHESTER FIRE INSURANCE COMPANY
(Surety)

By: Francesca Kazmierczak
Francesca Kazmierczak, Attorney-in-Fact

CHUBB

Power of Attorney

Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Anne Potter, Nancy Schnee, Valorie Spates and Beverly A. Woolford of Garden City, New York; Debra A. Deming, Sandra Diaz, Cynthia Farrell, Peter Healy, Pablo Garcia Horcajo, Francesca Kazmierczak, Kristine Mendez, Aklima Noorhassan and Frances Rodriguez of New York, New York ----------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY have each executed and attested these presents and affixed their corporate seals on this **23rd** day of **May, 2019.**

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President

STATE OF NEW JERSEY

County of Hunterdon ss.

On this **23rd** day of **May, 2019,** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority; and that she is acquainted with Stephen M. Haney, and knows him to be Vice President of said Companies; and that the signature of Stephen M. Haney, subscribed to said Power of Attorney is in the genuine handwriting of Stephen M. Haney, and was thereto subscribed by authority of said Companies and in deponent's presence.

Notarial Seal

ROSE CURTIS
NOTARY PUBLIC OF NEW JERSEY
No. 50072400
Commission Expires November 22, 2022

Rose Curtis
Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006 ; ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,

(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 24th day of August, 2020.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

VERIFICATION OF BOND IN FORCE
Form SB-3

Type of Bond: License/Permit Bond

Name of Principal: FISHER BIOSERVICES, INC.

Obligee: STATE OF NEVADA AND NEVADA STATE BOARD OF PHARMACY

Carrier: WESTCHESTER FIRE INSURANCE COMPANY

Bond Number: K15334502

Effective Date: October 11, 2024

Limit: $ 100,000.00

Premium: $ 550.00

This Bond is continuous with no definite expiration date. Sufficient Premium has been paid to satisfy the requirements of the Carrier for this bond to October 11, 2025.

WESTCHESTER FIRE INSURANCE COMPANY

By: _____
Frances Rodriguez Attorney in Fact

Date: 10/08/2024

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Valorie Spates and Beverly Woolford of Garden City, New York; Debra A. Deming, Sandra Diaz, Vilma Gonzalez, Peter Healy, Pablo Garcia Horcajo, Francesca Kazmierczak, Aklima Noorhassan, Anne Potter and Frances Rodriguez of New York, New York

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **15th** day of **July, 2024**.

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this 15th day of **July, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202969
Commission Expires August 22,2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 8th Day of October 2024

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

Bond w/ Bond Continuance

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K40573422

Application/License No. _____

FISHER BIOSERVICES, INC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1055 First Street, Suite 125 Rockville, MD 20850 (Address of Applicant/Principal), as PRINCIPAL, and FEDERAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of IN (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 202B Hall's Mill Road Whitehouse Station, NJ 08889 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 15, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 15th day of April, 2022.

APPLICANT/PRINCIPAL
FISHER BIOSERVICES, INC

COMPANY

Authorized Representative

SURETY
FEDERAL INSURANCE COMPANY

Surety Company's Representative

Frances Rodriguez, Attorney-in-fact
print name

SIGNED and SEALED in the presence of

Witness

BETH TRAINOR MOBLEY
Notary Public-Maryland
Montgomery County
My Commission Expires
December 14, 2024

Witness

SIGNED and SEALED in the presence of

Witness Anne Potter

Witness

Countersigned by

N/A
Nevada Resident Agent

Posted February 20, 2020

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Valorie Spates and Beverly A. Woolford of Garden City, New York; Kemal Brkanovic, Debra A. Deming, Sandra Diaz, Cynthia Farrell, Peter Healy, Pablo Garcia Horcajo, Francesca Kazmierczak, Kristine Mendez, Aklima Noorhassan, Anne Potter, Frances Rodriguez and Nancy Schnee of New York, New York----------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this 28th day of **April, 2021**.

Dawn M. Chloros
Dawn M. Chloros, Assistant Secretary

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss:

On this 28th day of **April, 2021** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof; that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316888
Commission Expires July 16, 2024

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect.
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this April 15th, 2022

Dawn M. Chloros
Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903 3493 Fax (908) 903 3656 e-mail: surety@chubb.com

Combined: FED-VIG-PI-WFIC-AAIC (rev. 11-19)

FEDERAL INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

December 31, 2021

(In thousands)

ASSETS		*LIABILITIES AND SURPLUS TO POLICYHOLDERS*	
Cash and Short Term Investments	$ (567,306)	Outstanding Losses and Loss Expenses	$ 8,701,383
United States Government, State and Municipal Bonds	4,271,534	Reinsurance Payable on Losses and Expenses	1,484,196
Other Bonds	5,984,673	Unearned Premiums	2,400,711
Stocks	675,586	Ceded Reinsurance Premiums Payable	366,332
Other Invested Assets	1,647,712	Other Liabilities	498,472
TOTAL INVESTMENTS	12,022,201	TOTAL LIABILITIES	13,451,094
Investments in Affiliates:		Capital Stock	20,980
Great Northern Ins. Co.	414,838	Paid-In Surplus	2,711,474
Vigilant Ins. Co.	354,696	Unassigned Funds	1,903,522
Chubb Indemnity Ins. Co.	183,242		
Chubb National Ins. Co.	190,601	SURPLUS TO POLICYHOLDERS	4,635,976
Other Affiliates	116,373		
Premiums Receivable	1,726,653		
Other Assets	3,078,456		
TOTAL ADMITTED ASSETS	$ 18,087,070	TOTAL LIABILITIES AND SURPLUS	$ 18,087,070

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At December 31, 2021, investments with a carrying value of $509,085,182 were deposited with government authorities as required by law

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Federal Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 31 st day of December, 2021

Sworn before me this March 16, 2022

Senior Vice President

Notary Public

September 19, 2023
My commission expires

Commonwealth of Pennsylvania - Notary Seal
Jaime L. Yates, Notary Public
Philadelphia County
My commission expires September 19, 2023
Commission number 1367070
Member, Pennsylvania Association of Notaries

Bond Continuance

VERIFICATION OF BOND IN FORCE
Form SB-3

Type of Bond: License/Permit Bond

Name of Principal: FISHER BIOSERVICES, INC.

Obligee: STATE OF NEVADA AND NEVADA STATE BOARD OF PHARMACY

Carrier: WESTCHESTER FIRE INSURANCE COMPANY

Bond Number: K09169313

Effective Date: December 17, 2024

Limit: $ 100,000.00

Premium: $ 550.00

This Bond is continuous with no definite expiration date. Sufficient Premium has been paid to satisfy the requirements of the Carrier for this bond to December 17, 2025.

WESTCHESTER FIRE INSURANCE COMPANY

By: _____
Frances Rodriguez Attorney in Fact

Date: 04/10/2025

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Valorie Spates and Beverly Woolford of Garden City, New York; Debra A. Deming, Sandra Diaz, Vilma Gonzalez, Peter Healy, Pablo Garcia Horcajo, Francesca Kazmierczak, Aklima Noorhassan, Anne Potter and Frances Rodriguez of New York, New York ----------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY have each executed and attested these presents and affixed their corporate seals on this **15th** day of **July, 2024**.

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this 15th day of **July, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22,2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 10th Day of April 2025

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Fisher BioServices, Inc.

Pharmacy/Wholesaler License # (if applicable) WH02779

Physical Address 4650 New Design Road, Suite F

City Frederick State MD Zip 21703

Mailing Address (if different from physical address) c/o State License Servicing 225 Dolson Ave

City Middletown State NY Zip 10940

Telephone (845) 544-2482 Website www.thermofisher.com

Licensing Company Email FBS@slsny.com

Section 2: Personal Information

First Ashley Middle Nicole Last McCarl

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email ashley.mccarl@thermofisher.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Maryland Global Campus		Projected 2025 completion	
Address	City	State	Zip
3501 University Blvd E	Adelphi	MD	20783
Diploma/Degree obtained, if any			
Bachelor of Science in Business Administration (In Progress)			

School Name		From - To (MM/YY – MM/YY)	
Frederick Community College		02/2008 - 05/2020	
Address	City	State	Zip
7932 Opossumtown Pike	Frederick	MD	21701
Diploma/Degree obtained, if any			
Associate of Arts in Business Adminstration			

School Name		From - To (MM/YY – MM/YY)	
Brunswick High School		08/2004 - 06/2008	
Address	City	State	Zip
101 Cummings Dr	Brunswick	MD	21716
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2015 - Present	[redacted]			[redacted]
From - To (MM/YY – MM/YY)				
10/2012 -10/2015				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Fisher BioServices, Inc.				From - To (MM/YY – MM/YY): 09/14 - Present
Business Address: 4650 New Design Road, Suite F		City: Frederick	State: MD	Zip: 21703
Phone: (240) 405-1060	Title: Supervisor, Distribution			Number of Employed Hours: ~ 20,200 hours
Description of Duties: Supervises and directs site vendors, contractors, and employees, salary administration, conducts interviews and hiring activities. Completes staff performance appraisals. Through weekly feedback and annual PMD reviews. Trains and mentors employees.				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

N/A

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Ashley Nicole McCarl, **certify that as the designated representative for**

Fisher BioServices, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AM I am at least 21 years of age;
3. AM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ashley Nicole McCarl
Print Name (First, Last)

Ashley N McCarl
Original Signature (electronic, copies or stamps not accepted)

07 Apr 2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ashley Nicole McCarl

Print Name (First, Last)

Ashley N McCarl — 07 Apr 2025

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Frederick

I, Ashley McCarl, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Ashley N McCarl — 07 Apr 2025

Original Signature Ashley Nicole McCarl — **Date**

Subscribed and Sworn to before me this 07 day of April 2025.

Kelly Hixon

Notary Public Signature

KELLY HIXON
Notary Public - State of Maryland
Frederick County
My Commission Expires Jun 7, 2026
(Seal)

Employee List

Employee Name
Rachele Neequaye
Eric Benson
Ashley McCarl
Jose Fuentes Flores
Dale Quesenberry
Aidan Lyons
Caroline Rutherford
Colby Covell
Joshua Colthirst
Ebun Folarin
Erick Lemus
Ramisha Fariha
Rosario Navarrete
Aaron Brooks
Edwin Cantor
Alexander Lemon
Emily Purcell

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler	See Attachment A * If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☑ Ownership Change*	WH 01412	☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: J. Knipper and Company, Inc.

Physical Address: 5100 Hickory Hill Road

City: Memphis State: TN Zip: 38141

Mailing Address (if different from physical address): One Healthcare Way

City: Lakewood State: NJ Zip: 08701

Telephone: (901) 546-0119 Website: www.knipper.com

Name of Designated Representative (DR): Zrenda Coleman

Licensing Company Email: Licensing@knipper.com DR Email: Licensing@knipper.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☑ Pharmacies	☑ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☑ Controlled Substances	☐ Repacker
☑ Hospitals	☑ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others: 3/12/2025	☑ Warehouse
☑ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
6/3/2019	2/18/2020	CO	Denver	Denver

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2019-3775	Colorado Board of Pharmacy

Reason/Charge
Delayed notification of a change of designated representative.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Colorado Board of Pharmacy (claimant)	N/A

Name of Business/Industry/Entity
J. Knipper and Company

Provide explanation below:

J. Knipper and Company was subject to disciplinary action and a penalty in Colorado for delayed notification of a change of designated representative for its 1550 Oak Street, Lakewood, NJ facility. The company has since implemented corrective actions to ensure changes are submitted timely going forward. Provided (See Attachment K) is a copy of the stipulation and final order issued by the Colorado Board of Pharmacy.

Original Signature (electronic, copies or stamps not accepted)

3/12/2025
Date

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

February 19, 2020

J. Knipper and Company, Inc.
1550 Oak Street
Lakewood, NJ 08701-5937

Sent via email: compliance@knipper.com, teresita.weiss@knipper.com

RE: Case No. 2019-3775 - Stipulation and Final Agency Order

Dear Pharmacy Manager:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the terms and conditions of the above listed Stipulation and Final Agency Order effective February 18, 2020.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released you from the terms and conditions of the February 18, 2020, Stipulation and Final Agency Order and restored your Registration No. WHO.0007269 to unencumbered status.

Although this disciplinary action will remain a public document, our records show that the requirements of your Order are complete. Please retain this letter for your records.

Your cooperation during the pendency of this matter is sincerely appreciated.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Dmitry Kunin
Program Director

cc: Jeremy Alexander, Esq., sent via email: jalexander@reedsmith.com
John Kendzior, Esq., sent via email: jkendzior@reedsmith.com
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-3775

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF J. KNIPPER AND COMPANY, INC., REGISTRATION NO. WHO-7269,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and J. Knipper and Company, Inc., ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2019-3775, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as a non-resident wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2018).

2. Respondent Outlet was originally registered in the State of Colorado on or about June 20, 2007, being issued registration #WHO-7269, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 1550 Oak St, Lakewood, NJ 08701.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit an application to the Board detailing a change in designated representative and fee. In this case, 189 days transpired between November 13, 2018, the date the previous designated representative ceased the position, and May 21, 2019, the date the application and fee were received.

6. On or about June 3, 2019, the Board initiated a complaint against Respondent Outlet because of the delay of 189 days in submitting an application detailing a change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline. (1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Pharmacy Board Rules and Regulations

15.01.14 Change of name, location, or ownership, or designated representative.

c. Any change in the designated representative of a wholesaler shall be reported to the board on a form supplied by the board within 14 calendar days of such change. The incoming designated representative must undergo the required background check.

8. The Board finds and concludes, and Respondent Outlet agrees, that based upon Respondent Outlet's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

TERMS OF DISCIPLINE

9. Fine with Surcharge. Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board.

10. **Compliance**. Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in its designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.

11. **Other Requirements**. Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

    a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

12. **Advisements and Waivers**. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

    b. to respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and

    d. to appeal this Final Agency Order.

    Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

13. **Acknowledgments**. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

14. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under sections 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. **Effective Date.** This Final Agency Order shall become effective upon signature by a Board representative.

ACCEPTED AND AGREED BY

Respondent Outlet

Dated: 2/12/2020

Teresita Weiss, Ph.D., J.D.
SVP, Regulatory Affairs and Compliance

APPROVED AS TO FORM
FOR RESPONDENT OUTLET

Reed Smith LLP
Jeremy M. Alexander
John D. Kendzior

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 18 day of February, 2020.

State Board of Pharmacy

BY: _____

Dmitry Kunin
Program Director

Ree

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 18th day of FEBRUARY 2020, addressed as follows:

J. Knipper and Company, Inc.
Attn: Amer Bazoqa, Designated Representative
1550 Oak St
Lakewood, NY 08701

By Email: compliance@knipper.com; teresita.weiss@knipper.com

Jeremy M. Alexander
John D. Kendzior
Reed Smith LLP
1301 K Street, N.W.
Ste 1000 - East Tower
Washington, D.C. 20005

By email: jalexander@reedsmith.com; jkendzior@reedsmith.com

Agent of the Board

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment J

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

/A **Section 4: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New Jersey

Parent Company (if any): Knipper Holding, Inc.

Corporation/Organization Name: J. Knipper and Company, Inc.

Mailing Address: One Healthcare Way

City: Lakewood State: NJ Zip: 08701

Telephone: 732-905-7878 Email: Licensing@knipper.com

Contact Person Name: Teresita Weiss

'A **Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

/A **Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✔	
1. Copy of Certification See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment C		
/A Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment D	✓	✓		
A • **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachments A and D		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment E	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment F		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Wholly-owned by parent company.		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** See Attachment G	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment H	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment I	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ See Attachment F	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at le one million dollars ($1,000,000.00). See Attachment L	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8) N/A				
A • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
/A • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

J. Knipper and Company, Inc.

Facility Name

Teresita Weiss, General Manager for Regulatory Affairs and Compliance

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/12/2025

Date

Board Use Only	Date Received: 3/17/25	Amount: CC

Distribution Solutions International, Inc.

Client List as of September 2024

Clients
Astellas
Takeda
Akorn/Thea
AstraZeneca
J&J
BMS
Merck
Regeneron
Organon

Attachment A

Regarding the Change in Ownership

Please see the enclosed letter detailing the change in ownership.

March 12, 2025

Re: Highly Confidential
Notice – Change of Indirect Ownership
Licensee: J. Knipper and Company, Inc.
License Number: WH01412

To Whom It May Concern:

On behalf of J. Knipper and Company, Inc. (the "**Licensee**"), this notice is to advise you of a transaction that involved the transfer of the indirect equity interest in the Licensee (the "**Transaction**").

Specifically, as part of the Transaction, several parties entered into an Agreement and Plan of Merger, dated November 24, 2024, whereby the Licensee will undergo an indirect change in ownership, which will occur at the third-tier parent level. Pre- and post-closing organizational charts depicting the Transaction are attached hereto.

The transaction closed on February 13, 2024. Importantly, the Transaction did not result in any changes to the Licensee's name, address, tax identification number, operational management team, or day-to-day operations (other than changes in the ordinary course).

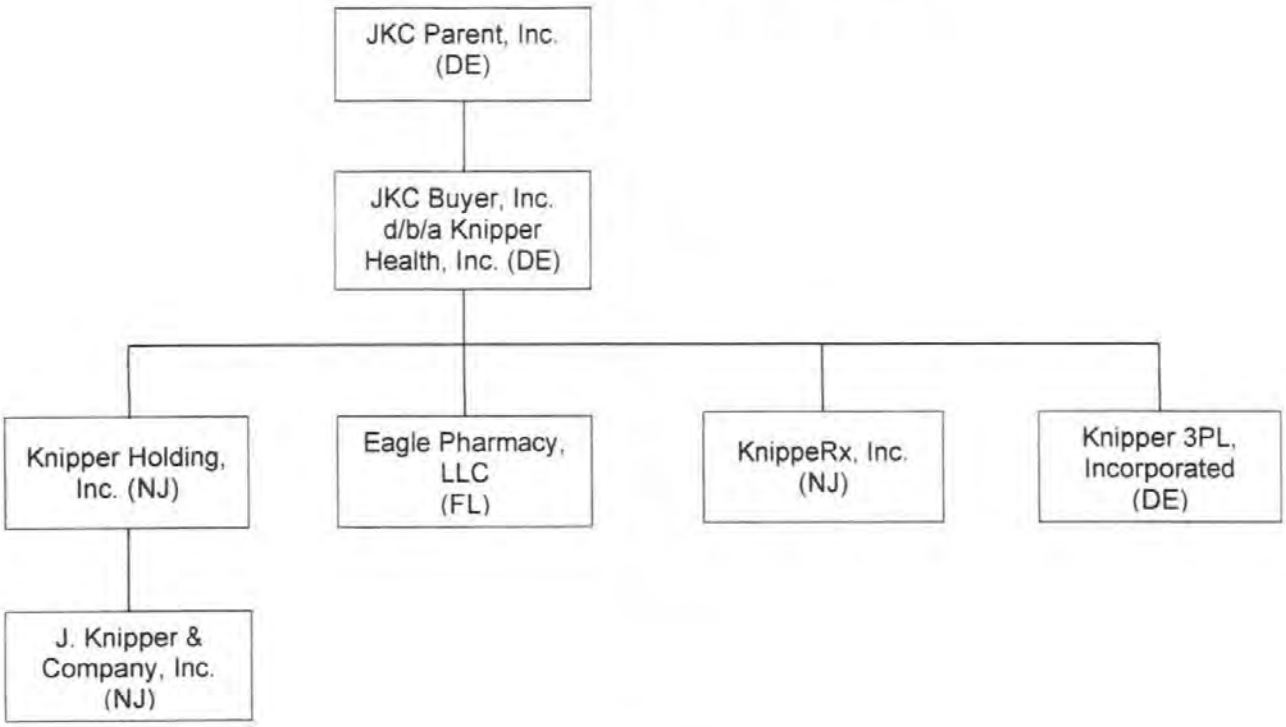
Unless we hear from you otherwise, we understand that this letter satisfies any notice requirements applicable to the Licensee regarding the Transaction.

We kindly request that you keep all information disclosed in this letter confidential.

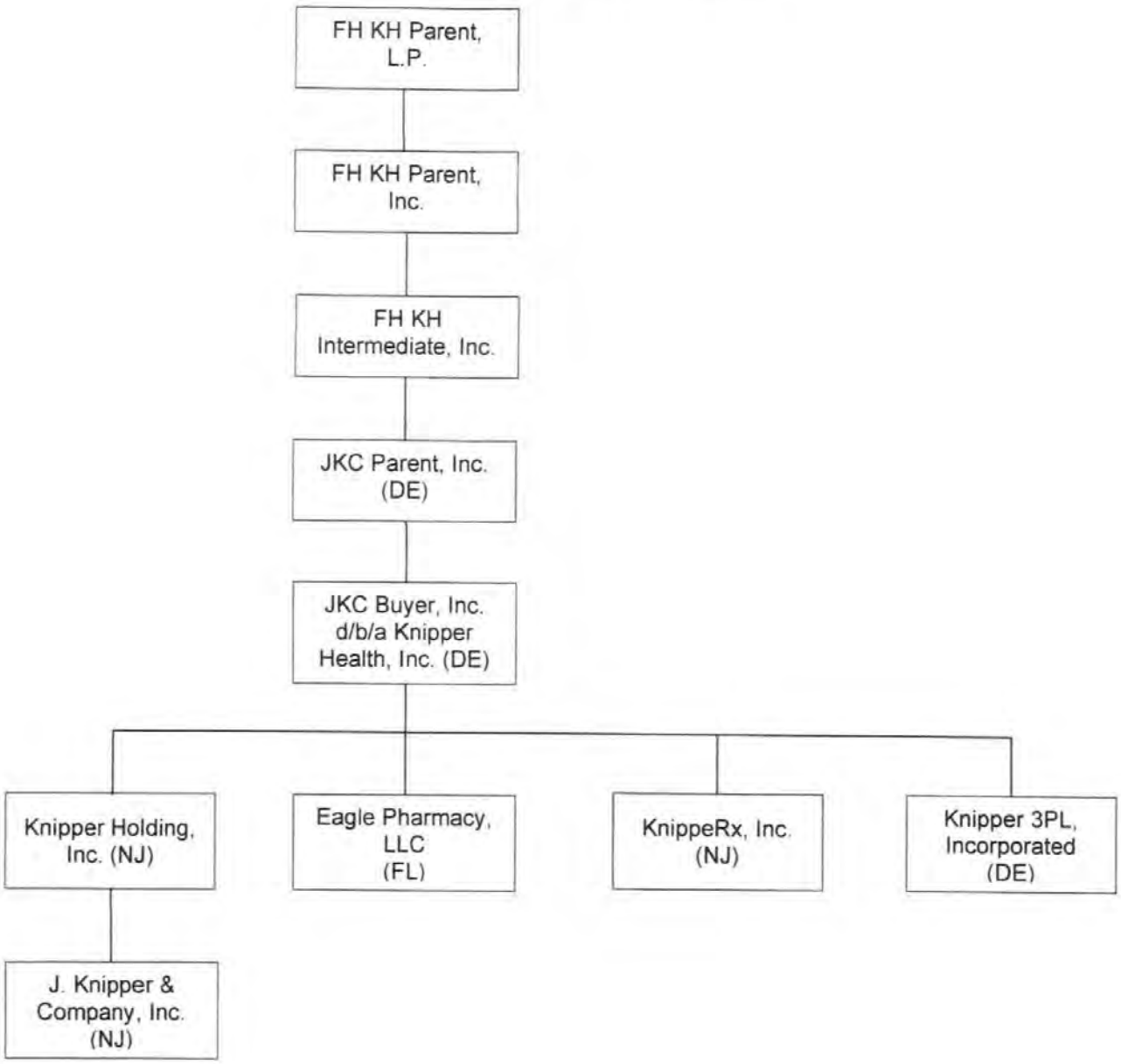
Teresita Weiss
General Manager, Regulatory Affairs & Compliance

Attachments
Exhibit A - Pre-closing organization chart
Exhibit B - Post-closing organizational chart

Knipper – Pre-Closing Legal Structure



Knipper – Post-Closing Legal Structure



NABP ACCREDITED

DRUG DISTRIBUTOR

Distribution Solutions International, Inc
dba Priority Solutions International

located at

5100 Hickory Hill Rd, Memphis, TN 38141

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

03/22/2023 - 03/21/2026
Period of Accreditation

Attachment D

Corporation Information

J. Knipper and Company, Inc.
One Healthcare Way
Lakewood, NJ 08701

J. Knipper and Company, Inc. is a wholly-owned subsidiary of its parent company, Knipper Holding, Inc.

Corporate Officers:

Michael J. Laferrera
CEO/President

Todd Phillips
CFO, Secretary, and Treasurer

Attachment E

New Jersey Certificate of Good Standing

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

J. KNIPPER AND COMPANY, INC.
0100313707

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on October 09, 1986.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY
PRINCETON SOUTH CORPORATE CENTER,
SUITE 160, 100 CHARLES EWING BLVD
EWING, NJ 08628

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 14th day of November, 2024

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6158972614

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

TENNESSEE DEPARTMENT OF HEALTH
J KNIPPER AND COMPANY, INC

ID NUMBER 2474

EXPIRATION DATE 08/31/2026

THIS IS TO CERTIFY THAT ALL REQUIREMENTS OF THE STATE OF TENNESSEE
HAVE BEEN MET
BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
ALL APPLICABLE QUALIFICATIONS AND/OR SPECIALTIES PRINTED ON BACK

COMMISSIONER OF HEALTH

J KNIPPER AND COMPANY, INC
ONE HEALTHCARE WAY
LAKEWOOD, NJ 08701

State of Tennessee
Department of Health

14153283

Renewal No. 35805

Board of Pharmacy
Wholesale/Distributor

J KNIPPER AND COMPANY, INC
5100 HICKORY HILL RD,
MEMPHIS, TN 38141

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 2474

EXPIRATION DATE: August 31, 2026

CONTROLLED SUBSTANCE REGISTRATION

Commissioner, Dept. of Health

Assistant Commissioner, Health Licensure & Regulation

TENNESSEE DEPARTMENT OF HEALTH
J KNIPPER AND COMPANY, INC

ID NUMBER: 6686

EXPIRATION DATE: 08/31/2026

THIS IS TO CERTIFY THAT ALL REQUIREMENTS OF THE STATE OF TENNESSEE
HAVE BEEN MET
BOARD OF PHARMACY
THIRD PARTY LOGISTICS
ALL APPLICABLE QUALIFICATIONS AND/OR SPECIALTIES PRINTED ON BACK

COMMISSIONER OF HEALTH

J KNIPPER AND COMPANY, INC
ONE HEALTHCARE WAY
LAKEWOOD, NJ 08701

State of Tennessee
Department of Health

14497364
Renewal No. 36096

Board of Pharmacy
Third Party Logistics

J KNIPPER AND COMPANY, INC
5100 HICKORY HILL RD,
MEMPHIS, TN 38141

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 6686

EXPIRATION DATE: August 31, 2026

CONTROLLED SUBSTANCE REGISTRATION

Commissioner, Dept. of Health

Assistant Commissioner, Health Licensure & Regulation

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RJ0691370	12-31-2025	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
4,5	DISTRIBUTOR	01-23-2025

J. KNIPPER AND COMPANY, INC.
5100 HICKORY HILL RD
MEMPHIS, TN 381418210

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RJ0691370	12-31-2025	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
4,5	DISTRIBUTOR	01-23-2025

J. KNIPPER AND COMPANY, INC.
5100 HICKORY HILL RD
MEMPHIS, TN 381418210

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

RIDER NO.

This Rider to be attached to and form part of Bond No. 021143V ,effective March 1, 2024 , covering

Pharmaceutical Wholesaler Surety Bond ,

on behalf of J. Knipper & Company, Inc. ,

and in favor of Nevada State Board of Pharmacy .

The following additional location is being added to the above captionend bond.

5100 Hickory Hill Road, Memphis, TN 38141

The attached bond shall be subject to all its agreements, limitations, and conditions except as herein expressly modified.

This Rider is effective from the 14th day of January , 2025 .

Signed and dated this 14th day of January , 2025 .

☒ WESTFIELD INSURANCE COMPANY
☐ WESTFIELD NATIONAL INSURANCE COMPANY
☐ OHIO FARMERS INSURANCE COMPANY

By _____
Robyn Rost Attorney-in-Fact

Accepted N/A

By _____

BD 5596 OFWWN (03-01)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 021143V

Application/License No. _____

J. Knipper and Company, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is One Healthcare Way, Lakewood, NJ 08701 (Address of Applicant/Principal), as PRINCIPAL, and Westfield Insurance Company (Surety Company), a corporation organized under the laws of the state of Ohio (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Park Circle, P.O. Box 5001, Westfield Center, Ohio 44251 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 1, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 1st day of March, 2024.

APPLICANT/PRINCIPAL

COMPANY
J. Knipper and Company, Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness Bridget Serrano

Witness Kristina Lutz

SURETY

Westfield Insurance Company

Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Karla Luongo

Witness Nicole Kaetzel

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

ACKNOWLEDGEMENT OF SURETY

State of New Jersey

County of Morris

City of Florham Park

On this 1st day of March in the year 2024 before me personally

Came Robyn Rost to me known, who, being by me duly sworn, did

depose and say that he resides in Florham Park, NJ that he is the Attorney-

In-Fact for Westfield Insurance Company the corporation described

In and which executed the attached instrument; that he knows the seal of the said

corporation; that the seal affixed to the said instrument is such corporate seal;

and that it was so affixed by Order of the Board of Directors of the said corporation,

and that he signed his name thereto by like order.

Notary Public

THOMAS F DORNER SR.
Notary Public, State of New Jersey
My Commission Expires Apr 23, 2028

Corporate Acknowledgement

STATE OF New Jersey

COUNTY OF Ocean

7 **day** March **the year** 2024, **before me** Teresita Weiss, **NOTARY PUBLIC personally appeared** on behalf of J. Knipper and Company, Inc.

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed the within instrument as president (or secretary)or on behalf of the corporation therein named and acknowledged to me that the corporation executed it.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, the day and year first above written.

My Commission expires September 29, 2024

Bridget Serzan

Notary Public, residing at Lakewood, New Jersey

(SEAL)

BRIDGET H. SERZAN
Commission # 50003532
Notary Public, State of New Jersey
My Commission Expires
September 29, 2024

POWER NO. 3120081 01
General Power of Attorney

CERTIFIED COPY

Westfield Insurance Co.
Westfield National Insurance Co.
Ohio Farmers Insurance Co.
Westfield Center, Ohio

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having their principal offices in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint **ROBYN ROST, JOINTLY OR SEVERALLY**
of **RED BANK** and State of NJ its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in their names, place and stead, to execute, acknowledge and deliver **any and all bonds, undertakings, and recognizances; provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed TWENTY MILLION DOLLARS AND NO CENTS ($20,000,000)—**

LIMITATION: THIS POWER OF ATTORNEY CANNOT BE USED TO EXECUTE NOTE GUARANTEE, MORTGAGE DEFICIENCY, MORTGAGE GUARANTEE, OR BANK DEPOSITORY BONDS.

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY:

"**BE IT RESOLVED**, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents cancelling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon The Company as if signed by the President and sealed and attested by the Corporate Secretary."

"**BE IT FURTHER RESOLVED**, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000.)

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their Senior Executive and their corporate seals to be hereto affixed this **15TH** day of **NOVEMBER, A.D., 2013**.

Corporate Seals Affixed

WESTFIELD INSURANCE COMPANY
WESTFIELD NATIONAL INSURANCE COMPANY
OHIO FARMERS INSURANCE COMPANY

By: _____
Dennis P. Baus
National Surety Leader and Senior Executive

State of Ohio
County of Medina ss.:

On this **15TH** day of **NOVEMBER, A.D., 2013**, before me personally came **Dennis P. Baus**, to me known, who, being by me duly sworn, did depose and say, that he resides in **Wooster, Ohio**, that he is **National Surety Leader and Senior Executive** of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument, that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals; that they were so affixed by order of the Board of Directors of said Companies, and that he signed his name thereto by like order.

Notarial Seal Affixed

By: _____
William J. Kahelin, Attorney at Law, *Notary Public*
My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

State of Ohio
County of Medina ss.:

CERTIFICATE

I, **Frank Carrino**, Secretary of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY, and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Company at Westfield Center, Ohio, this 14th day of January, A.D., 2025.

By: _____
Frank Carrino, *Secretary*

BPOAC4A

Financial Statement

December 31, 2023

Westfield Insurance Co.
Westfield Center, Ohio 44251-5001

WESTFIELD INSURANCE COMPANY
BALANCE SHEET

12/31/23
(in thousands)

Assets	
Cash, cash equivalents, and short term investments	34,614
Bonds	1,387,543
Stocks	370,629
Agents' balances and uncollected premiums, net	458,142
Other admitted assets	1,080,285
Total admitted assets	3,331,213
Liabilities	
Reserve for unearned premiums	713,530
Reserve for unpaid losses and loss expenses	1,106,583
Reserve for taxes and other liabilities	304,081
Total liabilities	2,124,194
Capital stock	8,220
Surplus to policyholders	1,198,799
Total surplus	1,207,019
Total liabilities and surplus	3,331,213

State of Ohio
ss:
County of Medina

The undersigned, being duly sworn, says: That he is National Surety Leader - Surety Operations of Westfield Insurance Company, Westfield Center, Ohio; that said Company is a corporation duly organized, existing and engaged in business as a Surety Company by virtue of the Laws of the State of Ohio and authorized to do business in the State of ..... and has duly complied with all the requirements of the laws of said State applicable to said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under the Act of Congress approved July 1947, 6 U.S.C. sec. 6-13; and that to the best of his knowledge and belief the above statement is a full, true, and correct statement of the financial condition of the said Company on the 31st day of December, 2023.

Attest:

Frank A. Carrino
Group Legal Leader, Secretary

Gary W. Stumper
National Surety Leader
Senior Executive

WESTFIELD INSURANCE CO. SEAL

Sworn to before me this 14th day of February A.D. 2024.

David A. Kotnik
Attorney at Law
Notary Public – State of Ohio

NOTARY PUBLIC STATE OF OHIO

My Commission Does Not Expire
Sec. 147.03 Ohio Revised Code

Client#: 1541191 JKNI

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/15/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services, LLC 180 Park Avenue Suite 103 Florham Park, NJ 07932	CONTACT NAME: Heather Sherwin PHONE (A/C, No, Ext): 973-315-0440 FAX (A/C, No): E-MAIL ADDRESS: heather.sherwin@usi.com
INSURED J. Knipper & Company, Inc. One Healthcare Way Lakewood, NJ 08701	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Federal Insurance Company — 20281 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			35809008	12/10/2024	12/10/2025	EACH OCCURRENCE	$5,000,000
	[X] CLAIMS-MADE [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	[X] Products Liability						MED EXP (Any one person)	$
	[X] Retro: 10/20/2023			Deductible(s):			PERSONAL & ADV INJURY	$5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			$50,000 occ. /			GENERAL AGGREGATE	$
	[X] POLICY [ ] PRO-JECT [ ] LOC			$250,000 agg.			PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	Professional Liability/E&O			35809008	12/10/2024	12/10/2025	$5,000,000 occ/agg	
	Retro: 09/30/2002						Ded: $50,000 each claim	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: NCPDP: 1568560

Evidence of Coverage for:

One Healthcare Way, Lakewood Township, NJ 08701
(See Attached Descriptions)

CERTIFICATE HOLDER

National Council for
Prescription Drug Programs, Inc.
9240 East Raintree Drive
Scottsdale, AZ 85260-7519

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ulle Scott

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DESCRIPTIONS (Continued from Page 1)

1550 Oak Street, Lakewood, NJ 08701
270 Davidson Avenue, Somerset, NJ 08873
1009 Lenox Drive, Lawrenceville, NJ 08648
1250 Patrol Road, Charlestown, IN 47111
160 Chubb Avenue, Suite 305, Lyndhurst, NJ 07071
200 Patrol Road, Suite 300, Jeffersonville, IN 47130
310 Eagles Landing Drive, 330 Eagles Landing Drive, 350 Eagles Landing Drive, Lakeland, FL 33810
2700 Blankenbaker Pkwy, Louisville, KY 40299
5100 Hickory Road, Memphis, TN 38141

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG J. Knipper and Company, Inc. MDEG License # (if applicable) _____

Physical Address 5100 Hickory Hill Road

City Memphis State TN Zip 38141

Mailing Address (if different from physical address) One Healthcare Way

City Lakewood State NJ Zip 08701

Telephone 732-905-7878 Website www.knipper.com

Licensing Company Email licensing@knipper.com

Section 2: Personal Information

First Zrenda Middle Maria Last Coleman

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone 732-905-7878 Email licensing@knipper.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Memphis		08/93 - 08/95	
Address	City	State	Zip
3720 Alumni Avenue	Memphis	TN	38152
Diploma/Degree obtained, if any			
Master of Arts			

School Name		From - To (MM/YY – MM/YY)	
University of Memphis		08/88-05/92	
Address	City	State	Zip
3720 Alumni Avenue	Memphis	TN	38152
Diploma/Degree obtained, if any			
Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
Fairley High School		09/86-05/88	
Address	City	State	Zip
4950 Fairley Road	Memphi	TN	38109
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/09 - Present	[redacted]			[redacted]
From - To (MM/YY – MM/YY)				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
J. Knipper and Company, Inc.			12/24 - Current	
Business Address		**City**	**State**	**Zip**
5100 Hickory Hill Road		Memphis	TN	38141
Phone	**Title**		**Number of Employed Hours**	
901-201-2215	Sr. Manager, Distribution		~~64~~ 6,890 KZ 5/12/25	

Description of Duties

Manage the site distribution operations including pick/pack/ship, inventory control, and order fulfillment.

Business Name			From - To (MM/YY – MM/YY)	
ThermoFisher Scientific			07/21-12/24	
Business Address		**City**	**State**	**Zip**
5100 Hickory Hill Road		Memphis	TN	38141
Phone	**Title**		**Number of Employed Hours**	
901—201—2215	Site Leader		6,890 KZ 5/12/25	

Description of Duties

Manage the site distribution operations including pick/pack/ship, inventory control, and order fulfillment.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
6/3/19	2/18/2020	CO	Denver	Denver
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
2019-3775	Colorado Board of Pharmacy			
Reason/Charge				
Delayed notification of a change of Designated Representative				
Plaintiff/Defendant/Claimant/Respondent	**Lawsuit/Arbitration/Bankruptcy**			
Colorado Board of Pharmacy (claimant)	N/A			
Name of Business/Industry/Entity				
J Knipper and Company				

Provide explanation below: Please see attachment X

Original Signature (electronic, copies or stamps not accepted)

12 Mar 2025
Date

I, Coleman, Zrenda, **certify that as the MDEG Administrator for** Knipper Health,

that I (initial that you have read and meet the following requirements):

1. ZC Have a high school diploma or its equivalent;
2. ZC Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ZC Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ZC Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Zrenda Coleman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12 Mar 2025

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler J. Knipper and Company, Inc.

Pharmacy/Wholesaler License # (if applicable) WH01412

Physical Address 5100 Hickory Hill Road

City Memphis State TN Zip 38141

Mailing Address (if different from physical address) One Healthcare Way

City Lakewood State NJ Zip 08701

Telephone (901) 546-0119 Website www.knipper.com

Licensing Company Email Licensing@knipper.com

Section 2: Personal Information

First Zrenda Middle Maria Last Coleman

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email Licensing@knipper.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Memphis		08 /93 - 08/95	
Address	City	State	Zip
3720 Alumni Avenue	Memphis	TN	38152
Diploma/Degree obtained, if any			
Master of Arts - MA, International Relations and Affairs			

School Name		From - To (MM/YY – MM/YY)	
University of Memphis		08/88 - 05/92	
Address	City	State	Zip
3720 Alumni Avenue	Memphis	TN	38152
Diploma/Degree obtained, if any			
Bachelor of Arts, Criminal Justice/Safety Studies/Pre-Law			

School Name		From - To (MM/YY – MM/YY)	
Fairley High School		09/86 — 05/88	
Address	City	State	Zip
4950 Fairley Road	Memphis	TN	381 09
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/09 — Present	[redacted]			[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
J. Knipper and Company, Inc.			12/24 - Current	
Business Address		City	State	Zip
5100 Hickory Hill Road		Memphis	TN	38141
Phone	Title		Number of Employed Hours	
(901 201-2215	Sr. Manager, Distribution		~~64~~ 6,890 #0 5/12/25	

Description of Duties

Develop and direct the operational strategy, business processes, and systems for overall distribution operations, including order fulfillment, warehousing, inventory management, and transportation.

Business Name			From - To (MM/YY – MM/YY)	
Thermo Fisher Scientific			07/21 - 12/24	
Business Address		City	State	Zip
5100 Hickory Hill Road		Memphis	TN	38141
Phone	Title		Number of Employed Hours	
(901) 201-2215	Site Leader		~~2128~~ 6,896 5/12/25	

Description of Duties

Manage the site distribution operations including pick/pack/ship, inventory control, and orderfulfillment.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
			/-/	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY) /-/	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY) /-/	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY) /-/	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY) /-/	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY) /-/	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
6/3/19	2/18/2020	CO	Denver	Denever
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2019-3775		Colorado Board of Pharmacy		
Reason/Charge				
Delayed notification of a change of designated representative				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Colorado Board of Pharmacy (claimant)			N/A	
Name of Business/Industry/Entity				
J. Knipper and Company				

Provide explanation below: Please see attachment X.

Original Signature (electronic, copies or stamps not accepted)

Date

I, Zrenda Coleman, **certify that as the designated representative for**

J. Knipper and Company, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ZC I am at least 21 years of age;
3. ZC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ZC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ZC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ZC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ZC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Zrenda Coleman
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12 Mar 2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Zrenda Coleman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12 Mar 2025

Date

Please have this section completed in the presence of a Notary Public.

State of TENNESSEE, ss. County of SHELBY

I, Zrenda Coleman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12 Mar 2025

Date

Subscribed and Sworn to before me this 12 day of MARCH.

Joe L. Hampton

Notary Public Signature

MY COMMISSION EXPIRES
DECEMBER 30, 2025

JOE L HAMPTON
STATE OF TENNESSEE
NOTARY PUBLIC
COUNTY OF SHELBY
(Seal)

Ramos, Judith Esther
Denman, Marie Rena
Stokes, Rose
Michie, Andrew
Strahan, Gregory
Turner, Deonne
Jones, Connie Ruth
Chalmers, Deborah
Smith, Toya L
Bridgeforth, Genneveieve
Thomas, Janice M
Kimmons, Deitrich
Ware, Tenita L
Seymour, Marisa Brittany
Ragland, Shakeena Beniece
Scott, Niga
Thomas-Stephney, Regina
Jackson, Mauricia Leanndra
Unson, Mario
Bush, Jikena
McGlothin, Bernadette Sade
Hodges, Tony D
Jones, Lashanda
Hornes, Raven Shontae
Parson, Mario Polo
Pickens, Alexandria
Ford, Christian
Manuel, Vernisha
Lewis, Fahtema S
Wiley, Pamela Denise
Rodgers, Valeda
Hood, Daren
Crutcher, Adrianne Charmelle
Perkins, Andreana
Burress, Katelyn
Rollberg, Edward Paul
Lee, Ayanna Erin
Richardson, Davitress
Gray, Kanesha
Thomas, Calvertis Chanta
Williams, Marvin L.
Watkins, Saneiura Nicole
Richardson, Tracey
Mcfarland, Vickie

Mosby-Winbush, Curthesia
Givens, Carl
Holmes, LaTanya Shree
Hall, Anthony Morice
Craine, Latricia
Jefferson, Jodie Lee
Leonard, Alicia
Wright, Rosa Linda
Bland, Latonya
Broadnax Jr, Austin
Wade, Courtney
Turner, Ben
Austin, Robert L
Hines, John Albert
Sails, Steven Bernard
Thompson Jr., Eddie
Rappa, Heather
Frank, Coral Lashea
Papandrea, Jessica
Stewart, Darnell
Fuzz, Carolyn
McMillon, Tomako
Smith, Sharon
Reed, Nataki Angree
Elliott, Lawanda
Swift, Sandra Elaine
White, Debra
Davis, Cleotra
Yarbrough, Frankie
Byrd, Melvia
Scruggs, Cartillia S.
Green, Bryan Matthew
Dennard, James E
Williams, Barbara DeElaine
Martin, Cordero Dimitric
Lockett, Sherry
Cain, Brandi G
Lovett, Lownie
Dockery, Jerry Bernard
Coleman, Zrenda M
Gray, Cheryl
Tagle, Clement
Cole, Anthony L.
Allshouse, Ashley Dawn

Tuggle, Jacquelyn
Wallace, Christopher
Cunningham, Robert
Snell, Tevin
Spurka, Robert
Cowles, Sarah Lynette
Long, Lori R
Miller, Nakeisha
Kossen, Joseph Binkley
Mason, Martha Wayne
Borgos, Solange
Johnson, Adrienne
Carnevale, Kimberly Ann

4MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01602	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Patterson Veterinary Supply, Inc.

Physical Address: 21111 N 9th Place, Suite 101

City: Phoenix State: AZ Zip: 85024

Mailing Address (if different from physical address): Attn: Regulatory Licensing, 1031 Mendota Heights Road

City: Saint Paul State: MN Zip: 55120

Telephone: 623-869-9816 Website: www.pattersoncompanies.com

Name of Designated Representative (DR): Deanna Spears

Licensing Company Email: facilitylicensing@pattersoncompa DR Email: deanna.spears@pattersonvet.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Medical Class I and Medical Class II devices.	☐ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Universities/Research F		■ Others: Virtual Wholesaler - No product onsite.

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/14/2025
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis US LLC
Address: 10 Sylvan Way City: Parsippany State: NJ Zip: 07054
Name: Elanco US Inc.
Address: 2500 Innovation Way City: Greenfield State: IN Zip: 46140
Name: Clipper Distributing Company LLC
Address: 1302 S 59th Street City: St. Joseph State: MO Zip: 64507
Name: Nestle Purina Pet Care Company
Address: 801 Chouteau Avenue City: St. Louis State: MO Zip: 63102

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Minnesota
Parent Company (if any): Patterson Companies, Inc.
Corporation/Organization Name: Patterson Veterinary Supply, Inc.
Mailing Address: Attn: Regulatory Licensing, 1031 Mendota Heights Road
City: Saint Paul State: MN Zip: 55120
Telephone: 651-686-1957 Email: facilitylicensing@pattersoncompanies.com
Contact Person Name: Kelley Karau

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Patterson Veterinary Supply, Inc.

Facility Name

George L. Henriques

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/14/2025

Date

Board Use Only	Date Received: 5/15/25	Amount: $1000.00

NABP ACCREDITED
DRUG DISTRIBUTOR

Patterson Veterinary Supply, Inc.

located at

21111 N 9th Pl Ste 101, Phoenix, AZ 85024

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

Facility Name

State (All)

Search Reset

Current list of 12 NABP-Accredited Drug Distributors

Accreditation is valid for three years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

1 2 Next >>

Name	Address	Accreditation Date
AmerisourceBergen Drug Corporation	AZ	12/06/23
BioCare Inc dba LogiCare3PL	2826 S Potter Dr, Ste C Tempe, AZ 85282	07/18/24
BioCare, Inc dba BioCareSD	2826 S Potter Dr Tempe, AZ 85282	12/08/24
Central Admixture Pharmacy Services, Inc.	2200 South 43rd Ave Phoenix, AZ 85043	12/14/23
McKesson Corporation dba McKesson Drug Company	495 S 107th Ave Tolleson, AZ 85353	10/03/23
Medline Industries, LP	8787 W Buckeye Rd Tolleson, AZ 85353	07/17/23
Patterson Veterinary Supply, Inc.	21111 N 9th Pl Ste 101 Phoenix, AZ 85024	12/02/24
Priority Healthcare Distribution, Inc dba CuraScript SD Specialty Distribution	2040 W Rio Salado Pkwy, Ste 101A Tempe, AZ 85281	05/29/24
QuVa Pharma, Inc.	4717 E Hilton Ave, Ste 400	01/08/25

About NABP What We Do Learn More Stay Connected

PATTERSON

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Parent Company:	Patterson Companies, Inc.
Address:	1031 Mendota Heights Road Saint Paul, MN 55120
Ownership:	100%
FEIN:	41-0886515
State of Incorporation:	Minnesota

PATTERSON VETERINARY SUPPLY, INC. – Officer List

Corporate address:	1031 Mendota Heights Road, St. Paul, MN 55120
Phone Number:	651-686-1600
FEIN:	41-2008897
State of Incorporation:	Minnesota - #11R-993 (6/18/2001)

Robert J. Rajalingam	**Chief Executive Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

George L. Henriques	**President**
Business Address:	2915 Rocky Mountain Ave., Suite 400 Loveland, CO 80538
Business Phone:	970-353-2000
Email:	Facilitylicensing@pattersoncompanies.com

Kevin M. Barry	**Chief Financial Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Leslie B. Korsh	**Corporate Secretary**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	PATTERSON VETERINARY SUPPLY, INC.
Date Filed:	06/18/2001
File Number:	11R-993
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota
This certificate has been issued on:	02/11/2025

Steve Simon
Secretary of State
State of Minnesota

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 09/08/2023
Receipt Number: 2023154858
Receipt Amount $: 1000.00

Wholesaler - Full Service

PERMIT NO
W001753

EXPIRES
10/31/2025

Issued to :

Patterson Veterinary Supply, Inc.
Patterson Veterinary Supply, Inc.
1031 MENDOTA HEIGHTS RD. ATTN:
REGULATORY LICENSING
ST PAUL, MN 55120

Patterson Veterinary Supply, Inc.
21111 N. 9TH PLACE. SUITE #101
PHOENIX, AZ 85024

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF
PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Patterson Veterinary Supply, Inc.
LICENSE NUMBER : W001753
EXPIRES : 10/31/2025

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

• Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
• You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/04/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC
333 South 7th Street, Suite 1400
Minneapolis, MN 55402-2400

CONTACT NAME: Marsh | U.S. Operations & Technology
PHONE (A/C, No, Ext): 866-966-4664 **FAX (A/C, No):** 212-948-5382
E-MAIL ADDRESS: Minneapolis.CertRequest@marsh.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Starr Indemnity & Liability Company	38318
INSURER B : Starr Specialty Insurance Company	16109
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Patterson Companies, Inc.
and its subsidiaries and affiliates
1031 Mendota Heights Road
St. Paul, MN 55120

COVERAGES **CERTIFICATE NUMBER:** CHI-010950096-01 **REVISION NUMBER:** 4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			1000100137241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$	2,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$	10,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$	4,000,000
								$	
A	AUTOMOBILE LIABILITY			1000198195241 (AOS)	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$	3,000,000
A	X ANY AUTO			1000198196241 (MA)	11/01/2024	11/01/2025	BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
A	X UMBRELLA LIAB X OCCUR			1000589674241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	5,000,000
	DED X RETENTION $ 25,000							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			100 0005556 (AOS)	11/01/2024	11/01/2025	X PER STATUTE OTH-ER		
B	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N / A		100 0005558 (FL,MA)	11/01/2024	11/01/2025	E.L. EACH ACCIDENT	$	1,000,000
B	(Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below			100 0005559 (WI)	11/01/2024	11/01/2025	E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Workers Compensation			100 0005557 (AK,AZ,CT,IA,NJ,NY,NC,TX,VT)	11/01/2024	11/01/2025	Limits		See Above

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence only.

CERTIFICATE HOLDER

Patterson Companies, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. **K41888465**

Application/License No. _____

Patterson Veterinary Supply, Inc. , doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
21111 N. 9th Place, Suite 101, Phoenix, AZ 85024, as
Address of Applicant/Principal
PRINCIPAL, and **Federal Insurance Company** , a
Surety Company
corporation organized under the laws of the state of **Indiana**
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

202B Halls Mill Road, Whitehouse Station, NJ 08889-3454 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on **February 25, 2025**.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 25th day of February, 2025.

APPLICANT/PRINCIPAL
Patterson Veterinary Supply, Inc.

Authorized Representative

SURETY COMPANY
Federal Insurance Company

Surety Company's Representative

Cynthia L. Choren, Attorney-in-fact
print name
NV Non-Resident License No. 221080

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness JoAnn R. Frank

Witness Brittany D. Stuckel

Countersigned by:

N/A
Nevada Resident Agent

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint

Cynthia L. Choren

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **19th** day of **July, 2024.**

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **19th** day of **July, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22,2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this February 25, 2025

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903- 3493 Fax (908) 903- 3656 e-mail: surety@chubb.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Patterson Veterinary Supply, Inc. MDEG License # (if applicable): _____

Physical Address: 21111 N 9th Place, Suite 101

City: Phoenix State: AZ Zip: 85024

Mailing Address (if different from physical address): Attn: Regulatory Licensing, 1031 Mendota Heights Road

City: Saint Paul State: MN Zip: 55120

Telephone: 651-686-1957 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Deanna Middle: Michelle Last: Spears

Alias(es, nicknames, name changes, etc.): Deanne Michelle Dew, Deanna Michelle Knaresboro

Date of Birth: [redacted] SSN or IT[redacted] Sex ☐ M ☒ F ☐ X

Mailing Addre[redacted]

City: Glendale State: AZ Zip: [redacted]

Telephone[redacted] Email: deanna.spears@pattersonvet.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Kaplan College		09/2011 - 05/2013	
Address	**City**	**State**	**Zip**
13610 N Black Canyon Highway	Phoenix	AZ	85029
Diploma/Degree obtained, if any			
Associates Degree			

School Name		From - To (MM/YY – MM/YY)	
Washington High School		09/2006 - 05/2010	
Address	**City**	**State**	**Zip**
2217 W. Glendale Ave	Phoenix	AZ	85021
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2023 - Ongoing	[redacted]	Glendale	AZ	[redacted]
03/2020 - 03/2023		Phoenix	AZ	
06/2012 - 062020		Phoenix	AZ	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Patterson Veterinary Supply, Inc.			10/2016 - Ongoing
Business Address	**City**	**State**	**Zip**
21111 N 9th Place, Suite 101	Phoenix	AZ	85024
Phone	**Title**	**Number of Employed Hours**	
623-869-9816	Customer Service Manager	6000+	

Description of Duties

Oversees and coordinate teams selling products and services over the phone in national call center. Responsible for ensuring compliance with corporate, state, and federal regulations relating to sales of pharmaceutical products.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Deanna Spears
Original Signature (electronic, copies or stamps not accepted)

5/22/25
Date

I, Deanna Spears, certify that as the MDEG Administrator for

Patterson Veterinary Supply, Inc,

that I (initial that you have read and meet the following requirements):

1. DS Have a high school diploma or its equivalent;
2. DS Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. DS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. DS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Deanna Spears
Print Name (First, Last)

Deanna Spears
Original Signature (electronic, copies or stamps not accepted)

5/22/25
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Patterson Veterinary Supply, Inc.

Pharmacy/Wholesaler License # (if applicable): WH01642

Physical Address: 21111 N 9th Place, Suite 101

City: Phoenix State: AZ Zip: 85024

Mailing Address (if different from physical address): Attn: Regulatory Licensing, 1031 Mendota Heights Road

City: Saint Paul State: MN Zip: 55120

Telephone: 651-686-1957 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Deanna Middle: Michelle Last: Spears

Alias(es, nicknames, name changes, etc.): Deanne Michelle Dew, Deanna Michelle Knaresboro

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Addres: [redacted]

City: Glendale State: AZ Zip: [redacted]

Telephone: [redacted] Email: deanna.spears@pattersonvet.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Kaplan College			09/2011 - 05/2013
Address	**City**	**State**	**Zip**
13610 N Black Canyon Highway	Phoenix	AZ	85029
Diploma/Degree obtained, if any			
Associates Degree			

School Name			From - To (MM/YY – MM/YY)
Washington High School			09/2006 - 05/2010
Address	**City**	**State**	**Zip**
2217 W. Glendale Ave	Phoenix	AZ	85021
Diploma/Degree obtained, if any			
Graduated			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2023 Ongoing	[redacted]	Glendale	AZ	[redacted]
03/2020 - 03/2023		Phoenix	AZ	
06/2012 - 06/2020		Phoenix	AZ	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Patterson Veterinary Supply, Inc.			10/2016 - Ongoing	
Business Address		City	State	Zip
21111 N 9th Place, Suite 101		Phoenix	AZ	85024
Phone	Title		Number of Employed Hours	
623-869-9816	Customer Service Manager		6000+	
Description of Duties				
Oversees and coordinate teams selling products and services over the phone in national call center. Responsible for ensuring compliance with corporate, state, and federal regulations relating to sales of pharmaceutical products.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Deanna Spears
Original Signature (electronic, copies or stamps not accepted)

4/24/25
Date

I, Deanna Spears, **certify that as the designated representative for**

Patterson Veterinary Supply, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DS I am at least 21 years of age;
3. DS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Deanna Spears
Print Name (First, Last)

Deanna Spears
Original Signature (electronic, copies or stamps not accepted)

4/24/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Deanna Spears

Print Name (First, Last)

Deanna Spears — 4/24/25

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Deanna Spears, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Deanna Spears — 4/24/25

Original Signature — **Date**

Subscribed and Sworn to before me this 24 day of April 2025.

Notary Public Signature

CHRIS MARTINEZ, NOTARY PUBLIC
COMM. NO. 638263
COMM. EXP. 10-12-26
MARICOPA CO., AZ

(Seal)

PATTERSON VETERINARY

2915 Rocky Mountain Avenue
Suite 400
Loveland, CO 80538
800.225.7911

Patterson Veterinary Supply, Inc.
Phoenix, AZ – Employee List

Employee Name
Navarro, Patricia Joyce
Grant, April
Chavoya, Walter Romero
Holmes, Odell
Greathouse, Lance
Rome, Ronald M
Marks, William E
Ritz, Thomas M
Munroe, Bridget Dawn
Miller, Travis
McAbee, Kelly Lynn
Robinson, Bryne E
Atkinson, Sheila
Bienias, John R
Laibe, Theresa
Spears, Deanna Michelle
Rehe, Kathleen S
Kobernick, Laurel Alexandria
Couzens, Kelly Ann
Babinski, Paul J
Sterner, Christopher
Rodriguez, Michelle
Garcia, Juan Ramon
Friesen, Karla Jean
Galvan, Beatrice
Duncan, Micah L
Hurley, Theresa
Tang, Theresa Ann
Becker, Brandi Ann
Whitcomb, Shane Cass
Haro -Tula, Catherine
Schusler, Tiffany J
Miller, Teresa K
Humble, Kathryn Leigh
Allen, Jessi
Glock, Stephanie
Audette, Jeremy
Hipwell, Kelly Christopher
Lobert, Keith
Pool, Leah Marie
Dubois, Daniel
Sherman, Ronald
Mandeville, Erica

Harms, Thomas
Ramirez, Christopher
Garcia-Campbell, Brandon James
West, Derrick
Saravia, Taiz
Waterbury, Daniel
Wells, Lindsey
Jackson, Victoria Petrova
Stroh, Mallory
Campbell, Kylie

4NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Convatec Inc.

Physical Address: 200 Connell Drive, Suite 1000

City: Berkeley Heights State: NJ Zip: 07922

Mailing Address (if different from physical address): 200 Connell Drive, Suite 1000

City: Berkeley Heights State: NJ Zip: 07922

Telephone: (800) 422-8811 Website: www.convatec.com

Name of Designated Representative (DR): Sara Aragundi

Licensing Company Email: convatecstatelicensingus@convatec.com DR Email: convatecstatelicensingus@convatec.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☑ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☑ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers (distributors)	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Clinics and nursing homes		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Convatec International UK Limited

Corporation/Organization Name: Convatec Inc.

Mailing Address: 200 Connell Drive, Suite 1000

City: Berkeley Heights State: NJ Zip: 07922

Telephone: (800) 422-8811 Email: convatecstatelicensingus@convatec.com

Contact Person Name: Sara Aragundi

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification N/A 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. N/A		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment C		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment D	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment D		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment E	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment F		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment G	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment H	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ See Attachment I	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). See Attachment J	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: N/A http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Convatec Inc.

Facility Name

Sara Aragundi

Print Name of Authorized Person Submitting Application

Aragundi

Original signature of Authorized Person (copies or stamps not accepted)

10th March 2025

Date

Board Use Only	Date Received: 3/19/25	Amount: $1,000 Ck 2343

Attachment A

Nature of Business

Convatec Inc. "Convatec" is a prescription device manufacturer. Third parties will be utilized to manufacture and ship all product. No product will be handled at Convatec's business office. Provided below are the manufacturers and third party logistics provider that will be utilized.

Physical Manufacturers:

Convatec Ltd
20 First Ave., Deeside Flintshire, GB CH5 2NU

Convatec Dominicana
Lot 30 PIISA Industrial Park, Carretera Sanchez KM 18.6 Haina Province of San Crstobal Dominican Republic

Unomedical S.R.O.
Priemyseiny park 3, 071 01 Michalovce, Slovakia

Fortune Medical
NO. 256 Changchun, 2nd Road, Jhongli, Dist, Taoyuan City, 320, Taiwan

Integral Medical products Co Ltd
77 Zhongshan Road, Yuecheng District, 31203, Shaoxing, Zhejiang China

Shaoxing Jiancheng Medical Products Co. Ltd.
No. 79 Zhongshan Road, Yuecheng District 312035, Shaoxing Zhejiang China

Shaoxing Jenston Medical Products Co. Ltd.
No. 96 YinCHeng Road, Goabu YueCheng District, Shaoxing, Shejiang 312000 China

Huizhou ForYou Medical Devices Co Ltd
No. 1 Shangxia North Road, Dongjiang Hi Tech Industrial Park, 516005 Huizhou China

Flexan (Suzhou) Precision Rubber Products Co Ltd.
Block 67,Dongjing Workshop, No.25 Dongfu Road, Suzhou Industrial Park
Suzhou Jiangsu, CN 215123

Third Party Logistics Provider:

UPS Supply Chain Solutions Inc.
1920 Outer Loop
Louisville, KY 40219

Attachment D

Corporate Officer, Director and Ownership Information

Convatec Inc.
200 Connell Drive, Suite 1000
Berkeley Heights, NJ 07922

Corporate Officers:

Gregg Vicinanza
President
Ownership: 0%

Christina Allegrini
Secretary
Ownership: 0%

Director:

Gregg Vicinanza

Owner (Parent Company):

Convatec International UK Limited
100%

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONVATEC INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONVATEC INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF MAY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4550595 8300

SR# 20243364607

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204119909

Date: 08-08-24

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 5/29/2025

Registration Number: 5006707 **Registered as:** Manufacturer and Wholesale

Name: CONVATEC INC

DBA:

Address: 200 CONNELL DR, STE 1000, BERKELEY HEIGHTS, NJ 07922

Original Issue Date: 05/27/2025 **Expiration Date:** 01/31/2026

Current Issue Date: 05/27/2025

Disciplines: No

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/12/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, LLC. 99 HIGH STREET BOSTON, MA 02110 CN103689851--GAWUP-24-25	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED ConvaTec, Inc. 200 Crossing Blvd Ste 10 Bridgewater, NJ 08807	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Chubb Insurance Company of New Jersey — 41386 **INSURER B :** Federal Insurance Company — 20281 **INSURER C :** Chubb Group Of Insurance Companies — 00388 **INSURER D :** Fireman's Fund Indemnity Corporation — **INSURER E :** Allianz Global Risks US Insurance Company — 35300 **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** NYC-012281817-01 **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			3606-97-45 PHL	07/01/2024	07/01/2025	EACH OCCURRENCE	$	1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	
							PERSONAL & ADV INJURY	$	1,000,000
							GENERAL AGGREGATE	$	2,000,000
							PRODUCTS - COMP/OP AGG	$	
								$	
B	**AUTOMOBILE LIABILITY** X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			73622111	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$	2,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
E	X **UMBRELLA LIAB** [ ] OCCUR			USL00975324	07/01/2024	07/01/2025	EACH OCCURRENCE	$	5,000,000
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$	5,000,000
	[ ] DED X RETENTION $ 10,000							$	
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		(25) 7183-33-22	07/01/2024	07/01/2025	X PER STATUTE [ ] OTH-ER		
							E.L. EACH ACCIDENT	$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
D	Products			USL02877524	07/01/2024	07/01/2025	Limit		10,000,000
							SIR		15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

ConvaTec Group PLC
1160 Route 22 East
Bridgewater, NC 08807

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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The ACORD name and logo are registered marks of ACORD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800198483

Application/License No. _____

Convatec Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 200 Connell Drive Suite 1000 Suite 206 Berkeley Heights, NJ 07922 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One State Street Plaza, 31st Floor, New York NY 10004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 1, 2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 28TH day of April, 20 25.

APPLICANT/PRINCIPAL

Signed by:
Gregg Vicinanza
Signer Name: Gregg Vicinanza
Signing Reason: I approve this document
Signing Time: May 2, 2025 | 8:25:57 PM BST
0AF6C4DF4FF1478B81761E91EA2E08A2

Authorized Representative

SIGNED and SEALED in the presence of:

Signed by:
Sara Aragundi
Witness
Signer Name: Sara Aragundi
Signing Reason: I approve this document
Signing Time: May 2, 2025 | 8:58:49 PM BST
Signed by:
C1A725BF400A4CD9B17EEC49BCADCC1D
Witness
Signer Name: Daniel Klecka
Signing Reason: I approve this document
Signing Time: May 2, 2025 | 8:27:26 PM BST
5F3347BE9B90442F95861784D804D947

SURETY COMPANY

Atlantic Specialty Insurance Company

Bonnie Rice
Digitally signed by Bonnie Rice
DN: cn=Bonnie Rice, o=Marsh USA Inc., ou=Marsh USA Inc., email=bonnie.rice@marsh.com
Surety Company's Representative

Bonnie Rice, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Michelle Lute-Heatherly
Witness Michelle Lute-Heatherly

Cindy Johnson
Witness Cindy Johnson

Countersigned by:

N/A
Nevada Resident Agent

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Convatec Inc. MDEG License # (if applicable): _____

Physical Address: 200 Connell Drive, Suite 1000

City: Berkeley Heights State: NJ Zip: 07922

Mailing Address (if different from physical address): 200 Connell Drive, Suite 1000

City: Berkeley Heights State: NJ Zip: 07922

Telephone: (800) 422-8811 Website: www.convatec.com

Licensing Company Email: convatecstatelicensingus@convatec.com

Section 2: Personal Information

First: Sara Middle: Anne Last: Aragundi

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: 200 Connell Drive, Suite 1000

City: Berkeley Heights State: NJ Zip: [redacted]

Telephone: [redacted] Email: convatecstatelicensingus@convatec.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Manchester Institute of Science and Technology		09/94 - 06/97	
Address	City	State	Zip
Oxford Road	Manchester	UK	13 9PL
Diploma/Degree obtained, if any			
BSc Management Sciences 2:1 degree			
School Name		From - To (MM/YY – MM/YY)	
Cheadle Hulme High School		09/87 - 06/94	
Address	City	State	Zip
Woods Lane, Cheadle Hulme	Cheadle Hulme High School	UK	SK8 7JY
Diploma/Degree obtained, if any			
High School diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/16 - present	[redacted]	Pennington	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/06 - 10/16	[redacted]	PENNINGTON	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Convatec Inc.			4/20/2009 - present	
Business Address		**City**	**State**	**Zip**
200 Connell Drive, Suite 1000		Berkeley Heights	NJ	07922
Phone	**Title**		**Number of Employed Hours**	
(800) 422-8811	Senior Director Global Supply Chain		~31,000	
Description of Duties				
Accountable for the budget and operational oversite of Customer Services teams and Distribution operations in North America and Europe, International transportation, Customs Compliance and Global Logistics Procurement.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
			/-/	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
			/-/	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
			/-/	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY) /-/	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY) /-/	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY) /-/	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY) /-/	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY) /-/	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10th March 2025
Date

I, Sara Aragundi, **certify that as the MDEG Administrator for**

_____,

that I (initial that you have read and meet the following requirements):

1. SA Have a high school diploma or its equivalent;
2. SA Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. SA Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. SA Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sara Aragundi
Print Name (First, Last)

SAragundi
Original Signature (electronic, copies or stamps not accepted)

10th March 2025
Date

Board Use Only	Date Received: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Convatec Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 200 Connell Drive, Suite 1000

City Berkeley Heights State NJ Zip 07922

Mailing Address (if different from physical address) 200 Connell Drive, Suite 1000

City Berkeley Heights State NJ Zip 07922

Telephone (800) 422-8811 Website www.convatec.com

Licensing Company Email convatecstatelicensingus@convatec.com

Section 2: Personal Information

First Sara Middle Anne Last Aragundi

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address 200 Connell Drive, Suite 1000

City Berkeley Heights State NJ Zip [redacted]

Telephone [redacted] Email convatecstatelicensingus@convatec.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Manchester Institute of Science and Technology		09/94 - 06/97	
Address	**City**	**State**	**Zip**
Oxford Road	Manchester	UK	13 9PL
Diploma/Degree obtained, if any			
BSc Management Sciences 2:1 degree			

School Name		From - To (MM/YY – MM/YY)	
Cheadle Hulme High School		09/87 - 06/94	
Address	**City**	**State**	**Zip**
Woods Lane, Cheadle Hulme	Cheadle	UK	SK8 7JY
Diploma/Degree obtained, if any			
High School diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/16 - present	[redacted]	Pennington	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Convatec Inc.			4/20/2009 - present	
Business Address		**City**	**State**	**Zip**
200 Connell Drive, Suite 1000		Berkeley Heights	NJ	07922
Phone	**Title**		**Number of Employed Hours**	
(800) 422-8811	Senior Director Global Supply Chain		~31,000	
Description of Duties				
Accountable for the budget and operational oversite of Customer Services teams and Distribution operations in North America and Europe, International transportation, Customs Compliance and Global Logistics Procurement.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

SAgundi
Original Signature (electronic, copies or stamps not accepted)

18th Feb 2025
Date

I, Sara Aragundi, **certify that as the designated representative for**

Convatec Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SA I am at least 21 years of age;
3. SA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Sara Aragundi

Print Name (First, Last)

SAragundi

Original Signature (electronic, copies or stamps not accepted)

18th Feb 2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sara Aragundi

Print Name (First, Last)

SAragundi

Original Signature (electronic, copies or stamps not accepted)

18th feb 2025

Date

Please have this section completed in the presence of a Notary Public.

State of NJ, ss. County of MERCER

I, Sara Aragundi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

SAragundi

Original Signature

18th feb 2025

Date

Subscribed and Sworn to before me this 18 day of Feb 2025

Mamta R. Patel

Notary Public Signature

MAMTA PATEL
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES OCT. 4, 2029

(Seal)

First Name	Last Name	Job Title	Location
Ellen	Painter	Contract & Tender Specialist	Berkely Heights
Ron	Bonacci	Principal Specialist - Procurement	Berkely Heights
Michael	Mandarano	Business Data Director	Berkely Heights
Bridget	Linebarger	Senior Manager - Marketing	Berkely Heights
Anna	Schneider	Senior Director - Marketing	Berkely Heights
Christopher	Christiani	Principal Specialist - Logistics	Berkely Heights
Ericka	Wilson	Contract & Tender Specialist	Berkely Heights
Yvonne	Neal	Contract & Tender Specialist	Berkely Heights
Teresa	Allen	Senior Sales Trainer	Berkely Heights
Jennifer	Lassiter	Lead Expert - Digital Marketing	Berkely Heights
Sue	Taffinder	Expert - Product/Brand Marketing	Berkely Heights
Sulay	Desai	Senior Compliance Advisor	Berkely Heights
Rizalyn	Dimalanta	Contract & Tender Analyst	Berkely Heights
Carlo	Guzman	Contract & Tender Specialist	Berkely Heights
Sara	Felker	Manager - Contracts & Tenders	Berkely Heights
Kristi	Malone	Senior Manager - Contracts & Tenders	Berkely Heights
Ryan	Jacobson	Senior Finance Business Partner	Berkely Heights
Carole	Rennert	Senior Director - Sales	Berkely Heights
Christopher	Gjetaj	Lead Expert - Product/Brand Marketing	Berkely Heights
Philip	Kulon	Principal Business Strategy Analyst	Berkely Heights
Julie	Cleary	Manager - Digital Marketing	Berkely Heights
Kateryna	Asilova	Director - Consumer Excellence	Berkely Heights
Josh	Sinclair	Senior Specialist - Digital Marketing	Berkely Heights
Julia	Rian	Lead Market Development Expert	Berkely Heights
Raquel	Garcia	Associate Finance Business Partner	Berkely Heights
Gregg	Vicinanza	VP I - Legal Counsel	Berkely Heights
Matthew	Kleinhans	Senior Compliance Officer	Berkely Heights
Sabrina	Urban	VP I - Business Strategy	Berkely Heights
Erik	Anderson	Sales Force Effectiveness Expert	Berkely Heights
K.C.	Cuncannan	Senior Director - Sales	Berkely Heights
Niranjan	Patla	Senior Analyst - IT Systems Software	Berkely Heights
Michael	Clarke	VP I - Legal Counsel	Berkely Heights
Megan	Bishop	Expert - Product/Brand Marketing	Berkely Heights
Andrew	Longo	Financial Controller	Berkely Heights
Nancy	Umana Mezquita	Contract & Tender Specialist	Berkely Heights
Christopher	Corallo	Lead Legal Counsel	Berkely Heights
Jennifer	Exley	Senior Manager - Digital Marketing	Berkely Heights
Giovann	DeLeon	Senior Pricing Analyst	Berkely Heights
Marzena	Paradiso	Principal Tax Analyst	Berkely Heights

Charlie	White	Senior Administrative Assistant	Berkely Heights
Alex	Drexl	Tax Analyst	Berkely Heights
Joseph	Osadebe	Senior Pricing Analyst	Berkely Heights
Christina	Gordon	Contract & Tender Specialist	Berkely Heights
Ryan	Bolton	Senior Specialist - Product/Brand Marketing	Berkely Heights
Angela	Esposito	Expert - Digital Marketing	Berkely Heights
Tovoris	Cunningham	Contract & Tender Specialist	Berkely Heights
Laura	Kelly	Specialist II - Logistics	Berkely Heights
Angelica	Perez	Senior Specialist - Product/Brand Marketing	Berkely Heights
Jessica	Jordan	Sales Force Effectiveness Analyst	Berkely Heights
Maggie	Zientek	Expert - Product/Brand Marketing	Berkely Heights
Bushra	Azmat	Pricing Analyst	Berkely Heights
Travis	Smith	Contract & Tender Specialist	Berkely Heights
Meghan	Clarke	Senior Director - Marketing	Berkely Heights
Nick	Annunziata	Expert - Product/Brand Marketing	Berkely Heights
Julia	Ebright	Senior Principal - Business Quality	Berkely Heights
Andrew	Klapka	Sales Trainer	Berkely Heights
Diane	Wright	Senior Administrative Assistant	Berkely Heights
Mrudang	Parekh	Director - Sales Force Effectiveness	Berkely Heights
Victor	Ellis	VP I - Business Strategy	Berkely Heights
Sofia	Udovenko	Tax Director	Berkely Heights
Steve	Anderson	Senior Sales Force Effectiveness Analyst	Berkely Heights
Chris	Sirimis	Senior Director - Financial Controls	Berkely Heights
Emma	Lucchi	Engineer I - Business Quality	Berkely Heights
Karen	Stewart	Director - Sales Force Effectiveness	Berkely Heights
Catherine	Fitzgerald	Senior Administrative Assistant	Berkely Heights
Piotr	Kowalczyk	Senior Director - Finance	Berkely Heights
Jonathan	Ritchie	Financial Controller	Berkely Heights
Kartika	Kabba	Contract & Tender Specialist	Berkely Heights
Elizabeth	Campbell	Expert - Product/Brand Marketing	Berkely Heights
Megan	Chintalla	Senior Market Development Specialist	Berkely Heights
Jacob	Lueck	Director - Engineering	Berkely Heights
Charli	Dawidczyk	Business Strategy Senior Director	Berkely Heights
Tod	Brindle	Senior Director - Medical Affairs	Berkely Heights
Irtiza	Sami	Senior Analyst - People Solutions Experience	Berkely Heights
Christa	Lewis	Contract & Tender Analyst	Berkely Heights

Alishia	Farr	Senior Compliance Officer	Berkely Heights
Scott	Hizer	Senior Director - Pricing	Berkely Heights
Daniel	Yrigoyen	VP II - Commercial	Berkely Heights
Denise	Todd	Senior Sales Trainer	Berkely Heights
Daniel	Pirvu	Senior Engineer - Tool and Mould	Berkely Heights
Tyler	Helsel	Business Project Manager	Berkely Heights
Rachelle	White	Senior Pricing Analyst	Berkely Heights
Andrew	Ko	Principal - Business Quality	Berkely Heights
Matthew	Zucker	Specialist III - Logistics	Berkely Heights
Kaitlyn	Fiero	Expert - Product/Brand Marketing	Berkely Heights
Judy	Tseng	Specialist III - Logistics	Berkely Heights
Sara	Abbott	Contract & Tender Specialist	Berkely Heights
Sheri	Lockamy	Specialist II - Logistics	Berkely Heights
Zeke	Lee	Manager - Contracts & Tenders	Berkely Heights
Aimmee	Goff	Specialist III - Logistics	Berkely Heights
Stephane	Chaillie	Senior Sales Force Effectiveness Analyst	Berkely Heights
Emilie	Martinko	Senior Specialist - Medical Education	Berkely Heights
Nicole	Harris	VP II - Commercial	Berkely Heights
Kelly	Deban	Clinical Project Manager	Berkely Heights
Rebecca	Decker	Senior Director - Market Development	Berkely Heights
Briana	Hovermale	Senior Market Access Director	Berkely Heights
Kimberly	Carroll	Principal Specialist - Medical Education	Berkely Heights
Shanna-Kay	Ellis	Sales Force Effectiveness Analyst	Berkely Heights
Burcu	Aydin	Senior Manager - Market Development	Berkely Heights
Sara	Aragundi	Senior Director - Logistics	Berkely Heights

400

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: AKRON PHARMACEUTICALS INC DBA: AIRLIE PHARMA

Physical Address: 2080 ENTERPRISE DR NE

City: LELAND State: NC Zip: 28451

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 910-558-9990 Website: _____

Name of Designated Representative (DR): KUMARSWAMY R MARURI

Licensing Company Email: info@airliepharma.com DR Email: info@airliepharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: OTC	■ Warehouse
☐ Veterinarians		■ Retail pharmacy wholesale distributor
☐ Others:		■ Others: 3PL

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

3/19/25

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NORTH CAROLINA

Parent Company (if any): _____

Corporation/Organization Name: AKRON PHARMACEUTICALS INC D.B.A: AIRLIE PHARMA

Mailing Address: 2080 ENTERPRISE DR NE

City: LELAND State: NC Zip: 28451

Telephone: 910-558-9990 Email: info@airliepharma.com

Contact Person Name: KUMARSWAMY R MARURI

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

AKRON PHARMACEUTICALS INC DBA: AIRLIE PHARMA

Facility Name

KUMARSWAMY R MARURI

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/19/2025

Date

Board Use Only	Date Received: 3/25/25	Amount: $1000 - ck 2782

LIST OF OFFICERS

Name: Kumarswamy R Maruri
Tiltle: Owner & CEO
100% Owner

Address:
[redacted]
KREDDY@AKRONPHARMA.COM

LIST OF ALL CORPORATION SHARE HOLDERS

Name: Kumarswamy R Maruri

Title: Owner & CEO

Percentage owned: 100%

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

AKRON PHARMACEUTICALS INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 18th day of July, 2024, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of March, 2025.

Elaine F. Marshall

Secretary of State

Scan to verify online.

Certification# 122705214-1 Reference# 22515417- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

North Carolina Department of Agriculture & Consumer Services

Food and Drug - Perscription Drug

Steve Troxler
Commissioner

Christina L. Waggett
Assistant Commissioner
for Consumer Protection

Anita McMullen
Division Director

License Details for AKRON PHARMACEUTICALS INC DBA AIRLIE PHARMA

Licensee Details

Firm Name: AKRON PHARMACEUTICALS INC DBA AIRLIE PHARMA

License Type: Distributor

Address: 2080 ENTERPRISE DR NE, LELAND, NC 28451

License Number: 601

License Status: Active – In good standing

Discipline: No

Current Issue Date: 3/13/2025

License Expiration: 12/31/2025

Original Issue Date: 3/13/2025

Search URL: https://apps.ncagr.gov/AgRSysPortalV2/licensesearch/fdpd/447032

NCDA&CS
1090 Mail Service Center, Raleigh, NC 27699-1090
Main 919-733-3556 : Fax: 919-733-9796

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 7901257281

Application/License No. 0

Akron Pharmaceuticals Inc. DBA Airlie Pharma
Applicant /Principal

_____, doing or intending to do business as a

pharmaceutical wholesaler, whose address for purposes of service is _____

2080 Enterprise Dr NE , Leland, NC 28451
Address of Applicant /Principal, as

PRINCIPAL, and Nationwide Mutual Insurance Company
Surety Company, a

corporation organized under the laws of the state of OH
State of Incorporation

and authorized to transact a general surety business in the State of Nevada, whose address for purposes

of service is 1100 Locust Street, Department 2006, Des Moines, IA 50391
Address of Surety as

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 9, 2025
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 10th day of April, 2025

APPLICANT/PRINCIPAL

x Kumar Ghanta
Authorized Representative

SURETY COMPANY

Heidi Cornelison
Surety Company's Representative

SEAL

Heidi Cornelison, Attorney-In-fact
print name

SIGNED and SEALED in the presence of:

x Vinod Reddy
Witness

x Srinivasa Dasari
Witness

SIGNED and SEALED in the presence of:

Sandy Bullock
Witness

Kelly Farrell
Witness

Countersigned by:

Nevada Resident Agent

Bond Number: 7901257281

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation

hereinafter referred to severally as the "Company" and collectively as "the Companies" does hereby make, constitute and appoint

Heidi Cornelison

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings, and other obligatory instruments of similar nature, in penalties not exceeding the sum of

One Hundred Thousand and No/100 Dollars ($100,000.00)

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require, and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 1st day of April, 2024.

Antonio C. Albanese, Vice President of Nationwide Mutual Insurance Company

ACKNOWLEDGMENT

STATE OF NEW YORK COUNTY OF KINGS: ss

On this 1st day of April, 2024, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding Instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.

Sharon Laburda
Notary Public, State of New York
No. 01LA6427697
Qualified in Kings County
Commission Expires January 3, 2026

Notary Public
My Commission Expires
January 3, 2026

CERTIFICATE

I, Lezlie F. Chimienti, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Antonio C. Albanese was on the date of the execution of the foregoing power of attorney the duly elected officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors, and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 10th day of April, 2025.

Assistant Secretary

BDJ 1(04-24)00

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler AKRON PHARMACEUTICALS INC DBA: AIRLIE PHARMA
Pharmacy/Wholesaler License # (if applicable) 601
Physical Address 2080 ENTERPRISE DR NE
City LELAND State NC Zip 28451
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 910-558-9990 Website _____
Licensing Company Email info@airliepharma.com

Section 2: Personal Information

First KUMARSWAMY Middle R Last MARURI
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X
Mailing Address [redacted]
City [redacted] State [redacted] Zip [redacted]
Telephone [redacted] Email INFO@AIRLIEPHARMA.COM
Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Acharya Nagarjuna University		From - To (MM/YY – MM/YY): 2021	
Address: INDIA	City	State	Zip
Diploma/Degree obtained, if any: Pharm.D			
School Name: Huron College		From - To (MM/YY – MM/YY): 2010	
Address: CANADA	City	State	Zip
Diploma/Degree obtained, if any: Postgraduate in Industrial Pharmacy			
School Name: HLTC College of Pharmacy		From - To (MM/YY – MM/YY): 2008	
Address: INDIA	City	State	Zip
Diploma/Degree obtained, if any: B.Pharm			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY): 04/2025-Present	Address [redacted]	City	State	Zip
From - To (MM/YY – MM/YY): 2022-PRESENT				
From - To (MM/YY – MM/YY): 2012-2021				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
AKRON GENERICS			2017-2024	
Business Address		**City**	**State**	**Zip**
47 MALL DR UNIT1&2		COMMACK	NY	11725
Phone	**Title**		**Number of Employed Hours**	
631-215-3009	OPERATIONS		6000+HRS	
Description of Duties				
Handled distribution licensing via FDA CDER portal, managed SOP logs, monitored facility operations, controlled inventory, and implemented DQSA & DSCSA compliance with product traceability and authentication.				

Business Name			From - To (MM/YY – MM/YY)	
AKRON PHARMA			2015-2024	
Business Address		**City**	**State**	**Zip**
373 RT 46 #117		FAIRFEILD	NJ	07004
Phone	**Title**		**Number of Employed Hours**	
973-227-2000	OPERATIONS		6000+HRS	
Description of Duties				
Managed daily operations, compliance, documentation, licensing, and associate training as per company policies and SOPs.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3/25/25
Date

I, KUMARSWAMY R MARURI, **certify that as the designated representative for**

_____,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. YES I am at least 21 years of age;
3. YES I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. YES I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. YES I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. YES I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. YES I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

KUMARSWAMY R MARURI

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/24/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KUMARSWAMY R MARURI

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/28/2025

Date

Please have this section completed in the presence of a Notary Public.

State of NEW YORK, ss. County of NASSAU

I, KUMARSWAMY R. MARURI, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/28/2025

Date

Subscribed and Sworn to before me this 28th day of MARCH 2025

Notary Public Signature

JAMES GEORGE
NOTARY PUBLIC - STATE OF NEW YORK
NO.01GE6020896
QUALIFIED IN NASSAU COUNTY
MY COMMISSION EXPIRES 03/08/2027

(Seal)

From:
Kumarswamy R Maruri
Designated Representative
Akron Pharmaceutical Inc.
DBA: Airlie Pharma
2080 Enterprise Dr NE
Leland, NC 28451

March 28, 2025

To:
Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy
775-850-1440
m.herrera@pharmacy.nv.gov

Dear Ms. Herrera,

I am writing to formally address the recent communication regarding the requirements for a designated representative of a wholesaler in the state of Nevada. I sincerely appreciate your guidance and the detailed information you provided.

Akron Pharmaceutical Inc., DBA Airlie Pharma, is a newly established wholesaler and third-party logistics (3PL) facility based in Leland, North Carolina. We were recently issued our in-state North Carolina license on March 13, 2025, following a successful initial inspection conducted on March 10, 2025. Currently, we are in the process of preparing our facility for operations and obtaining additional state licenses, including our application for a Nevada state license.

We plan to commence our full operations on May 5, 2025, upon securing a few additional state licenses, with a goal of achieving full operational capacity no later than June 2025.

As the designated representative for Akron Pharmaceutical Inc., I, Kumarswamy R. Maruri, confirm my commitment to complying with all applicable regulations. While I am currently a resident of New York, residing at **465A Edgewood Ave, Saint James, NY 11780**, I have established a secondary residence

near our facility at **7108 Sea Bass Ln, Wilmington, NC 28409**. I will be relocating to my Wilmington residence at the beginning of April to ensure my proximity to the facility.

I fully understand the responsibilities of a designated representative, including the requirement to be a full-time employee, actively involved in the daily operations, and physically present at the facility during regular business hours. I am dedicated to fulfilling these responsibilities to ensure compliance with all state regulations.

Enclosed with this letter is the completed, signed, and notarized revised Designated Representative application, reflecting my updated residential address. Additionally, I will be sending a copy of this letter and the revised application to you via email for your records.

Thank you for your assistance and consideration. Should you have any further questions or require additional information, please do not hesitate to contact me directly.

Sincerely,

Kumarswamy R. Maruri
Designated Representative
Akron Pharmaceutical Inc. DBA Airlie Pharma
2080 Enterprise Dr NE
Leland, NC 28451
631-740-1439
info@airliepharma.com

KUMARASWAMY REDDY MARURI
[redacted]
Email: kreddy@akronpharma.com | Cell: [redacted]

PROFESSIONAL SUMMARY

Results-driven entrepreneur and pharmaceutical industry expert with over eight years of experience in building and leading a successful own-label pharmaceutical distribution company in the USA. Proven ability to develop and execute strategic plans, expand product lines, and manage high-performing teams to drive business growth and operational efficiency.

PROFESSIONAL EXPERIENCE

Founder & CEO, Akron Pharma (2015 - Present)

- Established Akron Pharma as a leading own-label pharmaceutical distribution company in the USA.
- Expanded business operations from 5 to 170 own-label SKUs through strategic planning and execution.
- Spearheaded product development, research, and customer relations to ensure high-quality products and superior customer service.
- Managed daily operations, logistics, and vendor contracts to maintain efficiency and compliance.
- Collaborated with the Chief Commercial Officer to launch new products, negotiate contracts, and assess market trends.
- Built and led a high-performing team to drive business expansion.

Founder & CEO, Akron Generics (2017 - Present)

- Founded Akron Generics as a premier wholesale distributor of prescription drugs, devices, and OTC products.
- Expanded operations to serve hundreds of customers across 30 states.
- Established strong relationships with customers, vendors, and partners to provide cost-effective pharmaceutical solutions.
- Led a team of experienced professionals to enhance service quality and foster professional relationships.
- Developed a state-of-the-art, 15,000 sq. ft. pharmaceutical facility in Commack, NY.

Manager, Drug Depot Corp, Bronx, NY (Aug 2011 - June 2015)

- Managed daily pharmacy operations, including secure opening and closing procedures.
- Assisted customers with prescriptions and OTC medications.
- Updated patient records and inventory, processed invoices, and managed insurance claims.
- Recommended workflow improvements to enhance efficiency.
- Maintained a clean and organized work environment.

Executive - Quality Assurance, Vista Pharmaceuticals, Andhra Pradesh, India (March 2008 - Sep 2009)

- Coordinated QMS activities, including handling Change Controls, PNCs, and Exceptions.
- Assisted in preparing Quality Review Meeting trends and reports.
- Reviewed exhibit batch records and ensured process validation compliance.
- Conducted in-process documentation and shop floor quality assurance activities.
- Prepared and reviewed SOPs, batch manufacturing records, and stability reports.

CORE SKILLS

- Strategic Planning & Execution
- Product Development & Management
- Customer Relations & Service
- Logistics & Operations Management
- Team Building & Leadership
- Market Research & Analysis
- Contract Negotiation & Management

ACHIEVEMENTS

- Successfully built and led Akron Pharma to become a top own-label pharmaceutical distribution company.
- Expanded product portfolio from 5 to 170 SKUs.
- Established strong industry relationships with customers, vendors, and partners.

PRESENTATIONS & PUBLICATIONS

- Poster Presentation: *Role of Pictograms in Educating Diabetic Patients on Medication Use & Lifestyle Modifications* – 4th International Conference on Pharmacovigilance & Clinical Trials.
- Poster Presentation: *Preparation of Dapsone Nano Suspension for Intravenous Use* – International Conference on Drug Delivery.
- Attended ICMR-sponsored National Conference on Experimental Pharmacology & Drug Evaluation.
- Attended AICTE-sponsored conference on Emerging Opportunities & Challenges for Clinical Pharmacists at PSG College of Pharmacy, Coimbatore.
- Co-Author: *Assessment of Vancomycin Treatment Failures for MRSA Bacteremia Based on MIC* – Poster Presentation at the 4th Annual Conference of the Clinical Infectious Diseases Society, Bangalore.

EDUCATION

- **Doctor of Pharmacy (Pharm.D)** – Acharya Nagarjuna University, India (2021)
- **Postgraduate in Industrial Pharmacy** – Huron College, Toronto, Canada (2010)
- **Bachelor of Pharmacy (B.Pharm)** – HLTC College of Pharmacy, RGUHS, India (2008)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application
Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site AKRON PHARMACEUTICALS INC DBA: AIRLIE PHARMA

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 601

Physical Address 2080 ENTERPRISE DR NE

City LELAND State NC Zip 28451

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 910-558-9990 Website _____

Licensing Company Email info@airliepharma.com

Section 2: Personal Information

First kumarswamy Middle R Last Maruri

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email INFO@AIRLIEPHARMA.COM

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Acharya Nagarjuna University		2021	
Address	**City**	**State**	**Zip**
INDIA			
Diploma/Degree obtained, if any			
Pharm.D			
School Name		**From - To (MM/YY – MM/YY)**	
Huron College		2010	
Address	**City**	**State**	**Zip**
CANADA			
Diploma/Degree obtained, if any			
Postgraduate in Industrial Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
HLTC College of Pharmacy		2008	
Address	**City**	**State**	**Zip**
INDIA			
Diploma/Degree obtained, if any			
B.Pharm			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2022-PRESENT	[redacted]			
From - To (MM/YY – MM/YY)				
2012-2021				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
AKRON GENERICS			2017-2024
Business Address	**City**	**State**	**Zip**
47 MALL DR UNIT1&2	COMMACK	NY	11725
Phone	**Title**		
631-215-3009	OPERTATIONS		

Description of Duties

Handled distribution licensing via FDA CDER portal, managed SOP logs, monitored facility operations, controlled inventory, and implemented DQSA & DSCSA compliance with product traceability and authentication.

Business Name			From - To (MM/YY – MM/YY)
AKRON PHARMA			2017-2024
Business Address	**City**	**State**	**Zip**
373 RT 46 #117	FAIRFEILD	NJ	07004
Phone	**Title**		
973-227-2000	OPERATIONS		

Description of Duties

Managed daily operations, compliance, documentation, licensing, and associate training as per company policies and SOPs.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

3/19/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KUMARSWAMY R MARURI

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/19/25

Date

Please have this section completed in the presence of a Notary Public.

State of NEW YORK, ss. County of NASSAU

I, KUMARSWAMY R. MARURI, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/19/25

Date

Subscribed and Sworn to before me this 19th day of MARCH 2025

Notary Public Signature

3/19/2025

JAMES GEORGE
NOTARY PUBLIC - STATE OF NEW YORK
NO.01GE6020896
QUALIFIED IN NASSAU COUNTY
MY COMMISSION EXPIRES 03/08/2027

(Seal)

AKRON PHARMACEUTICALS INC

To Whom It May Concern

List of Current employees of the Akron Pharmaceuticals Inc facility:

1. **Kumarswamy Reddy Maruri:** Designated Repersentative
2. **Chris Stewart** -Operations Manager
3. **Tomy Cherian** - Compliance office
4. **LUNA LORA-** Warehouse Supervisor
5. **Lorena Guardado-** logistics
6. **Vinod Reddy**- supervisor

NORTH CAROLINA
Department of the Secretary of State

To all whom these presents shall come, Greetings:

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF INCORPORATION

OF

AKRON PHARMACEUTICALS INC

the original of which was filed in this office on the 18th day of July, 2024.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of July, 2024.

Elaine F. Marshall

Secretary of State

State of North Carolina
Department of the Secretary of State

ARTICLES OF INCORPORATION

SOSID: 2881223
Date Filed: 7/18/2024 12:33:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C2024 198 03053

Pursuant to §55-2-02 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Incorporation for the purpose of forming a business corporation.

1. The name of the corporation is: AKRON PHARMACEUTICALS INC

2. The number of shares the corporation is authorized to issue is: 200

3. These shares shall be: ***(check either a or b)***

   a. ☒ All of one class, designated as common stock; or

   b. ☐ Divided into classes or series within a class as provided in the attached schedule, with the information required by N.C.G.S. Section 55-6-01.

4. The name of the initial registered agent is: Kumar Reddy

5. The North Carolina street address and county of the initial registered office of the corporation is:

   Number and Street 2080 Enterprise Drive NE

   City Leland State NC Zip Code 28451-8804 County Brunswick

6. The mailing address, ***if different from the street address,*** of the initial registered office is:

   Number and Street _____

   City _____ State NC Zip Code _____ County _____

7. Principal office information: (***must select either a or b.***)

   a. ☒ The corporation has a principal office.

   The principal office telephone number: (917) 597-6204

   The street address and county of the principal office of the corporation is:

   Number and Street 2080 Enterprise Drive NE

   City Leland State NC Zip Code 28451-8804 County Brunswick

   The mailing address, ***if different from the street address***, of the principal office of the corporation is:

   Number and Street _____

   City _____ State _____ Zip Code _____ County _____

   b. ☐ The corporation does not have a principal office.

8. Any other provisions, which the corporation elects to include, i.e., the purpose of the corporation, are attached.

9. The name and address of each incorporator is as follows:

Name	Address
Ramana Gaddam EA.	- 251-04 87th Ave Bellerose NY, 11426-2417 United States

10. **(Optional):** Listing of Company Officers (See instructions on why this is important)

Name	Address	Title
Kumar Reddy	2080 Enterprise Drive NE Leland NC 28451-8804 United States	Executive Director

11. **(Optional):** Please provide a business e-mail address: Privacy Redaction .
The Secretary of State's Office will e-mail the business automatically at the address provided at no charge when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is being offered, please see the instructions for this document.

12. These articles will be effective upon filing, unless a future date is specified:

This the 16th day of July 2024

Ramana Gaddam EA.
Signature

Ramana Gaddam EA. Incorporator
Type or Print Name and Title

NOTES:
1. **Filing fee is $125. This document must be filed with the Secretary of State.**

B5317 P1206 03-10-2025 09 24 21 000 PROP
Dana Varnam
Brunswick County, NC Register of Deeds page 1 of 1

Return to Vinod Reddy Type IS
Total 26 Rev ____ Int ____
Ck $ ____ Ck # ____ Cash $ 26
Refund ____ Cash $ ____ Finance ____
Portions of document are illegible due to condition of original.
Document contains seals verified by original instrument that cannot be reproduced or copied

ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)

Please print legibly.

1. The assumed business name is:
   Airlie Pharma

   (You may include no more than five (5) assumed business names on this form.)

2. The real name of the person or entity engaging in business under the assumed business name is:
   Akron Pharmaceuticals Inc
   SOS ID: 2881223

   (Corporations, LLC's, limited partnerships must provide the exact name registered with the NC Secretary of State's office and the SOSID number assigned at the time of formation. Go to www.sosnc.gov/br/search to look up your information.)

3. The nature/type of the business is: Wholesale Pharmaceutical Distributor

4. The street address of the principal place of business is: (PO Boxes are not acceptable)
   2080 Enterprise Drive NE, Leland, North Carolina 28451

5. The mailing address, if different from the street address, is:

6. The counties where the assumed business name will be used to engage in business are:
   ☐ All 100 North Carolina counties
   Brunswick

This certificate is signed by the owner/legal representative of the person or entity named above, this 9th day of March, 2025.

Signature: KUMAR Reddy

Printed/Typed Name: Kumar Reddy

Title: President
(See instructions for who must sign for various business entity types.)

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 07-22-2024

Employer Identification Number:
[redacted]

Form: SS-4

Number of this notice: CP 575 A

AKRON PHARMACEUTICALS INC
2080 ENTERPRISE DR NE
LELAND, NC 28451

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you [redacted] This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 941	01/31/2025
Form 940	01/31/2025
Form 1120	04/15/2025

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:
If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes.* If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit www.irs.gov/mefbusproviders for a list of companies that offer IRS e-file for business products and services.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is AKRO. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

(IRS USE ONLY) 575A 07-22-2024 AKRO B 9999999999 SS-4

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number
( ) -
_____

Best Time to Call
_____

DATE OF THIS NOTICE: 07-22-2024
EMPLOYER IDENTIFICATION NUMBER: 99-4076534
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

AKRON PHARMACEUTICALS INC
2080 ENTERPRISE DR NE
LELAND, NC 28451

North Carolina Department of Agriculture
and Consumer Services
Food and Drug Protection Division

Inspection Report

Akron Pharmaceuticals Inc.
d/b/a Airlie Pharma
2080 Enterprise Drive NE
Leland, NC 28451
(631) 740-1439

Inspected 03/10/2025
By: Angela Harrison
Drug Specialist

Steven W. Troxler
Commissioner

North Carolina Department of Agriculture and Consumer Services
Food and Drug Protection Division

Christina L. Waggett
Assistant Commissioner for Consumer Protection

Anita MacMullan
Director

Inspection Report

Akron Pharmaceuticals, Inc.
d/b/a Airlie Pharma
2080 Enterprise Drive NE
Leland, NC 28451
(631) 740-1439

Inspected 03/10/2025
By: Angela Harrison

History of Business

Akron Pharmaceuticals, Inc. is a privately held pharmaceutical company, which develops and markets generic products. The firm was founded in 2015 and based in New York. The firm applied for NCDA&CS wholesale distributor and third-party logistics licenses on February 24, 2025. Akron Pharmaceuticals, Inc. plans to relocate all distribution and third-party logistic services to Leland, North Carolina and will do business under the name Airlie Pharma.

Corporate Address (US)

Akron Pharmaceuticals, Inc.
d/b/a Airlie Pharma
2080 Enterprise Drive NE
Leland, NC 28451
(631) 740-1439

Corporate Officers (US)

Kumarswamy R. Maruri	Chief Executive Officer
Matt Sabel	President Sales and Marketing

Observations

No significant objectionable conditions were noted during this initial inspection, and an observation sheet was not issued. NCDA&CS license # 094-1754 (3PL) and license # 087-601 (Distributor) are approved for release.

Compliance

A limited inspection will be conducted within the next 3-6 months.

Attachments

Notice of Inspection

4PP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* (Immediate parent owner is not changing - See attached Letter) ☐ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH 02452	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Catalent San Diego, Inc.

Physical Address: 7330 Carroll Road, Suite 200

City: San Diego State: CA Zip: 92121

Mailing Address (if different from physical address): Same as physical address

City: _____ State: _____ Zip: _____

Telephone: (858) 805-6383 Website: www.catalent.com

Name of Designated Representative (DR): Bryan Knox

Licensing Company Email: GMB-CatalentSanDiegoInc@catalent.com DR Email: Bryan.Knox@catalent.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	■ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: Clinical trial drug products	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Clients		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - clinical trial products are client supplied through contract. Suppliers are based off client determination.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Catalent Pharma Solutions, Inc.

Corporation/Organization Name: Catalent San Diego, Inc.

Mailing Address: 7330 Carroll Road, Suite 200

City: San Diego State: CA Zip: 92121

Telephone: (858) 805-6383 Email: GMB-CatalentSanDiegoInc@catalent.com

Contact Person Name: Bryan Knox

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment 1	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment 1		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment 2	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ DR is not changing		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment 3	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment 4	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. Fingerprints should be on file.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. See Attachment 5		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Catalent San Diego, Inc.

Facility Name

Joseph Ferraro

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10/24/2024

Date

Board Use Only	Date Received: 10/30/24	Amount: $1000 ck 40979

Catalent

Attachment 1

Corporate Officer Information

14 Schoolhouse Road
Somerset, NJ 08873
(732) 537 6200

- **Alessandro Maselli**
  President & Chief Executive Officer
  % Ownership: <1%

- **Ramon J. Ceron**
  Vice President & Treasurer
  % Ownership: <1%

- **Joseph Ferraro**
  Senior Vice President, General Counsel & Secretary
  % Ownership: <1%

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	CATALENT SAN DIEGO, INC.
Entity No.:	2160802
Registration Date:	04/19/1999
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 13, 2025.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 295927234

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

CDPH
California Department of Public Health

State of California—Health and Human Services Agency
California Department of Public Health

Food and Drug Branch
P.O. Box 997435, MS 7602
Sacramento, CA 95899-7435
1-800 495-3232 Toll Free

LICENSE / REGISTRATION VERIFICATION REQUES

Requestor: Complete Items 1-6 only, then forward to California Departme Health, Food and Drug Branch at the address above.

1. Name of Firm or Exemptee / DBA Catalent San Diego, Inc.			
2. Facility Address (number, street) 7330 Carroll Road, Suite 200			
3. City San Diego	State CA	Zip Code 92121	
4. Type of Firm ☐ Retailer ☐ Warehouse ☒ Manufacturer			
5. Requestor's Name Stacy Peterson			
6. Requestor's Address 7330 Carroll Road, Suite 200			
City San Diego	State CA	ZIP Code 92121	Email GMB-CatalentSanDiegoInc@catalent.com
Requestor's Mailing Address (if different or P.O. Box number) N/A			
City	State	ZIP Code	

DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY STATE AGENCY

License Type	License Number	Date Issued	Expiration Date
Drug	96097	04/05/2017	04/05/2026

License / Registration Status:

☑ **Valid** ☐ **Suspended/Revoked** ☐ **Surrendered** ☐ **Expired**
☐ **No record of firm / individual** ☐ **Application received / license pending**

Official Signature/Title: Office Tech Date: 04/10/2025

CDPH 8707 (10/2024)

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

DRUG MANUFACTURING LICENSE

Catalent San Diego, Inc.
7330 Carroll Rd, Ste 200
San Diego, CA 92121

LICENSE NUMBER: 96097
EXPIRATION DATE: 6/5/2026

The person named herein is licensed to manufacture drugs through the expiration date of this license. This license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 5/16/2024

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SBP150849_001

Application/License No. WH02452

CATALENT SAN DIEGO, INC. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 7330 Carroll Road, Suite 200 San Diego, CA 92121 (Address of Applicant/Principal), as PRINCIPAL, and PENNSYLVANIA INSURANCE COMPANY, (Surety Company), a corporation organized under the laws of the state of NM (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 10805 Old Mill Rd Omaha, NE 68154 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 13, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 13th day of December, 2024.

APPLICANT/PRINCIPAL
CATALENT SAN DIEGO, INC.

COMPANY

Joseph Ferraro
Authorized Representative
Joseph Ferraro

SURETY
PENNSYLVANIA INSURANCE COMPANY

Sara Owens
Surety Company's Representative

Sara Owens, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Alisha Riddick
Witness Alisha Riddick

Sharon Monto
Witness Sharon Monto

SIGNED and SEALED in the presence of:

Dana Donahue
Witness Dana Donahue

Lori Shelton
Witness Lori Shelton

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

California Insurance Company · Continental Indemnity Company · Illinois Insurance Company · Pennsylvania Insurance Company

10805 Old Mill Road · Omaha, Nebraska 68154

POWER OF ATTORNEY NO. AONPHI01_0323

KNOW ALL MEN BY THESE PRESENTS: That the California Insurance Company, duly organized and existing under the laws of the State of California and having its principal office in the County of San Mateo, California, and Continental Indemnity Company, Illinois Insurance Company and Pennsylvania Insurance Company, corporations duly organized and existing under the laws of the State of New Mexico and having their principal office in the County of Santa Fe, New Mexico does herby nominate, constitute and appoint:

Patricia A. Rambo, Kimberly G. Sherrod, Cathy H. Ho, Sara Owens, Lori S. Shelton, Dana Donahue, Wayne G. McVaugh, Annmarie Breene, Joanne C.. Wagner, Patricia Dorsaneo, Babette Ward, Patrick Breene

Its true and lawful agent and attorney-in-fact, to make, execute, seal and deliver for and on its behalf as surety, and its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship (NOT INCLUDING bonds without a fixed penalty or financial guarantee) provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

"Unlimited"

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of **California Insurance Company, Continental Indemnity Company, Illinois Insurance Company and Pennsylvania Insurance Company.**

"RESOLVED, That the President, Senior Vice President, Vice President, Assisted Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney of the Company, qualifying the attorney or attorneys named in given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the **California Insurance Company, Continental Indemnity Company, Illinois Insurance Company and Pennsylvania Insurance Company,** all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, **California Insurance Company, Continental Indemnity Company, Illinois Insurance Company and Pennsylvania Insurance Company,** has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer the 16th day of August 2023.

California Insurance Company, Continental Indemnity Company,
Illinois Insurance Company, Pennsylvania Insurance Company

By _____
Jeffrey A. Silver, Secretary

STATE OF NEBRASKA
COUNTY OF DOUGLAS SS:

On this 16th day of August A.D. 2023, before me a Notary Public of the State of Nebraska, in and for the County of Douglas, duly commissioned and qualified, came THE ABOVE OFFICER OF THE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Douglas, the day and year first above written.

GENERAL NOTARY - State of Nebraska
LINDA S. DAVIS
My Comm. Exp. September 1, 2027

_____
(Notary Public)

I, the undersigned Officer of the **California Insurance Company,** a California Corporation of Foster City, California, **Continental Indemnity Company, Illinois Insurance Company and Pennsylvania Insurance Company,** New Mexico Corporations of Santa Fe, New Mexico, do herby certify that the original POWER OF ATTORNEY of which the foregoing is full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 13th day of December , 2024

_____
Jeffrey A. Silver, Secretary

PENNSYLVANIA INSURANCE COMPANY
Statutory Statements of Admitted Assets, Liabilities and Capital and Surplus

Admitted Assets	December 31, 2023	December 31, 2022
Bonds (fair value $3,369,553 and $3,353,283)	$ 3,391,227	$ 3,380,054
Common stocks (cost $20,524,906 and $0)	20,524,906	-
Cash, cash equivalents and short-term investments	44,707,282	32,788,196
Other invested assets (cost $34,373,505 and $39,373,505)	8,511,883	10,376,241
Receivables for securities	-	2,428,000
Cash and invested assets	77,135,298	48,972,491
Premiums receivable, agents' balances and other receivables	19,987,394	14,650,243
Reinsurance recoverable on paid loss and loss adjustment expenses	2,114,711	636,445
Accrued investment income	129,526	119,538
Net deferred tax asset	2,521,454	1,357,198
Guaranty funds receivable or on deposit	109,501	128,818
Receivables from parent, subsidiaries and affiliates	15,220,022	10,408,362
Other assets	16,511,124	21,267,607
Total admitted assets	$ 133,729,030	$ 97,540,702

Liabilities and Capital and Surplus		
Liabilities:		
Unpaid loss	$ 33,772,111	$ 28,482,789
Reinsurance payable on paid losses and loss adjustment expenses	1,791,205	1,820,403
Loss adjustment expenses	4,659,018	4,752,760
Commissions payable, contingent commissions and other similar charges	119,983	112,810
Other expenses (excluding taxes, licenses and fees)	552,357	300,337
Taxes, licenses and fees (excluding federal and foreign income taxes)	1,348,966	756,166
Current federal and foreign income taxes	1,342,659	1,180,441
Unearned premiums	23,590,244	17,652,210
Ceded reinsurance premiums payable	12,860,415	10,726,449
Remittances and items not allocated	808	3,000
Provision for reinsurance	253,073	414,564
Payable to parent, subsidiaries and affiliates	2,825,457	630,793
Other liabilities	22,276	35,611
Total liabilities	83,138,572	66,868,333
Capital:		
Common capital stock, par value $70 per share; 90,000 shares authorized, issued and outstanding	6,300,000	6,300,000
Surplus:		
Gross paid in and contributed surplus	61,128,848	30,578,480
Unassigned funds (surplus)	(16,838,390)	(6,206,111)
Total surplus	44,290,458	24,372,369
Total capital and surplus	50,590,458	30,672,369
Total liabilities and capital and surplus	$ 133,729,030	$ 97,540,702

The undersigned, being duly sworn, says: That he is the Senior Vice President of Pennsylvania Insurance Company; that said Company is a corporation duly organized in the state of New Mexico, and licensed and engaged in the State of New Mexico and has duly complied with all the requirements of the laws of the said State applicable of the said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under the Act of Congress. And that to the best of his knowledge and belief the above statement is a full, true and correct statement of.

Attest:

Robert Stafford, Senior Vice President

General Notary - State of Nebraska
AMY C. SINGLETON
My Comm. Exp. Oct. 18, 2024

Sworn to before me this 29 day of February 2024.

Amy C. Singleton, Notary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Catalent San Diego, Inc.

Pharmacy/Wholesaler License # (if applicable): WH02452

Physical Address: 7330 Carroll Road, Suite 200

City: San Diego State: CA Zip: 92121

Mailing Address (if different from physical address): N/A

City: State: Zip:

Telephone: (858) 805- 6383 Website: www.catalent.com

Licensing Company Email: GMB-CatalentSanDiegoInc@catalent.com

Section 2: Personal Information

First: Bryan Middle: Matthew Last: Knox

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: Bryan.Knox@catalent.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Rady School of Management, University of California at San Diego		06/05 - 06/07	
Address	**City**	**State**	**Zip**
9500 Gilman Drive	La Jolla	CA	92093
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
University of California at San Diego		09/92 - 06/96	
Address	**City**	**State**	**Zip**
9500 Gilman Drive	La Jolla	CA	92093
Diploma/Degree obtained, if any			
B.S. Biochemistry			

School Name		From - To (MM/YY – MM/YY)	
Ocean View High School		09/88 - 06/92	
Address	**City**	**State**	**Zip**
17071 Gothard Street	Huntington Beach	CA	92647
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2017 - Present	[redacted]			
02/2003 - 01/2017				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Catalent San Diego, Inc.			09/2017 - Present	
Business Address		**City**	**State**	**Zip**
7330 Carroll Road, Suite 200		San Diego	CA	92121
Phone	**Title**		**Number of Employed Hours**	
(858) 805-6383	General Manager		17,126	
Description of Duties				
Management of site operations, including development, manufacturing, engineering, quality, facilities, and EH&S functions.				

Business Name			From - To (MM/YY – MM/YY)	
Pharmatek, Inc.			06/1999 - 09/2017	
Business Address		**City**	**State**	**Zip**
7330 Carroll Road, Suite 200		San Diego	CA	92121
Phone	**Title**		**Number of Employed Hours**	
(858) 805-6383			33,760	
Description of Duties				
Validation of analytical methods, identification of oral dosage forms, manufacturing of formulations and management of 40 scientific staff.				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

13 Feb 2025
Date

I, Bryan Knox, **certify that as the designated representative for**

Catalent San Diego, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. BK I am at least 21 years of age;
3. BK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. BK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. BK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. BK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. BK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Bryan Knox

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

13 Feb 2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bryan Knox

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

13 Feb 2025

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Diego

I, Bryan Knox, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

13 Feb 2025

Date

Subscribed and Sworn to before me this 13 day of Feb. 2025

Shokufeh Pahlevan - Notary Public

Notary Public Signature

SHOKUFEH PAHLEVAN
Notary Public - California
San Diego County
Commission # 2483900
My Comm. Expires Mar 5, 2028

(Seal)

CALIFORNIA ACKNOWLEDGMENT CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Diego }

On 02-13-2025 before me, SHokufeh Pahlevan-Notary Public
Date *Here Insert Name and Title of the Officer*

personally appeared Bryan Matthew KNOX
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

SHOKUFEH PAHLEVAN
Notary Public - California
San Diego County
Commission # 2483900
My Comm. Expires Mar 5, 2028

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Nevada State Board of Pharmacy Designated
Document Date: 02-13-2025 Number of Pages: 12 pages
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer – Title(s): _____	☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer is Representing: _____	Signer is Representing: _____

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Attachment 3 - List of Employees_2024

Acosta-Martinez, Savion
Afghan, Roya
Aguilar, Alvin
Albino, Edwin
Alvarez, Joebert
Alvarez, Shirley
Anderson, Maria
Ao, Calvin
Asalu, Valentine
Asanas, Ariz
Athay, Kota
Au, Rebecca
Ayers, Cort
Ballard, Joel
Banas, Lance
Barajas, Rocio
Barlowe, Andrew
Barragan, Joel
Bautista, Lorenzo
Beasley, Nikki
Boennighausen, Elizabeth
Bonilla Gonzales, David
Bouchard, Hailey
Braun, Richard
Brent, Lauren
Brown, Taylor
Bruecks, Tyler
Butler, Maddie
Calzado-Mockler, Angelica
Campos, Jessica
Casciotta, Scott
Casciotta, Victoria
Cellery, Ruth
Chan, Tony
Chang, Daniel
Chang, James
Cheadle, Thomas
Chelette, Alexis
Chibber, Abhishek
Churchill, Sophie
*Clikeman, Tyler

Collamer, Kristoffer
Collins, Carolyn
Cortel, Katherine
Damery, Stephanie
Dang, Janice
Dejesse, Isabella
Dela Pena, Claire
Deleon, Jermaine-Pierce
Deshpande, Ameya
Doan, Chloe
Doctor, Rishi
Duenas, Carlos
Eduvala, Erik
Elmgren, Amanda
Emmanuel, Natalia
Escolano, Theresa
Evangelist, Josh
Finley, Alonzo
Fleming, Frank
Flores, Recy
Frehner, Anna
Fuchs, Olivia
Garcia, Ivan
Garcia Zaragoza, Derick
Gard, Jake
Gednov, Misha
Gomogda, Nick
Gonzalez, Angelo
Gracyk, Erica
Greene, Taylor
Grommet, Salicia
Grover, Brian
Guan, Yu
Gustafson, Miriam
Hamoy, Milan
Han, Yang
Hartsell, Brooke
Haselhuhn, Michael
Heberlein, Michael
Hebreo, Jaymes
Hedlund, Brian
Henderson, Ryan
Herrick, Stacey

Higgins, David
Higgins, Lisa
Hoffman, Keith
Holley, Brooke
Hom, Sam
Hopp, Tyler
Hovekamp, Alekos
Hovekamp, Demetri
Huang, Jennifer
Hyland, Kimber
Iorio, Kelly
Jawahir, Stephanie
Jimenez, Denisse
Kalla, Alyssa
Kanekar, Tanvi
Kearney, Tina
Kelsey, Bradley
Keoasa, Kob
Kerchner, Erin
Khan, Neelam
Kim, Henry
Knaggs, Kristy
Knooihuizen, Jamie
Knox, Bryan
Kosaka, Kristl
Kotasthane, Aditi
Lao, Patrick
Larrondo, Ivan
Le, Lysa
Le, Nancy
Lee, Brandon
Lee, Emeline
Lee, Heather
Lett, Sheanett
Lewis, Gareth
Licup, Jeffrey
Lopez, Jose
Lukolo, Dina
Luo, Man
Ly, Kevin
Macapagal, Amelia
Magerko, Marla
MAHDI, Abdullah

Mainaev, Sarah
Makhmudyantsev, Dmitri
Maokhamphiou, John
Martinez, Yvette
Masarskiy, Dmitriy
Matsui, Michelle
McCombs, Kina
McEachern, Llira
Mckenzie, Deasia
Mears, Brady
Mendiola, Frizzy
Meredith, Sam
Milke, Cass
Milke, Shane
Miser, Neil
Monje, Logan
Nauman, Stephanie
Negash, Beth
Nelson, Brad
Ner, Joslin
Nguyen, An
Nguyen, Juliana
Nguyen, Peter
Nieto, Paola
Nix, John
Nunez, Emily
Oldenkott, Crysta
Ortiz, Steve
Osman, Morwan
Owens, Jack
Ozburn, Payton
Panis, Marion
Paramel, Mathew
Parks, Roger
Patel, Mohak
Patel, Nirav
Paul, Brandon
Paul, Eric
Pawlyk, Matt
Peregrino, Hazel
Perez, Michael
Perez, Trisha
Perry, Meredith

Peterson, Stacy
Pettus, Greg
Piazza, Mark
Plumb, Kristen
Poolos, John
Poolos, Melanie
Porcino, Tsubasa
Quezada, Ashley (Ash)
Ramirez, Michelle
Ransom, Connor
Rarick, Kurtis
Renshaw, Vivian
Reynolds, Kirk
Rhoades, Rachel
Rios, Raul
Roberts, Laura
Rosales, Paulina
Rosales Soto, Jesus
Rose, Kathleen
Ruanova Jorquera, Mirian
Ruby, Kristen
Samhat, Maya
Sanderson, Jane
Sandoval, Rodolfo
Saxon, Matt
Scannell, Daniel
Scott, Marcus
Scrafford, Jon
Seater, Kathryn
Sedgwick, Ashley
Shelat, Kirtan
Sheydayi, Andrei
Shweyk, Liam
Siepser, Natasha
Singuran, Aljun
Siqueiros, Tyler
Snowden, Reid
Stanton, Trilainna
Stevens, Natalie
Stuck, Sarah
Suarez, Daryl
Sweeney, Laura
Tan, Matthew

Tang, Ca Mun
Tenwick, Morgan
Thai, Melinda
Thatcher, Mckinzie
Ton, Mimi
Tondee, Lindsay
Trinh, Minh
Ugorji, Oluchukwu
Urbas, Sara
Varela, Eduardo
Vera, Max
Villanueva, Vioni
Vittali, Kyle
Vizcaino, Maria
Vogt, Shirah
Vysotskiy, Roman
Wahl, Evan
Walker, Jason
Wicorek, Kyle
Wiley, Curtis
Williams, Jennifer
Wilson, Rodney
Winger, Clayton
Wong, Gary
Wong, Kent
Wu, Alexander
Xayasomloth, Randy
Yadava, Sanjay
Yarber, Tim
Zangardi, Nick
Zepeda, Erik

4QQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Hashem Echad Corp EcoPharm

Physical Address: 2030A-2032A Tigertail Blvd Building 6

City: Dania Beach State: Florida Zip: 33004

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Daniel Vizel

Licensing Company Email: admin@ecopharm.com DR Email: DVFL@pm.me

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	■ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6.7.24
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Inmar
Address: 3345 Grand Lakes City: Grand Prairie State: TX Zip: 75050

Name: Qualanex
Address: 1410 Harris Rd. City: Libertyville State: IL Zip: 60048

Name: Cord Logistics
Address: 15 Ingram Blvd. City: La Vergne State: TN Zip: 37086

Name: ICS Connect
Address: 420 International Blvd City: Brooks State: Ky Zip: 40109

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida Department of State
Parent Company (if any):
Corporation/Organization Name: Hashem Echad Corp EcoPharm
Mailing Address: 2030A Tigertail Blvd Building 6
City: Dania Beach State: Florida Zip: 33004
Telephone: 347-933-5741 Email: admin@ecopharm.com
Contact Person Name: Daniel Vizel

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Hashem Echad Corp EcoPharm

Facility Name

Daniel Vizel

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

6.7.24

Date

Board Use Only	Date Received: 6/5/24	Amount: $1000-CK 3285

Owners:

DANIEL VIZEL - CEO 50% owner

[redacted]

Tirtza Vizel 50% owner

[redacted]

State of Florida
Department of State

I certify from the records of this office that HASHEMECHAD CORP. is a corporation organized under the laws of the State of Florida, filed on July 17, 2019.

The document number of this corporation is P19000056038.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on March 17, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-fifth day of June, 2025

Secretary of State

Tracking Number: 4326403211CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Florida dbpr Department of Business & Professional Regulation

Drugs, Devices and Cosmetics
2601 Blair Stone Road
Tallahassee, FL 32399-1047
Phone: 850.717.1800
Fax: 850.414.8240

Melanie S. Griffin, Secretary

Ron DeSantis, Governor

MAARCH 4, 2024

NAME: ECOPHARM

ADDRESS: 2030A TIGERTAIL BLVD, BUILDING #6, DANIA BEACH, FL 33004

PROFESSION: RESTRICTED PRESCRIPTION DRUG DISTRIBUTOR-REVERSE DISTRIBUTOR

LICENSE NUMBER: 5237

STATUS: CURRENT

ISSUE DATE: NOVEMBER 8, 2019

EXPIRATION DATE: NOVEMBER 30, 2025

To Whom It May Concern:

The license is in a CURRENT status and EXPIRES on 11/30/2025.

Verification by:

Rebecca J. Burnett
Regulatory Specialist Supervisor/Consultant
Florida Department of Business and Professional Regulation

To Verify Discipline: You may also access online verification at https://www.myfloridalicense.com/wl11.asp?mode=0&SID=

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS

THE Restricted Rx Drug Dist-Reverse Dist. HEREIN HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

HASHEMECHAD CORP.

ECOPHARM
2030A TIGERTAIL BLVD
BUILDING #6
DANIA BEACH FL 33004

LICENSE NUMBER: 5237

EXPIRATION DATE: NOVEMBER 30, 2025

Always verify licenses online at MyFloridaLicense.com

ISSUED: 10/27/2023

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

Florida dbpr Department of Business & Professional Regulation

Drugs, Devices and Cosmetics
2601 Blair Stone Road
Tallahassee, FL 32399-1047
Phone: 850.717.1800
Fax: 850.414.8240

Melanie S. Griffin, Secretary

Ron DeSantis, Governor

MAARCH 4, 2024

NAME: ECOPHARM

ADDRESS: 2030A TIGERTAIL BLVD, BUILDING #6, DANIA BEACH, FL 33004

PROFESSION: RESTRICTED PRESCRIPTION DRUG DISTRIBUTOR-REVERSE DISTRIBUTOR

LICENSE NUMBER: 52:37

STATUS: CURRENT

ISSUE DATE: NOVEMBER 8, 2019

EXPIRATION DATE: NOVEMBER 30, 2025

To Whom It May Concern:

The license is in a CURRENT status and EXPIRES on 11/30/2025.

Verification by:

Rebecca J. Burnett
Regulatory Specialist Supervisor/Consultant
Florida Department of Business and Professional Regulation

To Verify Discipline: You may also access online verification at https://www.myfloridalicense.com/wl11.asp?mode=0&SID=

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RH0592801	10-31-2025	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	REVERSE DISTRIB-COLLECTOR	09-17-2024

HASHEMECHAD
ECOPHARM
2030A TIGERTAIL BLVD
2032A BUILDING 6
DANIA BEACH, FL 33004

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RH0592801	10-31-2025	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	REVERSE DISTRIB-COLLECTOR	09-17-2024

HASHEMECHAD
ECOPHARM
2030A TIGERTAIL BLVD
2032A BUILDING 6
DANIA BEACH, FL 33004

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RH0592801	10-31-2025	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	REVERSE DISTRIB-COLLECTOR	09-17-2024

HASHEMECHAD
ECOPHARM
2030A TIGERTAIL BLVD
2032A BUILDING 6
DANIA BEACH, FL 33004

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
9836 9815 9814

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 16BSBJG0484

Application/License No. _____

Hashem Echad Corp dba Ecopharm, doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
2030A Tiger Tail Blvd. Bldg #6, Dania Beach, FL 33004, as
(Address of Applicant/Principal)
PRINCIPAL, and Hartford Fire Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of Connecticut
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
200 Colonial Center Pkwy, Lake Mary, FL 32746 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on July 23, 2024.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

16BSBJG0484

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this ^^29th^^day of July, ^2024^^.

APPLICANT/PRINCIPAL

Hashem Echad Corp dba Ecopharm

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Courtney Gomez^^^ ^^ +Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Christina Miller

Witness

Jessica Aicone

Witness

Countersigned by:

Paul Ricks

Nevada Resident Agent



Producer Compensation Notice
To The Principal

You can review and obtain information on The Hartford's producer compensation practices at www.thehartford.com or at 1-800-592-5717.

© 2007, The Hartford

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: BLUESTONE BROKERAGE LLC
Agency Code: 14-163278

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast,** a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Courtney Gomez
of Lake Mary, Florida,
its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 16BSBJG0484
Naming Hashem Echad Corp dba Ecopharm as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of July 29, 2024.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Hashem Echad Corp EcoPharm

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 2030A Tigertail Blvd Building 6

City Dania Beach State Florida Zip 33004

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 347-933-5741 Website ecopharm.com

Licensing Company Email admin@ecopharm.com

Section 2: Personal Information

First Daniel Middle _____ Last Vizel

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Addres[redacted]

City Hollywood State Florida Zi[redacted]

Telephone[redacted] Email DVFL@pm.me

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Long Island University		09/09-04/15	
Address	**City**	**State**	**Zip**
1 University Plz	Brooklyn	NY	11201
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
First Mesivta of Canada		09/04-06/07	
Address	**City**	**State**	**Zip**
2325 Av. Ekers	Mont-royal	QC	H3S 1C6
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/18 - Current	[redacted]	Hollywood	FL	[redacted]
4/16 - 8/18		Brooklyn	NY	
7/14 - 4/16		Brooklyn	NY	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Hashem Echad Corp.			11/21 - Current
Business Address	**City**	**State**	**Zip**
2030 A TIGER TAIL BLVD	Dania Beach	FL	33004
Phone	**Title**		**Number of Employed Hours**
347 933 5241	CEO		1,040+
Description of Duties	Run the business hire staff, Oversee warehouse		

Business Name			From - To (MM/YY – MM/YY)
Rx Return Services			6/15 - 11/21
Business Address	**City**	**State**	**Zip**
1115 N old Coachman Rd	Clearwater	FL	33765
Phone	**Title**		**Number of Employed Hours**
	COO		1,040
Description of Duties	Handled Controlled Substances, hire staff		

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6.7.24
Date

I, Daniel Vizel, **certify that as the designated representative for**

Hashem Echad Corp Ecopharm,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DV I am at least 21 years of age;
3. DV I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DV I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Daniel Vizel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6.7.24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Vizel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6.7.24

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Broward

I, Daniel Vizel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6.7.24

Date

Subscribed and Sworn to before me this 7 day of June.

Notary Public Signature

ARYEH ROSENBERG
MY COMMISSION #HH249265
EXPIRES: APR 11, 2026
Bonded through 1st State Insurance

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Hashem Echad Corp EcoPharm

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 2030A Tigertail Blvd Building 6

City Dania Beach State Florida Zip 33004

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 347-933-5741 Website ecopharm.com

Licensing Company Email admin@ecopharm.com

Section 2: Personal Information

First Daniel Middle _____ Last Vizel

Alias(es, nicknames, name changes, etc.) _____

Date of Birt[redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City Hollywood State Florida Zip [redacted]

Telephone 347-933-5741 Email DVFL@pm.me

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Long Island University			09/09-04/15
Address	**City**	**State**	**Zip**
1 University Plz	Brooklyn	NY	11201
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name			From - To (MM/YY – MM/YY)
First Mesivta of Canada			09/04-06/07
Address	**City**	**State**	**Zip**
2325 Av. Ekers	Mont-royal	QC	H3S 1C6
Diploma/Degree obtained, if any			
High School			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/18 - Current	[redacted]	Hollywood	FL	[redacted]
4/16 - 8/18		Brooklyn	NY	
7/14 - 4/16		Brooklyn	NY	

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Hashem Echad Corp.			From - To (MM/YY – MM/YY): 11/21 – Current	
Business Address: 2030A TIGER TAIL BLVD.	City: Dania Beal		State: FL	Zip: 33004
Phone:	Title: CEO			
Description of Duties: CEO Oversee daily operation, mange team.				

Business Name: Dy Return Service			From - To (MM/YY – MM/YY): 6/15 – 10/21	
Business Address: 1115 N Old Coachman Rd	City: Clearwater		State: FL	Zip: 33765
Phone:	Title: COO			
Description of Duties: ~~CEO~~ Responsible for warehouse, mangd employes				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:			
Description of Duties:				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:			
Description of Duties:				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:			
Description of Duties:				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6.7.24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Vizel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6.7.24

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Broward

I, Daniel Vizel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6.7.24

Date

Subscribed and Sworn to before me this 7 day of June.

Notary Public Signature

ARYEH ROSENBERG
MY COMMISSION #HH249265
EXPIRES: APR 04, 2026
Bonded through 1st State Insurance

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Hashem Echad Corp EcoPharm

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 2030A Tigertail Blvd Building 6

City: Dania Beach State: Florida Zip: 33004

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 347-933-5741 Website: ecopharm.com

Licensing Company Email: admin@ecopharm.com

Section 2: Personal Information

First: Tirtza Middle: Last: Vizel

Alias(es, nicknames, name changes, etc.):

Date of Birt: [redacted] SSN or ITIN: [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Hollywood State: Florida Zip: [redacted]

Telephone: [redacted] Email:

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Yeshiva University			09/10 - 1/14	
Address	City		State	Zip
245 Lexington Ave	New York		NY	10174
Diploma/Degree obtained, if any				
Bachlers of the arts				

School Name			From - To (MM/YY – MM/YY)	
Bais Yaakov st Louis			9/05 - 6/09	
Address	City		State	Zip
700 North and South Rd	St. Louis		MO	63130
Diploma/Degree obtained, if any				
High School				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/18 - Current	[redacted]	Hollywood	FL	[redacted]
4/16 - 8/18		Brooklyn	NY	
7/14 - 4/16		Brooklyn	NY	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Hashemechad Corp DBA Ecopharm	01/19 - current

Business Address	City	State	Zip
2028 Tigertail Blvd Bld #6	Dania Beach	FL	33004

Phone	Title
786-610-4407	Treasurer

Description of Duties

Strategic Financial decisions

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6.7.24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tirtza Vizel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6.7.24

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Broward

I, Tirtza Vizel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6.7.24

Date

Subscribed and Sworn to before me this 7 day of June.

Notary Public Signature

ARYEH ROSENBERG
MY COMMISSION #HH249265
EXPIRES: APR 04, 2026
Bonded through 1st State Insurance

(Seal)

ECOPHARM

Executive

Angela Chiero
Jacob Junger
Aryeh Rosenberg

Warehouse Management

Michael Gonclaves
Maralis Gonzalez

Operations

Josh Rosenblatt
Sammy Sasoon

Sales

Efy Solomon

Inbound

Adriana Garcia
Rifaro Griffin
Benita Joseph
Maria Ruiz
Nicole Ryland
James Townsend

Outbound

Charles Cervero
Sabrina Laguerre
Lorena Medina Celis
Robyn White

4RR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Ixthus Medical Supply, Inc.

Physical Address: 1006 Vine Street

City: Union Grove State: WI Zip: 53182

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 262-878-9008 Website: www.ixthusmedical.com

Name of Designated Representative (DR): Karl Kunstman

Licensing Company Email: compliance.ixthusmedical@gmail DR Email: compliance.ixthusmedical@gmail.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Wholesale Distributor

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

11/6/2024
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Omnis Health
Address: 1736 River Hills Drive #6 City: Nashville State: TN Zip: 37210

Name: Global Medical Products
Address: 535 NE Mercantile Place # 105 City: Port. St. Lucie State: FL Zip: 34986

Name: Home Aide Diagnostics
Address: 1072 S. Powerline Rd City: Deerfield Beach State: FL Zip: 33442

Name: Simple Diagnostics
Address: 5208 Grand Ave City: Maspeth State: NY Zip: 11378

Section 4: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: WI
Parent Company (if any): N/A
Corporation/Organization Name: Ixthus Medical Supply, Inc.
Mailing Address: 1006 Vine Street
City: Union Grove State: WI Zip: 53182
Telephone: (262) 878-9008 Email: compliance.ixthusmedical@gmail.com
Contact Person Name: Karl Kunstman

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Ixthus Medical Supply, Inc.

Facility Name

Karl Kunstman

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/6/2024

Date

Board Use Only	Date Received: 12/17/24	Amount: $1000-ck 1082

List of Officers/Ownership

Ixthus Medical Supply, Inc	
Name	**Role**
Karl Kunstman	President
Ownership-100%	**Ixthus Medical Supply, Inc**

Wisconsin.Gov

State of Wisconsin

Department of Financial Institutions

Search for:
IXthus
Search Records

Search
Advanced Search
Name Availability

Corporate Records

Result of lookup for **K023803** (at 11/9/2024 10:18 AM)

IXTHUS MEDICAL SUPPLY, INC.

You can: File an Annual Report - Request a Certificate of Status - File a Registered Agent/Office Update Form

Vital Statistics

Entity ID	K023803
Registered Effective Date	02/28/1991
Period of Existence	PER
Status	Good Standing Request a Certificate of Status
Status Date	01/22/2010
Entity Type	Domestic Business
Annual Report Requirements	Business Corporations are required to file an Annual Report under s.180.1622 WI Statutes.

Addresses

Registered Agent Office	KARL KUNSTMAN 1006 VINE ST UNION GROVE , WI 53182-1330 File a Registered Agent/Office Update Form
Principal Office	1006 VINE ST UNION GROVE , WI 53182-1330

Historical Information

Annual Reports

Year	Reel	Image	Filed By	Stored On
2024	000	0000	online	database
2023	000	0000	online	database

2022	000	0000	online	database
2021	000	0000	online	database
2020	000	0000	online	database
2019	000	0000	online	database
2018	000	0000	online	database
2017	000	0000	online	database
2016	000	0000	online	database
2015	000	0000	online	database
2014	000	0000	online	database
2013	000	0000	online	database
2012	000	0000	online	database
2011	000	0000	online	database
2010	000	0000	online	database
2008	000	0000	online	database
2007	000	0000	online	database
2006	000	0000	online	database
2005	000	0000	online	database
2004	000	0000	online	database
2003	000	0000	online	database
2002	000	0000	online	database
2001	002	2253	paper	microfilm
2000	008	2219	paper	microfilm
1999	004	0494	paper	microfilm
1998	006	0981	paper	microfilm
1997	004	0857	paper	microfilm
1996	002	0883	paper	microfilm
1995	010	1111	paper	microfilm
1993	004	1289	paper	microfilm
1992	007	0610	paper	microfilm

File an Annual Report - Order a Document Copy

Certificates of Newly-elected Officers/Directors

None

Old Names

Change Date	Name
Current	IXTHUS MEDICAL SUPPLY, INC.
12/01/2010	MILWAUKEE NOTIONS, INC.
06/02/2003	MILWAUKEE NATIONS, INC.
06/02/2003	KRK INCORPORATED OF RACINE

Chronology

Effective Date	Transaction	Processed Date	Description
02/28/1991	Incorporated/Qualified/Registered	03/01/1991	

04/01/1993	Change of Registered Agent	04/01/1993	FM 16-1993
01/01/1995	Delinquent	01/01/1995	
04/13/1995	Notice of Administrative Dissolution	04/13/1995	952020936
05/31/1995	Restored to Good Standing	05/31/1995	
02/07/1996	Change of Registered Agent	02/07/1996	FM 1 6-1996
04/21/1998	Change of Registered Agent	04/21/1998	FM 16 1998
03/05/2002	Change of Registered Agent	03/05/2002	FM16-E-Form
02/28/2003	Change of Registered Agent	02/28/2003	FM16-E-Form
06/02/2003	Amendment	06/09/2003	Old Name = KRK INCORPORATED OF RACINE
06/02/2003	Statement of Correction	10/13/2003	Old Name = MILWAUKEE NATIONS, INC.
01/28/2004	Change of Registered Agent	01/28/2004	FM16-E-Form
01/01/2010	Delinquent	01/01/2010	
01/22/2010	Restored to Good Standing	01/22/2010	E-Form
12/01/2010	Amendment	11/22/2010	Old Name = MILWAUKEE NOTIONS, INC.
01/17/2017	Change of Registered Agent	01/17/2017	Form16 OnlineForm
01/30/2023	Change of Registered Agent	01/30/2023	Form16 OnlineForm

Order a Document Copy



DSPS Site Guest User

Credential/License Summary for 10111 - 45 As of June 10, 2025 3:09:34 PM

Name : Ixthus Medical Supply, Inc

Professions : Wholesale Distributor of Prescription Drugs

Credential/License Type : Regular

Eligible To Practice : Eligible

Granted Date : 2024-08-28

Orders : 0

Other Names :

Credential/License Number : 10111 - 45

Location : Union Grove, Wisconsin - 53182

Status : License is current (Active)

Credential Expiration Date : 2026-05-31

Multi-State : N

Specialities :

Orders for 10111 - 45

Order No	Order Date	Subject

No Orders Found

Relationships for 10111 - 45

Individual

Name	License No	Location	Type	Start Date

No Individual Relationships Found

Organization

Name	License No	Location	Type	Start Date

No Organization Relationships Found

ATTENTION: The information provided through this public lookup constitutes official certification of licensure information and credential verification for professions regulated by the Wisconsin Department of Safety and Professional Services and its attached boards. If a renewal application including payment is received by the expiration date, the credential holder is eligible to practice while the credential renewal is processed. The credential holder must respond to any requests for information during the renewal process. See Wis. Stat § 227 51(2). Consistent with The Joint Commission and NCOA standards for primary source verification. Send questions or comments to dsps@wisconsin.gov (mailto:dsps@wisconsin.gov)

Contact Information

4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (tel:+6082662112)

(877) 617-1565 (tel:+8776171565)

(https://www.wisconsin.gov/)

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State of Wisconsin

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

NO. 10111 - 45 Expires: 05/31/2026

IXTHUS MEDICAL SUPPLY, INC
1006 VINE STREET,
UNION GROVE, WISCONSIN 53182
UNITED STATES

The person whose name appears on this document has complied with the provisions of the Wisconsin Statutes and holds the credential specified on the front of this card. To verify the current status of this credential, use "Lookup a License" at dsps.wi.gov.

The named person has complied with Wisconsin Statutes and holds the credential specified. Signature: Ixthus Medical Supply, Inc

Ch 440.11, Wis Statutes, requires you to notify the Department of a name or address change within 30 days. Please submit corrected information via the web at dsps.wi.gov or by mail to DSPS at PO Box 8935, Madison WI 53708-8935.

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Amended Declarations

First Named Insured and Address:

IXTHUS MEDICAL SUPPLY INC
1006 VINE ST
UNION GROVE WI 53182

Agency Name and Number:

AMERICAN ADV-PETERSEN & ASSOCIATES
6251-AA

Policy Number: ZG9251

Policy Period: Effective Date: 10-03-24
Expiration Date: 10-03-25
12:01 A.M. standard time at your mailing address shown in the declarations

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the policy.

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CG-0001R(12-11)	Commercial General Liability Coverage Form	
CG-0068F(5-09)	Recording and Distribution of Material or Info in Violation of Law Exclusion	
CG-2104R(7-99)	Exclusion - Products-Completed Operations Hazard	
CG-2106F(5-14)	Exclusion-Access of Confidential or Personal Info/Data with Limited BI	
CG-2109F(6-15)	Exclusion - Unmanned Aircraft	
CG-2147F(12-07)	Employment - Related Practices Exclusion	
CG-2167F(12-04)	Fungi or Bacteria Exclusion	
CG-2187R(1-15)	Conditional Exclusion of Terrorism (Relating to Disposition of Federal Act)	
CG-4032F(5-23)	Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)	
CG-7020(11-18)	Wisconsin Changes	
CG-7300(4-08)	Acuity Advantages - General Liability	
CG-7322(1-15)	Exclusion of Certified Acts of Terrorism	
IL-0017F(11-98)	Common Policy Conditions	
IL-0021F(3-14)	Nuclear Energy Liability Exclusion - Broad Form	
IL-7012(1-18)	Asbestos Exclusion	
IL-7149(7-20)	Cyber Suite Coverage	$308.00
IL-7151(7-20)	Cyber Suite Schedule	
IL-7170(7-20)	Wisconsin Changes - Cyber Suite Coverage	
	Advance Endorsement Premium	**$308.00**

LIMITS OF INSURANCE

General Aggregate	$1,000,000
Products-Completed Operations Aggregate	Excluded
Each Occurrence	$1,000,000

PREMIUM COMPUTATION

Not Subject to Audit	
Estimated Advance Premium	$640.00

SCHEDULE OF UNDERLYING INSURANCE - GENERAL LIABILITY

Policy Number: CG-ZG9251
Name of Insurer: ACUITY, A Mutual Insurance Company
Policy Period: 10-03-24 To 10-03-25

Occurrence Coverage

Limits or Amounts of Insurance

General Aggregate Limit (Other Than Products-Completed Operations)	$2,000,000
Products-Completed Operations Aggregate Limit	Excluded
Personal and Advertising Injury Limit (Any One Person or Organization)	$1,000,000
Each Occurence Limit	$1,000,000

SCHEDULE OF UNDERLYING INSURANCE - EMPLOYERS' LIABILITY

Policy Number: CWC-ZG9251-00
Name of Insurer: ACUITY, A Mutual Insurance Company
Policy Period: 10-03-24 To 10-03-25

Limits or Amounts of Insurance

Bodily Injury by Accident (Each Accident)	$100,000
Bodily Injury by Disease (Policy Limit)	$500,000
Bodily Injury by Disease (Each Employee)	$100,000

PREMIUM SUMMARY

Advance Schedule Premium	$2,671.00
Advance Endorsement Premium	$308.00
Total Advance Premium	**$2,979.00**

The Total Advance Premium shown above is based on the exposures you told us you would have when this coverage part began. We will audit this coverage part in accordance with Section IV - Conditions, item 5 Premium Audit at the close of the audit period.

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products-Completed Operations)	$2,000,000
Products-Completed Operations Aggregate Limit	Excluded
Personal and Advertising Injury Limit (Any One Person or Organization)	$1,000,000
Each Occurrence Limit	$1,000,000
Damage to Premises Rented to You Limit (Any one Premises)	$100,000
Medical Expense Limit (Any One Person)	$5,000
Acuity Advantages - General Liability	See CG-7300

SCHEDULE OF LIABILITY CLASSIFICATIONS

Unit No.	Classification Description	Class Code	Premium Basis[1]		Rates Premises	Rates Products	Advance Premium
0001	Buildings or Premises-Bank or Office -Mercantile or Mfg-Maintained by the Insured-Lessor's Risk Only (For Profit) - Products - completed operations for this classification are subject to the General Aggregate Limit	61217	13,444	AR	24.250	Excluded	$326.00
0002	Distributors-No Food or Drink-NOC	12362	$24,944,209	GS	.094	Excluded	$2,345.00
	Advance Schedule Premium						**$2,671.00**

[1] AR = Area/Square Feet - Rates Apply Per 1,000

GS = Gross Sales - Rates Apply Per 1,000

AUDIT PERIOD

Annual

acuity INSURANCE

COMMERCIAL EXCESS LIABILITY COVERAGE PART

Amended Declarations

First Named Insured and Address:

IXTHUS MEDICAL SUPPLY INC
1006 VINE ST
UNION GROVE WI 53182

Agency Name and Number:

AMERICAN ADV-PETERSEN & ASSOCIATES
6251-AA

Policy Number: ZG9251

Policy Period: Effective Date: 10-03-24
Expiration Date: 10-03-25

12:01 A.M. standard time at your mailing address shown in the declarations

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the same.

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CU-7008(11-05)	Asbestos Exclusion	
CU-7010(3-03)	Nuclear Energy Liability Exclusion Endorsement	
CU-7011(11-18)	Wisconsin Amendatory Endorsement	
CU-7037(5-05)	Commercial Excess Liability Coverage Form	
CU-7050(3-03)	Employment-Related Practices Liability Exclusion	
CU-7054(3-03)	Fungi or Bacteria Exclusion	
CU-7067(3-03)	War Liability Exclusion	
CU-7072(1-15)	Conditional Exclusion of Terrorism (Relating to Disposition of Fed. Act)	
CU-7086(1-15)	Exclusion of Certified Acts of Terrorism	
CU-7140(10-20)	Cyber Suite Exclusion	
CU-7149(5-23)	Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)	
	Advance Endorsement Premium	

PREMIUM SUMMARY

Advance Premium	$640.00
Advance Endorsement Premium	
Total Advance	**$640.00**

ADDITIONAL NAMED INSUREDS

WHO IS AN INSURED includes the following Additional Named Insureds:

NONE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 100896155

Application/License No. _____

IXTHUS MEDICAL SUPPLY, INC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
1006 VINE ST UNION GROVE, WI, 53182, as
Address of Applicant/Principal
PRINCIPAL, and AMERICAN CONTRACTORS INDEMNITY COMPANY, a
Surety Company
corporation organized under the laws of the state of California
State of Incorporation
and authorized to transact a general surety business in the State of
Nevada, whose address for purposes of service is
801 S. Figueroa Street, Suite 700, Los Angeles, CA 90017 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 10/15/2024.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 15th day of October, 2024.

APPLICANT/PRINCIPAL

IXTHUS MEDICAL SUPPLY, INC.

Authorized Representative

SURETY

AMERICAN CONTRACTORS INDEMNITY COMPANY

Surety Company's Representative

JOSHUA KAYSER, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

TOKIO MARINE HCC

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That American Contractors Indemnity Company of the State of California, a California corporation, does hereby appoint,

JOSHUA KAYSER

its true and lawful Attorney-in-Fact, with full authority to execute on its behalf bond number 100896155, issued in the course of its business and to bind the Company thereby, in an amount not to exceed One hundred thousand and 00/100 ($100,000.00).

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the Board of Directors of AMERICAN CONTRACTORS INDEMNITY COMPANY at a meeting duly called and held on the 1st day of September, 2011.

"Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-In-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-In-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-In-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached."

The Attorney-in-Fact named above may be an agent or a broker of the Company. The granting of this Power of Attorney is specific to this bond and does not indicate whether the Attorney-in-Fact is or is not an appointed agent of the Company.

IN WITNESS WHEREOF, American Contractors Indemnity Company has caused its seal to be affixed hereto and executed by its President on this 18th day of April, 2022.

AMERICAN CONTRACTORS INDEMNITY COMPANY

By: _____
Adam S. Pessin, President

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

On this 18th day of April, 2022, before me, Sonia O. Carrejo, a notary public, personally appeared Adam S. Pessin, President of American Contractors Indemnity Company, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of CALIFORNIA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal,

Signature _____ (seal)

SONIA O. CARREJO
Notary Public - California
Los Angeles County
Commission # 2195710
My Comm. Expires Apr 23, 2026

I, Kio Lo, Assistant Secretary of American Contractors Indemnity Company, do hereby certify that the Power of Attorney and the resolution adopted by the Board of Directors of said Company as set forth above, are true and correct transcripts thereof and that neither the said Power of Attorney nor the resolution have been revoked and they are now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seals of said Companies at Los Angeles, California this 15th day of October, 2024.

Bond No. 100896155
Agency No. 13266

Kio Lo, Assistant Secretary

Visit tmhcc.com/surety for more information

HCCSOZZPOAACIC07/2023

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Ixthus Medical Supply, Inc. MDEG License # (if applicable): N/A

Physical Address: 1006 Vine Street

City: Union Grove State: WI Zip: 53182

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 262-878-9008 Website: www.ixthusmedical.com

Licensing Company Email: compliance.ixthusmedical@gmail.com

Section 2: Personal Information

First: Karl Middle: R Last: Kunstman

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Franksville State: WI Zip: [redacted]

Telephone: (262) 878-9008 Email: compliance.ixthusmedical@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
New Berlin Eisenhower		08/78 to 06/82	
Address	**City**	**State**	**Zip**
4333 S Sunny Slope Rd	New Berlin	WI	53151
Diploma/Degree obtained, if any			
General			

School Name		From - To (MM/YY – MM/YY)	
UW - Madison		8/82 to 6/84	
Address	**City**	**State**	**Zip**
500 Lincoln Dr	Madison	WI	53706
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/14 to Present	[redacted]	Franksville	WI	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Ixthus Medical Supply, Inc.			05/03 to Present	
Business Address		**City**	**State**	**Zip**
1006 Vine Street		Union Grove	WI	53182
Phone	**Title**		**Number of Employed Hours**	
262-878-9008	President		49,000+ Hours	
Description of Duties				
Business Owner. Head of Purchasing. Train, develop, and motivate managerial staff.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Karl Kundt

Original Signature (electronic, copies or stamps not accepted)

11/6/2024

Date

I, Karl Kunstman, **certify that as the MDEG Administrator for**

Ixthus Medical Supply, Inc.,

that I (initial that you have read and meet the following requirements):

1. KRK Have a high school diploma or its equivalent;
2. KRK Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. KRK Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. KRK Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Karl Kunstman
Print Name (First, Last)

Karl Kunstman
Original Signature (electronic, copies or stamps not accepted)

11/6/2024
Date

Board Use Only	Date Received: 12/17/24



Karl R Kunstman

PRESIDENT

Passionate leader with a focus on providing solutions to the challenges independent pharmacies face daily. Committed to personal assistance, good judgment and ethical dependability.

CONTACT

- karl@ixthusmedical.com
- www.ixthusmedical.com
- [redacted]
- Union Grove, WI

SKILLS

- Leadership
- Sales Training
- Inventory Management
- Project Management

VOLUTEERING

Student Mentor
222 Foundation 222 Foundation
Aug 2020 - Present

The 222 Foundation Is A 501(C)3 Public Charity That Was Founded to Invest in The Future Christian Ministry Leaders of The World.

Short Term Trip Leader
East-West Ministries International
Mar 2005 - Present

EXPERIENCE

PRESIDENT IXTHUS MEDICAL SUPPLY, INC.
May 2003- Present

Results-driven with over 20 years of experience working with Pharmacies. Proven track record of increasing revenue, improving customer satisfaction, and developing effective strategies to maximize efficiency. Proficient at utilizing innovative technology to modernize processes and improve customer service.

FACTORY DISTRIBUTOR KRK INC. OF RACINE
NOV 1985 – March 2003

Trained, developed, and motivated sales staff.

Directed daily operations including the implementation of an employee handbook and trusted accounting practices.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Ixthus Medical Supply, Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 1006 Vine Street

City: Union Grove State: WI Zip: 53182

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 262-878-9008 Website: www.ixthusmedical.com

Licensing Company Email: compliance.ixthusmedical@gmail.com

Section 2: Personal Information

First: Karl Middle: R Last: Kunstman

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 1006 Vine Street

City: Union Grove State: WI Zip: 53182

Telephone: (262) 878-9008 Email: karl@ixthusmedical.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
New Berlin Eisenhower		08/78 to 06/82	
Address	**City**	**State**	**Zip**
4333 S Sunny Slope Rd	New Berlin	WI	53151
Diploma/Degree obtained, if any			
General			

School Name		From - To (MM/YY – MM/YY)	
UW-Madison		8/82 to 6/84	
Address	**City**	**State**	**Zip**
500 Lincoln Dr	Madison	WI	53706
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/14 to Present	[redacted]	Franksville	WI	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Ixthus Medical Supply, Inc.		05/03 to Present	
Business Address	**City**	**State**	**Zip**
1006 Vine Street	Union Grove	WI	53182
Phone	**Title**	**Number of Employed Hours**	
262-878-9008	President	49,000+ Hours	
Description of Duties			
Business Owner. Head of Purchasing. Train, develop, and motivate managerial staff.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

11/6/2024
Date

I, Karl Kunstman, **certify that as the designated representative for**

Ixthus Medical Supply, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KRK I am at least 21 years of age;
3. KRK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. KRK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KRK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KRK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. KRK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Karl Kunstman

Print Name (First, Last)

Karl Kunst

Original Signature (electronic, copies or stamps not accepted)

11/6/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Karl Kunstman

Print Name (First, Last)

Karl Kunst

Original Signature (electronic, copies or stamps not accepted)

11/6/2024

Date

Please have this section completed in the presence of a Notary Public.

State of WI, ss. County of Racine

I, KARL KUNSTMAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Karl Kunst

Original Signature

11-6-2024

Date

Subscribed and Sworn to before me this 6th day of November.

Shelly Petrick

Notary Public Signature expires May 27, 2027



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Ixthus Medical Supply, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 1006 Vine Street

City: Union Grove State: WI Zip: 53182

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 262-878-9008 Website: www.ixthusmedical.com

Licensing Company Email: compliance.ixthusmedical@gmail.com

Section 2: Personal Information

First: Karl Middle: Robert Last: Kunstman

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 1006 Vine Street

City: Union Grove State: WI Zip: 53182

Telephone: [redacted] Email: compliance.ixthusmedical@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
New Berlin Eisenhower		08/78 to 06/82	
Address	**City**	**State**	**Zip**
4333 S Sunny Slope Rd	New Berlin	WI	53151
Diploma/Degree obtained, if any			
General			

School Name		From - To (MM/YY – MM/YY)	
UW - Madison		8/82 to 6/84	
Address	**City**	**State**	**Zip**
500 Lincoln Dr	Madison	WI	53706
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/14 to Present	[redacted]	Franksville	WI	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Ixthus Medical Supply, Inc.			05/03 to Present	
Business Address		**City**	**State**	**Zip**
1006 Vine Street		Union Grove	WI	53182
Phone	**Title**			
262-878-9008	President			
Description of Duties				
Business Owner. Head of Purchasing. Train, develop, and motivate managerial staff.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

11/6/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Karl Kunstman

Print Name (First, Last)

Karl Kunstman

Original Signature (electronic, copies or stamps not accepted)

11/6/2024

Date

Please have this section completed in the presence of a Notary Public.

State of WI, ss. County of Racine

I, KARL KUNSTMAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Karl Kunstman

Original Signature

11-6-2024

Date

Subscribed and Sworn to before me this 6th day of November.

Shelly Petrick

Notary Public Signature exp. no. May 27, 2027



(Seal)

Ixthus
Medical Supply, Inc.

Employee List

January 2025

Karl Kunstman – President

Kara Goldsworthy – General Manager

Mikala Dorner

Taryn Ditscheit

Lexi Waege

Sydney Schweiger

Jackie Miller

Trina Kizewski

Laila New

4SS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 00980	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Kuehne + Nagel Inc.

Physical Address: 324 Half Acre Rd

City: Cranbury State: NJ Zip: 08512

Mailing Address (if different from physical address): 10 Exchange Place 20th Floor

City: Jersey City State: NJ Zip: 07302

Telephone: 609-409-3800 Website: https://us.kuehne-nagel.com/

Name of Designated Representative (DR): Naeem Ali

Licensing Company Email: qshepharma.us@kuehne-nagel.com DR Email: naeem.ali@kuehne-nagel.

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: 3rd Party Logistics Provider

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # n/a . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

11 | 18 | 2024

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Ansell
Address: 111 Wood Ave, South, Suite 210 City: Iselin, State: NJ Zip: 08830

Name: Agent Provocateur
Address: 6-10 Market Road City: London State: Zip: N7 9PW

Name: GFL Skin Care - GFL USA
Address: 254 36th St, Unit C256 City: Brooklyn State: NY Zip: 11232

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New York
Parent Company (if any): Kuehne + Nagel Holdings Inc.
Corporation/Organization Name: Kuehne + Nagel Inc.
Mailing Address: 10 Exchange Place 20th Floor
City: Jersey City State: NJ Zip: 07302
Telephone: 201-413-5500 Email: qshepharma.us@kuehne-nagel.com
Contact Person Name: Natalie Martino

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Kuehne + Nagel Inc.

Facility Name

Dan Osterberg

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/18/2024

Date

Board Use Only	Date Received: 121524	Amount: $1000-ck 1344

KUEHNE+NAGEL

Owner:
Kuehne + Nagel Investment, LLC
10 Exchange Place 19th floor, Jersey City NJ 07302
FEIN: 22-3176791
100% Ownership

List of Officers:

Marcus Bennett, President/CEO
Date of Birth: [redacted]
Social Securit
Home Addres
Home Phone

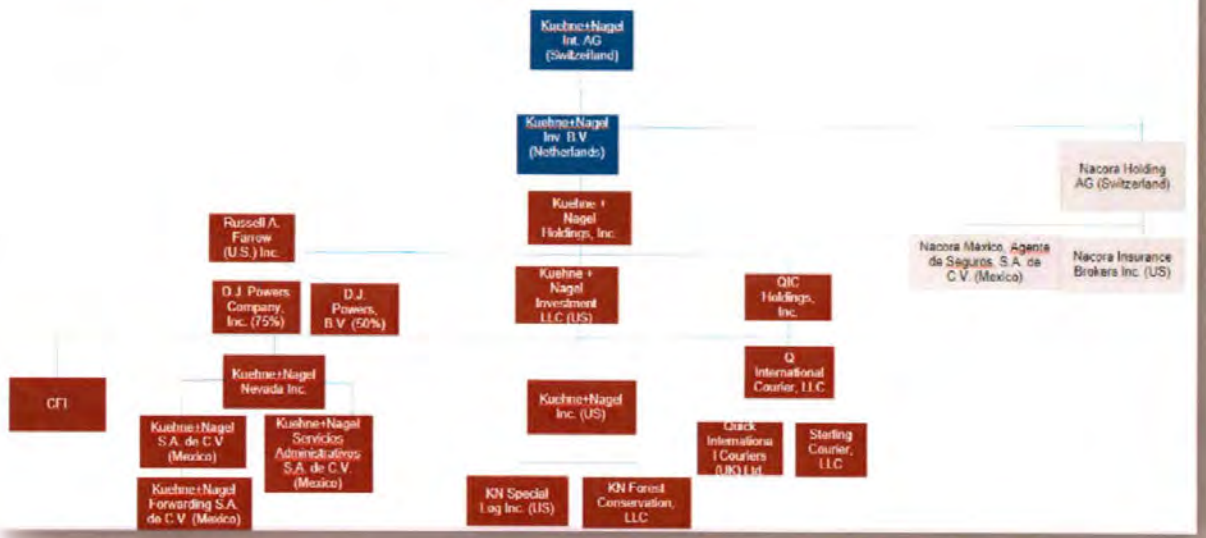
Dan Osterberg, CFO
Date of Birth: [redacted]
Social Security
Home Address
Home Phone:

Richard J Kaluzinski, Secretary, National Legal Counsel
Date of Birth [redacted]
Social Securi
Home Addre
Home Phone

KUEHNE+NAGEL

Kuehne+Nagel U.S. Legal Structure

September 1, 2024



Anticipated Kuehne+Nagel U.S. Legal Structure

December 1, 2024



Kuehne + Nagel Inc.

10 Exchange Pl
Floor 20
Jersey City, NJ 07302

Tel.: +1 484.995.6137
ria.philip@kuehne-nagel.com

us.kuehne-nagel.com
www.kuehne-nagel.com

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	KUEHNE + NAGEL INC.
DOS ID Number:	200052
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	06/30/1966
Effective Date:	05/01/2023
Statement Status:	CURRENT
Statement Due Date:	06/30/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 16, 2024 at 04:29 P.M.

WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006589450 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

State of New Jersey
DEPARTMENT OF HEALTH
CONSUMER, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICE
PO BOX 369
TRENTON, N.J. 08625-0369
www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICHILLI, RN, BSN, MA
Commissioner

January 2, 2024

Kuehne + Nagel Inc.
Attn: Ria Philip
10 Exchange Place, 20th Fl
Jersey City, NJ 07302

Re: Third Party Logistics Providers

Location: 324 Half Acre Rd, Cranbury, NJ 08512

The DSCSA identifies 3PLs as separate members of the drug supply chain—distinct from wholesale drug distributors—and specifically precludes States from regulating 3PLs as wholesale distributors (585(b)(2) of the FD&C Act). New Jersey does not regulate third-party logistics providers as wholesale distributors. To qualify for a wholesale drug or medical device registration, a facility must conduct regulated wholesale distribution or manufacturing activity as defined in N.J.A.C. 8:21-3A.3, therefore New Jersey does not issue or require registration of third party logistics providers.

Sincerely,
Eric B. Lieberman, Esq.
Project Coordinator, Wholesale Drug Project
Public Health and Food Protection Program

List of Licenses-CQE

Jurisdiction	Requirement	Number	Status	Issue Date	Expiration Date
US-AR	Wholesale Distributor	WD04329	Active	06/26/2013	12/31/2024
US-AZ	Third Party Logistics Provider	L000012	Active	08/31/2017	10/31/2025
US-CT	Wholesaler of Drugs, Cosmetics, & Medical Devices	CSW.0002513	Active	07/01/2024	06/30/2025
US-DE	Pharmacy - Wholesale	A4-0001850	Active	10/11/2011	09/30/2026
US-FL	Third Party Logistics Provider	02152	Active	08/27/2013	08/31/2025
US-GA	Wholesaler Pharmacy	PHWH003611	Active	02/17/2014	06/30/2025
US-KS	Third Party Logistics Provider	23-30859	Active	06/29/2020	06/30/2025
US-KY	Third Party Logistics Provider	TPL00146	Active	08/31/2017	06/30/2025
US-LA	Third Party Logistics Provider	5798	Active	01/24/2008	12/30/2024
US-MI	Wholesale Distributor	5306003320	Active	10/26/2011	10/26/2026
US-MO	Third Party Logistics Provider	2010017614	Active	06/07/2010	10/31/2025
US-MS	Third Party Logistics Provider	16169	Active	07/14/2017	12/31/2024
US-MT	Wholesale Drug Distributor	PHA-WDD-LIC-20405	Active	10/23/2013	11/30/2025
US-NC	Third Party Logistics Provider	986	Active	12/08/2023	12/31/2024
US-NV	Wholesaler	WH00980	Active	10/31/2000	10/31/2026
US-OH	Third Party Logistics Provider	012362450	Active	10/18/2013	06/30/2025
US-OK	Third Party Logistics Provider	88-L-8543	Active	05/31/2024	05/31/2025
US-OR	Drug Distribution Agent	DDA-0000125	Active	10/01/2015	09/30/2025
US-PA	Distributor of Prescription Drugs	3000008928	Active	08/01/2012	10/31/2025
US-SC	Non-Resident Third Party Logistics Provider	14980	Active	12/13/2013	06/30/2025
US-TN	Third Party Logistics Provider	00003997	Active	08/16/2013	08/31/2025
US-UT	Pharmacy - Class C	9125633-1710	Active	08/18/2014	09/30/2025
US-WI	Wholesale Distributor of Prescription Drugs	2563 - 45	Active	09/20/2013	05/30/2026
US-WV	Third Party Logistics Provider	3PL0000009	Active	06/25/2024	06/30/2026

AGREEMENT
AND
PLAN OF MERGER

THIS AGREEMENT AND PLAN OF MERGER, dated as of November 11, 2024 (this "Plan of Merger"), is between Kuehne + Nagel Investment LLC, a New Jersey Limited Liability Company ("Merged LLC"), and Kuehne + Nagel Holdings, Inc., a Delaware corporation ("Surviving Corporation").

W I T N E S S E T H:

WHEREAS, Merged LLC has a single member to wit, the Surviving Corporation; and

WHEREAS, Surviving Corporation is authorized to issue a total of 100 shares of capital stock, consisting of 200 shares of common stock, par value $0.01 per share ("Surviving Corporation Common Stock"), of which, as of the date hereof, 100 shares of Common Stock are issued and outstanding; and

WHEREAS, the sole member and the Managers of the Merged LLC and the Board of Directors of the Surviving Corporation, respectively, approve and deem it advisable that Merged LLC and Surviving Corporation, respectively, consummate the Merger (as defined below).

NOW, THEREFORE, in consideration of the mutual agreements contained in this Plan of Merger, the parties to this Plan of Merger hereby agree that Merged LLC shall be merged (the "Merger") with and into Surviving Corporation in accordance with applicable laws and upon the terms and subject to the conditions set forth as follows:

1. The Merger. At such time agreed between Merged LLC and Surviving Corporation, a certificate of merger evidencing the Merger shall be filed with each of the Office of the Secretary of State of the State of New Jersey pursuant to the Title 42 of the New Jersey Revised Statutes and of the State of Delaware General Corporation Law. The Certificates of Merger shall specify that the Merger shall become effective on December 1, 2024 ("Effective Time"). At the Effective Time, Merged LLC shall be merged with and into Surviving Corporation, and Surviving Corporation shall continue as the surviving corporation. The Surviving Corporation's name shall remain Kuehne + Nagel Holdings, Inc.

2. Certificate of Incorporation and By-laws. The Certificate of Incorporation and By-laws of Surviving Corporation in effect immediately prior to the Effective Time shall be and remain the Certificate of Incorporation and By-laws, respectively, of Surviving Corporation, as the surviving corporation, after the Effective Time, until amended as provided by law.

3. Officers and Directors. From and after the Effective Time, and until they shall have resigned or shall have been legally removed or until their respective successors shall have been elected or appointed and qualified, those persons who are the officers and directors of Surviving Corporation immediately prior to the Effective Time shall be the officers and directors of Surviving Corporation.

4. Effect of the Merger.

4.1 All assets, rights, privileges, immunities, powers, franchises and interests of Merged LLC in and to every type of property (real, personal and mixed) and choses in action, as they exist as of the Effective Time, shall pass and be transferred to and vest in Surviving Corporation, as the surviving corporation, by virtue of the Merger at the Effective Time without any deed, conveyance or other transfer, and all such interests of Surviving Corporation as they exist as of the Effective Time shall remain with Surviving Corporation upon consummation of the Merger. The corporate existence of Surviving Corporation shall continue unaffected and unimpaired upon consummation of the Merger and the separate corporate existence of Merged LLC shall cease at and as of the Effective Time.

4.2 From and after the Effective Time, Surviving Corporation, as the surviving corporation, shall be responsible and liable for all of the liabilities and obligations of Surviving Corporation and Merged LLC existing as of the Effective Time. Any claim existing or action or proceeding pending by or against Surviving Corporation or Merged LLC at the Effective Time may, thereafter, be prosecuted by or against Surviving Corporation, as the surviving corporation, as if the Merger had not taken place or, in connection with any such action or proceeding to which Merged LLC is a party, Surviving Corporation, as the surviving corporation, may be substituted in place of Merged LLC. Neither the rights of creditors nor any liens upon the property of either Surviving Corporation or Merged LLC shall be impaired by reason of the Merger.

5. Effect of Merger on Outstanding Shares.

5.1 *Exchange Ratio*. At the Effective Time, by virtue of the Merger and without any action on the part of the holder thereof, all of the issued and outstanding member shares of the Merged LLC shall be cancelled.

5.2 *Closing of Transfer Books*. At the Effective Time, the membership transfer books of Merged LLC shall be closed and no transfer of shares of Merged LLC membership shall thereafter be made. If, after the Effective Time, certificates representing member shares of Merged LLC are presented to the Surviving Corporation, they shall be canceled in accordance with the terms hereof. At and after the Effective Time, the holders of member shares of Merged LLC Stock shall cease to have any rights as members of Merged LLC.

6. Further Assurances. From time to time after the Effective Time, as and when requested by Surviving Corporation, and to the extent permitted by law, the former managers of Merged LLC and the officers and directors of Surviving Corporation shall execute and deliver such assignments, deeds and other instruments and shall take or cause to be taken such further or other action as shall be necessary in order to consummate the Merger, vest or perfect in or to confirm of record or otherwise to Surviving Corporation, as the surviving corporation, title to, and possession of, all of the assets, rights, privileges, immunities, powers, franchises and interests of Merged LLC and Surviving Corporation in and to every type of property (real, personal and

mixed) and choses in action, and otherwise to carry out the purposes of this Plan of Merger, and the proper officers and directors of Surviving Corporation, as the surviving corporation, are fully authorized to take any and all such action in the name of Merged LLC or Surviving Corporation or otherwise.

7. Termination and Amendment. Prior to the Effective Time, this Plan of Merger may be terminated or amended by the mutual consent of the Managers of Merged LLC and the Board of Directors of Surviving Corporation.

8. Counterparts. This Plan of Merger may be signed in any number of counterparts, each of which shall be deemed an original, and all of which shall be deemed but one and the same instrument.

9. Governing Law. This Plan of Merger shall be governed by and construed in accordance with the laws of the State of New Jersey without giving effect to any choice of law or conflict of law provision or rule (whether of the State of New Jersey or any other jurisdiction) that would cause the application of the laws of any jurisdiction other than the State of New Jersey.

IN WITNESS WHEREOF, the parties have duly executed this Plan of Merger as of the date first written above.

KUEHNE + NAGEL INVESTMENT LLC
(Merged LLC)

By: _____
Marcus Bennett, Manager

By: _____
Dan Osterberg, Manager

By: _____
Nadine Jones, Manager

KUEHNE + NAGEL HOLDINGS, INC.
(Surviving Corporation)

By: _____
Name: Dan Osterberg
Title: CFO, Treasurer

Lexon Insurance Company

November 20, 2024

Nevada Board of Pharmacy

Bond Name: KUEHNE + NAGEL INC.
Bond Number: 413722
Amount: $100,000.00
Effective Date: 10/31/2006

Rider Executed and Effective November 20, 2024

The above referenced bond includes the following K+N facility location to ensure sufficient coverage:

1025 Columbia Rd, Suite 110, Plainfield, IN 46168

4080 Executive Drive, Suite 100, Southaven, MS 38672

2555 USA Parkway, Suite 104, McCarran, NV 89434

324 Half Acre Road, Cranbury, NJ 08512

2532 Whilden Drive, Durham, NC 27713

6005 Freeport Avenue, Suite 103, Memphis, TN 38141

2600 Regent Blvd Dallas, TX 75261

1800 Waters Ridge Drive, Suite 100, Lewisville, TX 75057

Nothing herein contained shall be held to vary, alter or waive or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Bond or policy, other than as above stated.

Lexon Insurance Company

James Reiss, Attorney in Fact

By:

NEVADA STATE BOARD OF PHARMACY
885 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0413722

Application/License No. WH00941

Kuehne + Nagel Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is 6005 Freeport Ave #J-122, Memphis TN 38141, as
Address of Applicant/Principal
PRINCIPAL, and International Fidelity Insurance Co., a
Surety Company
corporation organized under the laws of the state of New Jersey
State of Incorporation
and authorized to transact a general surety business in the State of
Nevada, whose address for purposes of service is One Newark Center, Newark NJ 07102 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on _____.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal

may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this _____ day of _____, 20____.

APPLICANT/PRINCIPAL

_____
Authorized Representative

SURETY COMPANY

International Fidelity Ins. Co.
Surety Company's Representative

Kevin A. Tattam, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

Benny Munoz
Witness

Martino Sessa
Witness

Countersigned by:

Nevada Resident Agent

NEVADA BONDING AGENCY, INC.
P.O. BOX 60987
LAS VEGAS, NV 89160
PHONE (702) 631-0878
FAX (702) 647-5991

POWER OF ATTORNEY

LX - 015431

Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that **LEXON INSURANCE COMPANY**, a Texas Corporation, with its principal office in Louisville, Kentucky, does hereby constitute and appoint: Kevin Tattam **********

****

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **LEXON INSURANCE COMPANY** on the 1st day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed $ 7,100,000.00 Seven million one hundred thousand dollars ********** dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Vice President, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **LEXON INSURANCE COMPANY** has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 2nd day of July, 2003.

LEXON INSURANCE COMPANY — A TEXAS INSURANCE COMPANY

LEXON INSURANCE COMPANY

BY _____
David E. Campbell
President

ACKNOWLEDGEMENT

On this 2nd day of July, 2003, before me, personally came David E. Campbell to me known, who being duly sworn, did depose and say that he is the President of **LEXON INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

"OFFICIAL SEAL"
MAUREEN K. AYE
Notary Public, State of Illinois
My Commission Expires 09/21/09

_____
Maureen K. Aye
Notary Public

CERTIFICATE

I, the undersigned, Secretary of **LEXON INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Lombard, Illinois this 31st Day of Oct., 20 08.

LEXON INSURANCE COMPANY — A TEXAS INSURANCE COMPANY

_____
Donald D. Buchanan
Secretary

TEL: (201) 653-6100
BOND FAX: (201) 653-7766
MARINE FAX: (201) 533-8611

EMAIL: bond@intlbondmarine.com
marine@intlbondmarine.com

INTERNATIONAL BOND & MARINE BROKERAGE, LTD.
Two Hudson Place • 4th Floor • Hoboken, NJ 07030-5515
www.intlbondmarine.com

October 28, 2008

Via Certified Mail / RRR
7005 1820 00006 2888 3457

Attn: Candy
Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509 - 3766

Re: Kuehne + Nagel, Inc.
Pharmaceutical Wholesaler Surety Bond
Bond # 413722

Dear Candy:

Enclosed please find the Change in Surety Rider and power of attorney for the above captioned bond. Lexon Insurance Company is substituted for International Fidelity Insurance Company as the bond surety.

Lexon Insurance Company assumes all obligations of the above referenced International Fidelity Insurance Company Bond as of the anniversary date of October 31st, 2008. All other terms and conditions of the bond and any previously issued riders to said bond, including the bond amount remain unchanged.

If you have any questions or require additional information please feel free to contact our office.

Sincerely,

Shayna Betancourt

Shayna Betancourt
Assistant Surety Manage
International Bond & Ma

Enclosure

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Attn: Candy
Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ☐ Agent ☐ Addressee

B. Received by (Printed Name) L. Hedan C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

NOV 03 2008

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0006 2888 3457

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Lexon Insurance Company
(a TX Corporation)
256 Jackson Meadows Drive
Hermitage, TN 37076

Bond Rider

Principal: KUEHNE + NAGEL, INC.
Bond Number: 413722
Effective Date of Rider: 10/31/08

Change in Surety

Lexon Insurance Company is substituted for International Fidelity Insurance Company as the bond surety.

Lexon Insurance Company assumes all obligations of the above referenced International Fidelity Insurance Company as of the above referenced effective date of the rider. All other terms and conditions of the bond and any previously issued riders to said bond, including the bond amount, remain unchanged.

Nothing herein contained otherwise shall be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Bond.

Lexon Insurance Company
Attorney-in-fact, Kevin A. Tattam 143-48-7151

By: _____

LEXON INSURANCE COMPANY
A TEXAS INSURANCE COMPANY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/03/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Nacora Insurance Brokers Inc 10 Exchange Place, 20th Floor Jersey City NJ 07302	**CONTACT NAME:** Felicia Brown **PHONE (A/C, No, Ext):** 201-413-0535 **FAX (A/C, No):** fax number **E-MAIL ADDRESS:** felicia.brown@nacora.com
INSURED Kuehne + Nagel, Inc. c/o Nacora Insurance Brokers, Inc. 10 Exchange Place, 20th Floor Jersey City NJ 07302	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Zurich American Insurance Company — 16535 **INSURER B :** American Guarantee & Liability Ins. Co. — 26247 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR			GLO3373970	1/01/2025	1/01/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$	100,000
	X $5,000: BI/PD Deductible						MED EXP (Any one person)	$	10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$	1,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$	2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$	2,000,000
								$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	
	ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB X OCCUR			AUC379310315	1/01/2025	1/01/2026	EACH OCCURRENCE	$	20,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	20,000,000
	DED X RETENTION $ 0							$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	
							E.L. DISEASE - POLICY LIMIT	$	
A	Property (PD & TE)			MCP2906577-26	1/01/2025	1/01/2026	BLANKET LIMIT		$135,805,200

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: 324 Half Acre Road, Cranbury NJ 08512; 2525 Whilden Drive, Durham NC 27713
DFW: 2600 Regent Blvd, Dallas, TX 75261
MEM: 6005 Freeport Ave, Suite 103, Memphis, TN 38141
LJV: 1800 Waters Ridge Dr, Suite 100, Lewisville, TX 75057
SVQ: 4080 Executive Drive, Suite 100, Southaven, MS 38672
PAF: 1025 Columbia Road, Suite 110, Plainfield, IN, 46168
RNO: 2555 USA Parkway, #104, McCarran, NV 89434
Property Coverage includes Business Personal Property and Loss of Business Income & Extra Expense per schedule on file.

CERTIFICATE HOLDER

Wyoming Board of Pharmacy
1712 Carey Avenue, Suite 200
Cheyenne, WY 82002

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Kuehne+Nagel Inc. MDEG License # (if applicable) WH00980

Physical Address 324 Half Acre Rd

City Cranbury State NJ Zip 08512

Mailing Address (if different from physical address) 10 Exchange Place 20th Floor

City Jersey City State NJ Zip 07302

Telephone 201-413-5500 Website https://us.kuehne-nagel.com/

Licensing Company Email qshepharma.us@kuehne-nagel.com

Section 2: Personal Information

First Naeem Middle N/A Last Ali

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Jersey City State NJ Zip [redacted]

Telephone [redacted] Email naeem.ali@kuehne-nagel.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Annandale High School			
Address	**City**	**State**	**Zip**
Georgetown Guyana			
Diploma/Degree obtained, if any			
CXC certificate			

School Name		From - To (MM/YY – MM/YY)	
Guyana Technical Institute			
Address	**City**	**State**	**Zip**
Georgetown Guyana			
Diploma/Degree obtained, if any			
Electrical and Automotive Certificate			

School Name		From - To (MM/YY – MM/YY)	
Lincoln Technical Institute			
Address	**City**	**State**	**Zip**
2299 Vauxhall Rd	Union	NJ	07083
Diploma/Degree obtained, if any			
Certificate			

School Name		From - To (MM/YY – MM/YY)	
Iasco Computing School			
Address	**City**	**State**	**Zip**
100 W 77th St	New York	NY	
Diploma/Degree obtained, if any			
MCP, MCSE			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1998-present	[redacted]	Jersey City	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Kuehne+Nagel Inc.			1998-present	
Business Address		**City**	**State**	**Zip**
324 Half Acre Rd		Cranbury	NJ	08512
Phone	**Title**		**Number of Employed Hours**	
609-409-3800	Warehouse Operations Manager		>6000	
Description of Duties	Implement and coordinate lean six sigma projects in the facility. Develop / direct programs to ensure the efficient and cost-effective operation and utilization of the facility. Plan and schedule all distribution services including receiving, storing, shipping, handling returned/damaged goods. Plan long range labor needs based on sales forecasts and input from management. Interact with DCM and warehouse supervisor to establish goals. Develop procedures to ensure the efficient operation and utilization of all warehouse equipment. Develop, implement and direct programs to ensure the safety of personnel, equipment and property. Ensure the accurate and timely preparation of reports regarding warehouse operations. Plan and Develop- SOP Policies and Procedures. Implement/monitor and maintain SOPS (conform w/ISO 9001/14001). Coordinate/perform and train (locally). Coordinate and work directly with outside auditors. Manage / coordinate space utilization in the warehouse. Develop and maintain SOP (GXP) for Pharmaceutical clients. Manage cold chain operation locally.			

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/11/25
Date

I, Naeem Ali, **certify that as the MDEG Administrator for**

Kuehne+Nagel Inc.,

that I (initial that you have read and meet the following requirements):

1. NA Have a high school diploma or its equivalent;
2. NA Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. NA Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. NA Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Naeem Ali

Print Name (First, Last)

Naeem Ali

Original Signature (electronic, copies or stamps not accepted)

2/11/25

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Kuehne + Nagel Inc.

Pharmacy/Wholesaler License # (if applicable) WH00980

Physical Address 324 Half Acre Road

City Cranbury State NJ Zip 08512

Mailing Address (if different from physical address) 10 Exchange Place 20th Floor

City Jersey City State NJ Zip 07302

Telephone 201-413-5500 Website https://us.kuehne-nagel.com/

Licensing Company Email qshepharma.us@kuehne-nagel.com

Section 2: Personal Information

First Naeem Middle N/A Last Ali

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Jersey City State N J Zip [redacted]

Telephone [redacted] Email naeem.ali@kuehne-nagel.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Annandale High School			
Address	**City**	**State**	**Zip**
Georgetown Guyana			
Diploma/Degree obtained, if any			
CXC certificate			

School Name		From - To (MM/YY – MM/YY)	
Guyana Technical Institute			
Address	**City**	**State**	**Zip**
Georgetown Guyana			
Diploma/Degree obtained, if any			
Electrical and Automotive Certificate			

School Name		From - To (MM/YY – MM/YY)	
Lincoln Technical Institute			
Address	**City**	**State**	**Zip**
2299 Vauxhall Rd	Union	NJ	07083
Diploma/Degree obtained, if any			
Certificate			

School Name		From - To (MM/YY – MM/YY)	
Iasco Computing School			
Address	**City**	**State**	**Zip**
100 W 77th St	New York	NY	
Diploma/Degree obtained, if any			
MCP, MCSE			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1998 to present	[redacted]	Jersey City	NJ	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Kuehne + Nagel Inc.			From - To (MM/YY – MM/YY): 1998-Present	
Business Address: 324 Half Acre Road	City: Cranbury		State: NJ	Zip: 08512
Phone: 609-409-3800	Title: Warehouse Operation Manager		Number of Employed Hours: >6000	
Description of Duties: Implement and coordinate lean six sigma projects in the facility. Develop / direct programs to ensure the efficient and cost-effective operation and utilization of the facility. Plan and schedule all distribution services including receiving, storing, shipping, handling returned/damaged goods. Plan long range labor needs based on sales forecasts and input from management. Interact with DCM and warehouse supervisor to establish goals. Develop procedures to ensure the efficient operation and utilization of all warehouse equipment. Develop, implement and direct programs to ensure the safety of personnel, equipment and property. Ensure the accurate and timely preparation of reports regarding warehouse operations. Plan and Develop- SOP Policies and Procedures. Implement/monitor and maintain SOPS (conform w/ISO 9001/14001). Coordinate/perform and train (locally). Coordinate and work directly with outside auditors. Manage / coordinate space utilization in the warehouse. Develop and maintain SOP (GXP) for Pharmaceutical clients. Manage cold chain operation locally.				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Maria Chi

Original Signature (electronic, copies or stamps not accepted)

11/18/24

Date

I, Naeem Ali, **certify that as the designated representative for**

Kuehne + Nagel Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. NA I am at least 21 years of age;
3. NA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. NA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. NA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Naeem Ali

Print Name (First, Last)

Naeem Ali

Original Signature (electronic, copies or stamps not accepted)

11/18/24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Naeem Ali

Print Name (First, Last)

Naeem Ali

Original Signature (electronic, copies or stamps not accepted)

11/18/24

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MIDDLESEX

I, Naeem Ali, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Naeem Ali

Original Signature NAEEM ALI

11/18/24

Date

Subscribed and Sworn to before me this 18 day of NOV 2024

Notary Public Signature

NOEL G. QUIJANO
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES AUGUST 7, 2029

(Seal)

CRANBURY
EMPLOYEE NAMES
Acevedo, Fanny
Adames, Tamara
Adjei, Abigail A
Aldana, Sara
Ali, Naeem
Araujo Vinueza Romero, Gladys M
Arce, Jose A
Arce, Kyri
Arroyo, Jose
Aumack, Donna M
Azinge, Herbert A
Batista, Marisol
Caba, Ana
Cabrera, Boris
Carrera, Carla
Casana, Elmer G
Castillo Aular, Heriana M
Castillo, Vinicio A
Castillo, Yhanay
Cedeno Marin, Jose G
Chavarria Andrade, Omar
Chavarria, Carol R
Chimbo, Blanca M
Cholminsky, Mary C
Corea, Darshini M
Cruz Araque, Amparo V
Dulche, Stephanie
Duran Cajas, Ximena D
Duran, Nereida
Encarnacion, Michel
Genao, Emely
Gobal, Gunnar
Grim, Sohanlall R
Habel, Feroze
Haro Morales, Maria
Hayes, Adolphus B
Hernandez, Ana A
Huang, Qi Yan
Jaramillo Vasquez, Marcia L
Jijon, Gloria
Krier, Kristen
Kucukboyaci, Arzu
Linder, Brenda L
Lopez, Lucia E

Martinez, Elvys D
Mateo, Juan D
Matthew, Curtley D
McVeigh, Michael J
Miller, Crawford E
Morales, Francisco L
Patel, Axit
Patino, Teodoro
Penaranda Cardozo, Luis A
Persaud, Jagdat
Petit Castillo, Ariana C
Petit, Christopher J
Pimplikar, Gunjan
Quinones, Yasmin
Reyes, Denisse A
Rincon, Aldo G
Rivera Casana, Rigoberto
Rodriguez, Thamar
Ruiz Mejia, Jose
Saint Fleur, Reginald
Sanchez, Mario A
Scott, Megan
Severino, Geovanny F
Singh, Ramchand
Singh, Ramdat B
Singh, Shukracharya
Valencia, Javier
Vargas Perez, Gladys

4TT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03553	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Kuehne + Nagel Inc.

Physical Address: 2532 Whilden Dr

City: Durham State: NC Zip: 27713

Mailing Address (if different from physical address): 10 Exchange Place 20th Floor

City: Jersey City State: NJ Zip: 07302

Telephone: 201-413-5500 Website: https://us.kuehne-nagel.com/

Name of Designated Representative (DR): Tad Ruble

Licensing Company Email: qshepharma.us@kuehne-nagel.com DR Email: tad.ruble@kuehne-nagel.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: 3rd Party Logistics Provider

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # n/a . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

11/18/2024

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Novo Nordisk
Address: 3612 Powhatan Road City: Clayton State: NC Zip: 27527

Name: Abbott Diagnostics
Address: 200 Abbott Park Road City: Abbott Park State: IL Zip: 60064

Name: Seqirus
Address: 475 Green Oaks Parkway City: Holly Springs State: NC Zip: 27540

Name: Cytiva
Address: 324 Half Acre Road City: Cranbury State: NJ Zip: 08512

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New York
Parent Company (if any): Kuehne + Nagel Holdings Inc.
Corporation/Organization Name: Kuehne + Nagel Inc.
Mailing Address: 10 Exchange Place 20th Floor
City: Jersey City State: NJ Zip: 07302
Telephone: 201-413-5500 Email: qshepharma.us@kuehne-nagel.com
Contact Person Name: Natalie Martino

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Kuehne + Nagel Inc.

Facility Name

Dan Osterberg

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/18/2024

Date

Board Use Only	Date Received: 12/5/24	Amount: $1000-CK 13446

KUEHNE+NAGEL

Owner:
Kuehne + Nagel Investment, LLC
10 Exchange Place 19th floor, Jersey City NJ 07302
FEIN: 22-3176791
100% Ownership

List of Officers:

Marcus Bennett, President/CEO
Date of Birth [redacted]
Social Securi
Home Addre
Home Phone

Dan Osterberg, CFO
Date of Birth [redacted]
Social Securi
Home Addre
Home Phone

Richard J Kaluzinski, Secretary, National Legal Counsel
Date of Birth [redacted]
Social Securi
Home Addre
Home Phone

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	KUEHNE + NAGEL INC.
DOS ID Number:	200052
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	06/30/1966
Effective Date:	05/01/2023
Statement Status:	CURRENT
Statement Due Date:	06/30/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 16, 2024 at 04:29 P.M.

WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006589450 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

North Carolina Department of Agriculture & Consumer Services

Food and Drug - Perscription Drug

Steve Troxler
Commissioner

Christina L. Waggett
Assistant Commissioner
for Consumer Protection

Anita McMullen
Division Director

License Details for Kuehne + Nagel Inc.

Licensee Details

Firm Name: Kuehne + Nagel Inc.	**License Type:** Third Party Logistic Provider
Address: 2532 Whilden Drive, Durham, NC 27713	**License Number:** 83
License Status: Active – In good standing	**Discipline:** No
Current Issue Date: 12/20/2024	**License Expiration:** 12/31/2025
Original Issue Date: 11/23/2005	

Search URL: https://apps.ncagr.gov/AgRSysPortalV2/licensesearch/fdpd/308073

NCDA&CS
1090 Mail Service Center, Raleigh, NC 27699-1090
Main 919-733-3556 : Fax: 919-733-9796

List of Licenses-DUR

Jurisdiction	Requirement	Number	Issue Date	Expiration Date
US-AR	Wholesale Distributor	WD05887	08/14/2023	12/31/2024
US-AZ	Third Party Logistics Provider	L000458	03/05/2024	10/31/2025
US-CA	Non-Resident Third Party Logistics Provider	NPL 1024	10/19/2015	10/01/2025
US-CT	Wholsaler of Drugs, Cosmetics, & Medical Devices	CSW.0001658	07/01/2024	06/30/2025
US-DC	Certificate of Licensure for Medical Device	DCDED00151		
US-IA	Medical Device Distribution	41708	05/10/2023	12/31/2024
US-KS	Third Party Logistics Provider	23-121316	08/25/2023	06/30/2025
US-KY	Third Party Logistics Provider	TPL00442	02/09/2023	06/30/2025
US-LA	Third Party Logistics Provider	10844	02/09/2023	12/30/2024
US-MI	Wholesale Distributor	5306007369	06/27/2023	06/27/2025
US-MS	Third Party Logistics Provider	18744	08/18/2023	12/31/2024
US-MT	Wholesale Drug Distributor	PHA-WDD-LIC-98364	08/25/2023	11/30/2024
US-NC	Third Party Logistic Provider	83	12/08/2023	12/31/2024
US-NH	Manufacturer / Distributor / Wholesaler / Broker	07724	03/09/2023	03/31/2025
US-OK	Third Party Logistics Provider	88-L-8545	05/31/2024	05/31/2025
US-OR	Drug Distribution Agent	DDA-0000683	01/30/2024	09/30/2025
US-PA	Devices-Medical: Manufacturer, Distributor or Retailer	6000010590	03/31/2023	04/30/2025
US-TN	Third Party Logistics	00008923	02/24/2023	02/28/2025
US-UT	Pharmacy - Class E	13276953-1714	03/01/2023	09/30/2025
US-VA	Non-Resident Third Party Logistics Provider	0242000265	08/24/2023	02/28/2025

NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
FOOD & DRUG PROTECTION DIVISION

Name and Title of Individual: Tad Ruble, Br. Mgr.	Date: 02/20/2024
Firm Name: Kuehne + Nagel, Inc.	Hour: 10:40 a.m. / p.m.
Number & Street: 2532 Whilden Dr.	
City & State: Durham, NC	Zip Code: 27713

Notice of inspection is hereby given pursuant to Article 12, §106-140 of North Carolina Food, Drug and Cosmetic.

Signature (NC Department of Agriculture Employee(s))	Title (NC Department of Agriculture Employee (s))
Angela Harrison	Drug Specialist

Article 12, §106-140 of the North Carolina Food, Drug and Cosmetic Act is quoted below:

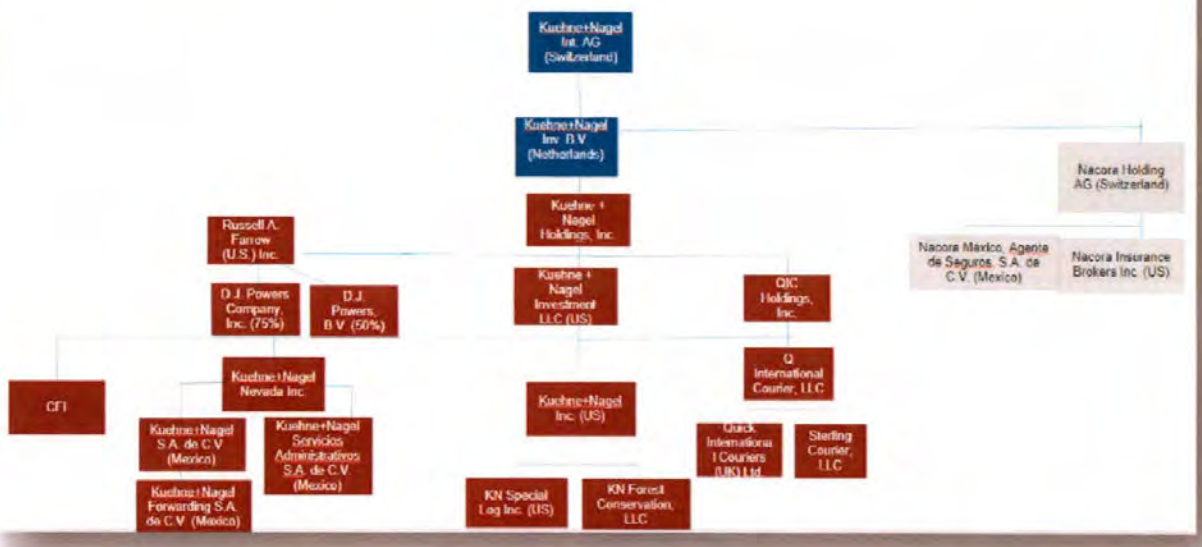
§106-140. (a) For the purposes of enforcement of this Article, the Commissioner or any of his authorized agents, are authorized upon presenting appropriate credentials and a written notice to the owner, operator or agent in charge, (1) To enter at reasonable times any factory, warehouse or establishment in which food, drugs, devices or cosmetics are manufactured, processed, or packed or held for introduction into commerce or after such introduction or to enter any vehicle being used to transport or hold such foods, drugs, devices or cosmetics in commerce; and (2) To inspect at reasonable times and in a reasonable manner such factory, warehouse, establishment or vehicle and all pertinent equipment, finished or unfinished materials, containers and labeling therein, and to obtain samples necessary to the endorsement of this Article. In the case of any factory, warehouse, establishment, or consulting laboratory in which any food, drug, device or cosmetic is manufactured, processed, analyzed, packed or held, the inspection shall extend to all things therein (including records, files, papers, processes, controls and facilities) bearing on whether any food, drug, device or cosmetic which is adulterated or misbranded within the meaning of this Article or which may not be manufactured, introduced into commerce or sold or offered for sale by reason of any provision of this Article, has been or is being manufactured, processed, packed, transported or held in any such place or otherwise bearing on violation of this Article. No inspection authorized by the preceding sentence shall extend to a. Financial data, b. Sales data other than shipment data, c. Personnel data (other than data as to qualifications of technical and professional personnel performing functions subject to this Article), d. Pricing data, and e. Research data (other than data relating to new drugs and antibiotic drugs, subject to reporting and inspection under lawful regulations issued pursuant to section 505 (i) or (j) or section 507 (d) or (g) of the federal act, and data, relating to other drugs, which in the case of a new drug would be subject to reporting or inspection under lawful regulations issued pursuant to section 505 (j) of the federal act). Such inspection shall be commenced and completed with reasonable promptness. The provisions of the second sentence of this subsection shall not apply to such classes of persons as the Board may by regulation exempt from the application of this section upon a finding that inspection as applied to such classes of persons in accordance with this section is not necessary for the protection of the public health. (3) To have access to and to copy all records of carriers in commerce showing the movement in commerce of any food, drug, device, or cosmetic, or the holding thereof during or after such movement, and the quantity, shipper and consignee thereof: Provided, that evidence obtained under this subsection shall not be used in a criminal prosecution of the person from whom obtained; and provided further, that carriers shall not be subject to the other provisions of this Article by reason of their receipt, carriage, holding, or delivery of food, drugs, devices or cosmetics in the usual course of business as carriers. (b) Upon completion of any such inspection of a factory, warehouse, consulting laboratory or other establishment and prior to leaving the premises, the authorized agent making the inspection shall give to the owner, operator, or agent-in-charge a report in writing setting forth any conditions or practices observed by him which in his judgment indicate that any food, drug, device or cosmetic in such establishment: (1) Consists in whole or in part of any filthy, putrid, or decomposed substance; or (2) Has been prepared, packed or held under insanitary conditions whereby it may have become contaminated with filth or whereby it may have been rendered injurious to health. (c) If the authorized agent making any such inspection of a factory, warehouse or other establishment has obtained any salable product samples in the course of the inspection, upon completion of the inspection and prior to leaving the premises he shall offer reasonable payment for any such product samples. (d). It shall be the duty of the Commissioner of Agriculture to make or cause to be made examination of samples secured under the provisions of this section to determine whether or not any provision of this Article is being violated.

KUEHNE+NAGEL

Kuehne+Nagel U.S. Legal Structure

September 1, 2024

KUEHNE+NAGEL



Anticipated Kuehne+Nagel U.S. Legal Structure

December 1, 2024

KUEHNE+NAGEL



Kuehne + Nagel Inc.

10 Exchange Pl
Floor 20
Jersey City, NJ 07302

Tel.: +1 484.995.6137
ria.philip@kuehne-nagel.com

us.kuehne-nagel.com
www.kuehne-nagel.com

AGREEMENT
AND
PLAN OF MERGER

THIS AGREEMENT AND PLAN OF MERGER, dated as of November 11, 2024 (this "Plan of Merger"), is between Kuehne + Nagel Investment LLC, a New Jersey Limited Liability Company ("Merged LLC"), and Kuehne + Nagel Holdings, Inc., a Delaware corporation ("Surviving Corporation").

W I T N E S S E T H:

WHEREAS, Merged LLC has a single member to wit, the Surviving Corporation; and

WHEREAS, Surviving Corporation is authorized to issue a total of 100 shares of capital stock, consisting of 200 shares of common stock, par value $0.01 per share ("Surviving Corporation Common Stock"), of which, as of the date hereof, 100 shares of Common Stock are issued and outstanding; and

WHEREAS, the sole member and the Managers of the Merged LLC and the Board of Directors of the Surviving Corporation, respectively, approve and deem it advisable that Merged LLC and Surviving Corporation, respectively, consummate the Merger (as defined below).

NOW, THEREFORE, in consideration of the mutual agreements contained in this Plan of Merger, the parties to this Plan of Merger hereby agree that Merged LLC shall be merged (the "Merger") with and into Surviving Corporation in accordance with applicable laws and upon the terms and subject to the conditions set forth as follows:

1. The Merger. At such time agreed between Merged LLC and Surviving Corporation, a certificate of merger evidencing the Merger shall be filed with each of the Office of the Secretary of State of the State of New Jersey pursuant to the Title 42 of the New Jersey Revised Statutes and of the State of Delaware General Corporation Law. The Certificates of Merger shall specify that the Merger shall become effective on December 1, 2024 ("Effective Time"). At the Effective Time, Merged LLC shall be merged with and into Surviving Corporation, and Surviving Corporation shall continue as the surviving corporation. The Surviving Corporation's name shall remain Kuehne + Nagel Holdings, Inc.

2. Certificate of Incorporation and By-laws. The Certificate of Incorporation and By-laws of Surviving Corporation in effect immediately prior to the Effective Time shall be and remain the Certificate of Incorporation and By-laws, respectively, of Surviving Corporation, as the surviving corporation, after the Effective Time, until amended as provided by law.

3. Officers and Directors. From and after the Effective Time, and until they shall have resigned or shall have been legally removed or until their respective successors shall have been elected or appointed and qualified, those persons who are the officers and directors of Surviving Corporation immediately prior to the Effective Time shall be the officers and directors of Surviving Corporation.

4. Effect of the Merger.

4.1 All assets, rights, privileges, immunities, powers, franchises and interests of Merged LLC in and to every type of property (real, personal and mixed) and choses in action, as they exist as of the Effective Time, shall pass and be transferred to and vest in Surviving Corporation, as the surviving corporation, by virtue of the Merger at the Effective Time without any deed, conveyance or other transfer, and all such interests of Surviving Corporation as they exist as of the Effective Time shall remain with Surviving Corporation upon consummation of the Merger. The corporate existence of Surviving Corporation shall continue unaffected and unimpaired upon consummation of the Merger and the separate corporate existence of Merged LLC shall cease at and as of the Effective Time.

4.2 From and after the Effective Time, Surviving Corporation, as the surviving corporation, shall be responsible and liable for all of the liabilities and obligations of Surviving Corporation and Merged LLC existing as of the Effective Time. Any claim existing or action or proceeding pending by or against Surviving Corporation or Merged LLC at the Effective Time may, thereafter, be prosecuted by or against Surviving Corporation, as the surviving corporation, as if the Merger had not taken place or, in connection with any such action or proceeding to which Merged LLC is a party, Surviving Corporation, as the surviving corporation, may be substituted in place of Merged LLC. Neither the rights of creditors nor any liens upon the property of either Surviving Corporation or Merged LLC shall be impaired by reason of the Merger.

5. Effect of Merger on Outstanding Shares.

5.1 *Exchange Ratio*. At the Effective Time, by virtue of the Merger and without any action on the part of the holder thereof, all of the issued and outstanding member shares of the Merged LLC shall be cancelled.

5.2 *Closing of Transfer Books*. At the Effective Time, the membership transfer books of Merged LLC shall be closed and no transfer of shares of Merged LLC membership shall thereafter be made. If, after the Effective Time, certificates representing member shares of Merged LLC are presented to the Surviving Corporation, they shall be canceled in accordance with the terms hereof. At and after the Effective Time, the holders of member shares of Merged LLC Stock shall cease to have any rights as members of Merged LLC.

6. Further Assurances. From time to time after the Effective Time, as and when requested by Surviving Corporation, and to the extent permitted by law, the former managers of Merged LLC and the officers and directors of Surviving Corporation shall execute and deliver such assignments, deeds and other instruments and shall take or cause to be taken such further or other action as shall be necessary in order to consummate the Merger, vest or perfect in or to confirm of record or otherwise to Surviving Corporation, as the surviving corporation, title to, and possession of, all of the assets, rights, privileges, immunities, powers, franchises and interests of Merged LLC and Surviving Corporation in and to every type of property (real, personal and

mixed) and choses in action, and otherwise to carry out the purposes of this Plan of Merger, and the proper officers and directors of Surviving Corporation, as the surviving corporation, are fully authorized to take any and all such action in the name of Merged LLC or Surviving Corporation or otherwise.

7. Termination and Amendment. Prior to the Effective Time, this Plan of Merger may be terminated or amended by the mutual consent of the Managers of Merged LLC and the Board of Directors of Surviving Corporation.

8. Counterparts. This Plan of Merger may be signed in any number of counterparts, each of which shall be deemed an original, and all of which shall be deemed but one and the same instrument.

9. Governing Law. This Plan of Merger shall be governed by and construed in accordance with the laws of the State of New Jersey without giving effect to any choice of law or conflict of law provision or rule (whether of the State of New Jersey or any other jurisdiction) that would cause the application of the laws of any jurisdiction other than the State of New Jersey.

IN WITNESS WHEREOF, the parties have duly executed this Plan of Merger as of the date first written above.

KUEHNE + NAGEL INVESTMENT LLC
(Merged LLC)

By: _____
Marcus Bennett, Manager

By: _____
Dan Osterberg, Manager

By: _____
Nadine Jones, Manager

KUEHNE + NAGEL HOLDINGS, INC.
(Surviving Corporation)

By: _____
Name: Dan Osterberg
Title: CFO, Treasurer

Lexon Insurance Company

November 20, 2024

Nevada Board of Pharmacy

Bond Name: KUEHNE + NAGEL INC.
Bond Number: 413722
Amount: $100,000.00
Effective Date: 10/31/2006

Rider Executed and Effective November 20, 2024

The above referenced bond includes the following K+N facility location to ensure sufficient coverage:

1025 Columbia Rd, Suite 110, Plainfield, IN 46168

4080 Executive Drive, Suite 100, Southaven, MS 38672

2555 USA Parkway, Suite 104, McCarran, NV 89434

324 Half Acre Road, Cranbury, NJ 08512

2532 Whilden Drive, Durham, NC 27713

6005 Freeport Avenue, Suite 103, Memphis, TN 38141

2600 Regent Blvd Dallas, TX 75261

1800 Waters Ridge Drive, Suite 100, Lewisville, TX 75057

Nothing herein contained shall be held to vary, alter or waive or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Bond or policy, other than as above stated.

Lexon Insurance Company

James Reiss, Attorney in Fact

By:

NEVADA STATE BOARD OF PHARMACY

885 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0413722

Application/License No. WH00941

Kuehne + Nagel Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is 6005 Freeport Ave #J-122, Memphis TN 38141, as
(Address of Applicant/Principal)
PRINCIPAL, and International Fidelity Insurance Co., a
(Surety Company)
corporation organized under the laws of the state of New Jersey
(State of Incorporation)
and authorized to transact a general surety business in the State of
Nevada, whose address for purposes of service is One Newark Center, Newark NJ 07102 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on _____.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal

may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this _____ day of _____, 20____.

APPLICANT/PRINCIPAL

_____
Authorized Representative

SURETY COMPANY

International Fidelity Ins. Co.
Surety Company's Representative

Kevin A. Tattam, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

Benny Munoz
Witness

Martino Sessa
Witness

Countersigned by:

Nevada Resident Agent

NEVADA BONDING AGENCY, INC.
P.O. BOX 80987
LAS VEGAS, NV 89180
PHONE (702) 631-0878
FAX (702) 647-5381

POWER OF ATTORNEY

LX - 015431

Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that **LEXON INSURANCE COMPANY**, a Texas Corporation, with its principal office in Louisville, Kentucky, does hereby constitute and appoint: Kevin Tattam **********

****

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **LEXON INSURANCE COMPANY** on the 1st day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed $ 7,100,000.00 Seven million one hundred thousand dollars **********
dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Vice President, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **LEXON INSURANCE COMPANY** has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 2nd day of July, 2003.

LEXON INSURANCE COMPANY
A TEXAS INSURANCE COMPANY

LEXON INSURANCE COMPANY

BY _____
David E. Campbell
President

ACKNOWLEDGEMENT

On this 2nd day of July, 2003, before me, personally came David E. Campbell to me known, who being duly sworn, did depose and say that he is the President of **LEXON INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

"OFFICIAL SEAL"
MAUREEN K. AYE
Notary Public, State of Illinois
My Commission Expires 09/21/09

_____
Maureen K. Aye
Notary Public

CERTIFICATE

I, the undersigned, Secretary of **LEXON INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Lombard, Illinois this 31st Day of Oct., 20 08.

LEXON INSURANCE COMPANY
A TEXAS INSURANCE COMPANY

_____
Donald D. Buchanan
Secretary

TEL: (201) 653-6100
BOND FAX: (201) 653-7766
MARINE FAX: (201) 533-8611

EMAIL: bond@intlbondmarine.com
marine@intlbondmarine.com

INTERNATIONAL BOND & MARINE BROKERAGE, LTD.
Two Hudson Place • 4th Floor • Hoboken, NJ 07030-5515
www.intlbondmarine.com

October 28, 2008

Via Certified Mail / RRR
7005 1820 00006 2888 3457

Attn: Candy
Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509 - 3766

Re: Kuehne + Nagel, Inc.
Pharmaceutical Wholesaler Surety Bond
Bond # 413722

Dear Candy:

Enclosed please find the Change in Surety Rider and power of attorney for the above captioned bond. Lexon Insurance Company is substituted for International Fidelity Insurance Company as the bond surety.

Lexon Insurance Company assumes all obligations of the above referenced International Fidelity Insurance Company Bond as of the anniversary date of October 31st, 2008. All other terms and conditions of the bond and any previously issued riders to said bond, including the bond amount remain unchanged.

If you have any questions or require additional information please feel free to contact our office.

Sincerely,

Shayna Betancourt

Shayna Betancourt
Assistant Surety Manage
International Bond & Ma

Enclosure

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Attn: Candy
Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) L. Hedan
C. Date of Delivery
NOV 03 2008

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0006 2888 3457

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Lexon Insurance Company
(a TX Corporation)
256 Jackson Meadows Drive
Hermitage, TN 37076

Bond Rider

Principal: KUEHNE + NAGEL, INC.
Bond Number: 413722
Effective Date of Rider: 10/31/08

Change in Surety

Lexon Insurance Company is substituted for International Fidelity Insurance Company as the bond surety.

Lexon Insurance Company assumes all obligations of the above referenced International Fidelity Insurance Company as of the above referenced effective date of the rider. All other terms and conditions of the bond and any previously issued riders to said bond, including the bond amount, remain unchanged.

Nothing herein contained otherwise shall be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Bond.

Lexon Insurance Company
Attorney-in-fact, Kevin A. Tattam 143-48-7151

By: _____

LEXON INSURANCE COMPANY
A TEXAS INSURANCE COMPANY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/03/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Felicia Brown	
Nacora Insurance Brokers Inc 10 Exchange Place, 20th Floor Jersey City NJ 07302	PHONE (A/C, No, Ext): 201-413-0535	FAX (A/C, No): fax number
	E-MAIL ADDRESS: felicia.brown@nacora.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Zurich American Insurance Company	16535
	INSURER B: American Guarantee & Liability Ins. Co.	26247
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED
Kuehne + Nagel, Inc. c/o Nacora Insurance Brokers, Inc. 10 Exchange Place, 20th Floor Jersey City NJ 07302

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$	1,000,000
	☐ CLAIMS-MADE ☒ OCCUR			GLO3373970	1/01/2025	1/01/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$	100,000
	X $5,000: BI/PD Deductible						MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	2,000,000
	X POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$	2,000,000
	OTHER:							$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	
	☐ ANY AUTO						BODILY INJURY (Per person)	$	
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB ☒ OCCUR			AUC379310315	1/01/2025	1/01/2026	EACH OCCURRENCE	$	20,000,000
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$	20,000,000
	☐ DED ☒ RETENTION $ 0							$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE ☐ OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	
							E.L. DISEASE - POLICY LIMIT	$	
A	Property (PD & TE)			MCP2906577-26	1/01/2025	1/01/2026	BLANKET LIMIT		$135,805,200

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: 324 Half Acre Road, Cranbury NJ 08512; 2525 Whilden Drive, Durham NC 27713
DFW: 2600 Regent Blvd, Dallas, TX 75261
MEM: 6005 Freeport Ave, Suite 103, Memphis, TN 38141
LJV: 1800 Waters Ridge Dr, Suite 100, Lewisville, TX 75057
SVQ: 4080 Executive Drive, Suite 100, Southaven, MS 38672
PAF: 1025 Columbia Road, Suite 110, Plainfield, IN, 46168
RNO: 2555 USA Parkway, #104, McCarran, NV 89434
Property Coverage includes Business Personal Property and Loss of Business Income & Extra Expense per schedule on file.

CERTIFICATE HOLDER

Wyoming Board of Pharmacy
1712 Carey Avenue, Suite 200
Cheyenne, WY 82002

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Kuehne + Nagel Inc. MDEG License # (if applicable) WH03553

Physical Address 2532 Whilden Dr

City Durham State NC Zip 27713

Mailing Address (if different from physical address) 10 Exchange Place 20th Floor

City Jersey City State NJ Zip 07302

Telephone 201-413-5500 Website htpps://us.kuehne-nagel.com/

Licensing Company Email qshepharma.us@kuehne-nagel.com

Section 2: Personal Information

First Michael Middle Tad Last Ruble

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Cary State NC Zip [redacted]

Telephone [redacted] Email tad.ruble@kuehne-nagel.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
N.C. Wesleyan College		1984-1986	
Address	**City**	**State**	**Zip**
3400 N Wesleyan Blvd	Rocky Mount	NC	27804
Diploma/Degree obtained, if any			
Business Management			
School Name		**From - To (MM/YY – MM/YY)**	
C.E. Jordan High School		1981-1984	
Address	**City**	**State**	**Zip**
6806 Garrett Rd	Durham	NC	27707
Diploma/Degree obtained, if any			
HS Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2006-present	[redacted]	Cary	NC	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Kuehne + Nagel Inc			02/99-present	
Business Address		**City**	**State**	**Zip**
2532 Whilden Dr		Durham	NC	27713
Phone	**Title**		**Number of Employed Hours**	
919-957-0004	Distribution Center Manager		>6000	
Description of Duties	Responsibility for up to 4 dedicated and multi client facilities encompassing up to 600,000 square feet with up to 285 employees. Managed fortune 500 global customer base. Annual budgets in excess of 15M. Ensure facilities comply with all company and regulatory guidelines. Ensure GXP practices are maintained where required for Pharma and Medical Device clients. Maintain DR and state licenses as needed based upon Pharma client base. Responsible for managing up to 4 location cost centers. Responsible for all customer invoicing and accounting activities associated to cost centers under management. Maintained profit and loss levels above 20% and net profit levels above 5% while reducing customer related cost per unit transactions by 28% and providing value added warehouse activity. Maintained best safety compliance results in the North America region. Annual OSHA incident rates 70% below industry standards. Drove OSHA recordable injuries and incident rates down by 50% year over year through established safety teams and awareness. Reduced workers compensation related cost. Maintained Customer service levels above 99.99% while shipping over 500,000 shipments per year. Participated in Lean warehousing activities to drive productivity standards. Automated inventory control maintained above 99.95% accuracy levels while shipping 12,000 units weekly on 7 various WMS systems. Total inventory under management in excess of 200M weekly. Maintained voluntary employee turnover at levels less than 5% year over year. Controlled claims liability by reducing claims dollars spent by 25% year over year with continuous process improvement and internal audit control programs. Managed and executed 5S standards and GXP practices within warehouse and distribution centers. Facilitated Lean workshops at all locations to drive productivity efforts through the use of Lean practices. Visual management tools, suggestion programs, production control activities, DEMAIC projects, Kaizen events and other relevant Lean tools.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
8/1991	NC			Wake
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached document

Original Signature (electronic, copies or stamps not accepted)

2/3/25
Date

I, Michael Tad Ruble, **certify that as the MDEG Administrator for**

Kuehne + Nagel Inc.,

that I (initial that you have read and meet the following requirements):

1. MTR Have a high school diploma or its equivalent;
2. MTR Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MTR Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MTR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Ruble

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/3/25

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Kuehne + Nagel Inc.
Pharmacy/Wholesaler License # (if applicable) WH02069
Physical Address 2532 Whilden Dr
City Durham State NC Zip 27713
Mailing Address (if different from physical address) 10 Exchange Place 20th Floor
City Jersey City State NJ Zip 07302
Telephone 201-413-5500 Website https://us.kuehne-nagel.com/
Licensing Company Email qshepharma.us@kuehne-nagel.com

Section 2: Personal Information

First Michael Middle Tad Last Ruble
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X
Mailing Address [redacted]
City Cary State N C Zip [redacted]
Telephone [redacted] Email tad.ruble@kuehne-nagel.com
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
N.C. Wesleyan College		1984-1986	
Address	**City**	**State**	**Zip**
3400 N Wesleyan Blvd	Rocky Mount	NC	27804
Diploma/Degree obtained, if any			
Business Management			

School Name		From - To (MM/YY – MM/YY)	
C.E. Jordan High School		1981-1984	
Address	**City**	**State**	**Zip**
6806 Garrett Rd	Durham	NC	27707
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2006-present	[redacted]	Cary	NC	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Kuehne + Nagel Inc.			02/99-Present
Business Address	**City**	**State**	**Zip**
2532 Whilden Dr	Durham	NC	27713
Phone	**Title**	**Number of Employed Hours**	
919-957-0004	Distribution Center Manager	>6000	
Description of Duties	Responsibility for up to 4 dedicated and multi client facilities encompassing up to 600,000 square feet with up to 250 employees. Managed fortune 500 global customer base. Annual budgets in excess of 15M. Ensure facilities comply with all company and regulatory guidelines. Ensure GXP practices are maintained where required for Pharma and Medical Device clients. Maintain DR and state licenses as needed based upon Pharma client base. Responsible for managing up to 4 location cost centers. Responsible for all customer invoicing and accounting activities associated to cost centers under management. Maintained profit one levels above 20% and net profit levels above 5% while reducing customer related cost per unit transactions by 28% and providing value added warehouse activity. Maintained best safety compliance results in the North America region. Annual OSHA incident rates 70% below industry standards. Drove OSHA recordable injuries and incident rates down by 50% year over year through established safety teams and awareness. Reduced workers compensation related cost. Maintained Customer service levels above 99.99% while shipping over 500,000 shipments per year. Participated in Lean warehousing activities to drive productivity standards. Automated inventory control maintained above 99.95% accuracy levels while shipping 12,000 units weekly on 7 various WMS systems. Total inventory under management in excess of 200M weekly. Maintained voluntary employee turnover at levels less than 5% year over year. Controlled claims liability by reducing claims dollars spent by 25% year over year with continuous process improvement and internal audit control programs. Maintained and expanded ISO standards and cGMP-GXP compliant operations in all locations. CPTAT Security compliance at all locations. Consistently scored in the top 10% of all locations audited. Managed continuous improvement efforts through the use of Lean practices. Visual management tools, suggestion programs, production control activities, DEMAIC projects, Kaizen events and other relevant Lean tools.		

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/1991		NC		Wake
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached document

Original Signature (electronic, copies or stamps not accepted)

11/12/24
Date

KUEHNE+NAGEL

November 12, 2024

Re: **Explanation of prior conviction- Nevada application**

I was convicted of a misdemeanor traffic driving while impaired charge in North Carolina (Wake County) around the date of August 1991. Due to the length of time since this occurred and lost paperwork, I do not recall the exact date and or the exact court cost paid. I do recall having standard fines and conditions for such a conviction and complied with all requirements in the required timelines.

Very truly yours,

Michael Tad Ruble

I, Michael Tad Ruble, **certify that as the designated representative for**

Kuehne + Nagel Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MTR I am at least 21 years of age;
3. MTR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MTR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MTR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MTR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MTR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Michael Tad Ruble

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/12/24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Tad Ruble
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/12/24
Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Durham

I, Michael T. Ruble, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/12/24
Date

Subscribed and Sworn to before me this 12th day of November

Gulmira Hamlett
Notary Public Signature

My commission expires 8/10/2026

GULMIRA HAMLETT NOTARY PUBLIC WAKE COUNTY, NC
(Seal)

DURHAM
EMPLOYEE NAMES
Allen, Christopher KN
Daniel, Valerie N
Garrett, Wayne
Lubin, Hermamn
Rivas, Mabel
Vega, David
Webb, Earl
Witt, Michael D
Ruble, Michael T.
Hamlett, Gulmira
King, Derrell C.
Poole, Steven T

4UU

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02069	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Kuehne + Nagel Inc.

Physical Address: 1025 Columbia Road, Suite 110

City: Plainfield State: IN Zip: 46168

Mailing Address (if different from physical address): 10 Exchange Place 20th Floor

City: Jersey City State: NJ Zip: 07302

Telephone: 201-413-5500 Website: https://us.kuehne-nagel.com/

Name of Designated Representative (DR): Scott Evans

Licensing Company Email: gshepharma.us@kuehne-nagel.com DR Email: scott.evans@kuehne-nagel.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: 3rd Party Logistics Provider

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # n/a . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

11/18/2024

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Roche Diabetes Care
Address: 9115 Hague Rd City: Indianapolis State: IN Zip: 46250
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New York
Parent Company (if any): Kuehne + Nagel Holdings Inc.
Corporation/Organization Name: Kuehne + Nagel Inc.
Mailing Address: 10 Exchange Place 20th Floor
City: Jersey City State: NJ Zip: 07302
Telephone: 201-413-5500 Email: qshepharma.us@kuehne-nagel.com
Contact Person Name: Natalie Martino

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Kuehne + Nagel Inc.

Facility Name

Dan Osterberg

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/18/2024

Date

Board Use Only	Date Received: 12/5/24	Amount: $1000-ck13449

KUEHNE+NAGEL

Owner:
Kuehne + Nagel Investment, LLC
10 Exchange Place 19th floor, Jersey City NJ 07302
FEIN: 22-3176791
100% Ownership

List of Officers:

Marcus Bennett, President/CEO
Date of Birth
Social Securi
Home Addre
Home Phon

Dan Osterberg, CFO
Date of Birth:
Social Securit
Home Addres
Home Phone:

Richard J Kaluzinski, Secretary, National Legal Counsel
Date of Birth
Social Secur
Home Addre
Home Phon

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	KUEHNE + NAGEL INC.
DOS ID Number:	200052
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	06/30/1966
Effective Date:	05/01/2023
Statement Status:	CURRENT
Statement Due Date:	06/30/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 16, 2024 at 04:29 P.M.

WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

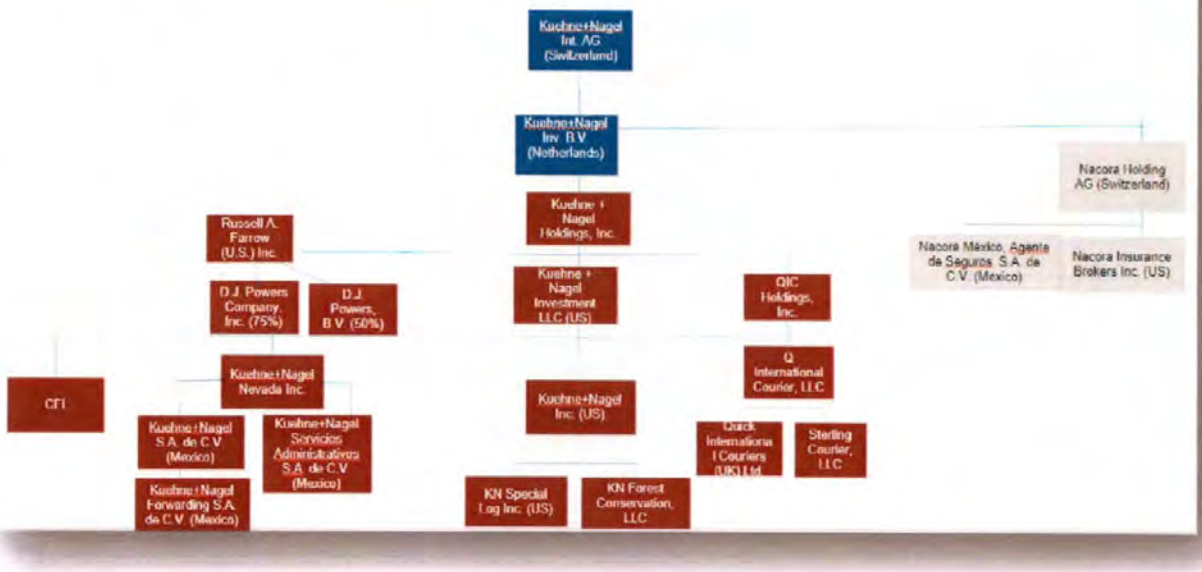
BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006589450 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

KUEHNE+NAGEL

Kuehne+Nagel U.S. Legal Structure

September 1, 2024



Anticipated Kuehne+Nagel U.S. Legal Structure

December 1, 2024



Kuehne + Nagel Inc.
10 Exchange Pl
Floor 20
Jersey City, NJ 07302
Tel.: +1 484.995.6137
ria.philip@kuehne-nagel.com
us.kuehne-nagel.com
www.kuehne-nagel.com

AGREEMENT
AND
PLAN OF MERGER

THIS AGREEMENT AND PLAN OF MERGER, dated as of November 11, 2024 (this "Plan of Merger"), is between Kuehne + Nagel Investment LLC, a New Jersey Limited Liability Company ("Merged LLC"), and Kuehne + Nagel Holdings, Inc., a Delaware corporation ("Surviving Corporation").

W I T N E S S E T H:

WHEREAS, Merged LLC has a single member to wit, the Surviving Corporation; and

WHEREAS, Surviving Corporation is authorized to issue a total of 100 shares of capital stock, consisting of 200 shares of common stock, par value $0.01 per share ("Surviving Corporation Common Stock"), of which, as of the date hereof, 100 shares of Common Stock are issued and outstanding; and

WHEREAS, the sole member and the Managers of the Merged LLC and the Board of Directors of the Surviving Corporation, respectively, approve and deem it advisable that Merged LLC and Surviving Corporation, respectively, consummate the Merger (as defined below).

NOW, THEREFORE, in consideration of the mutual agreements contained in this Plan of Merger, the parties to this Plan of Merger hereby agree that Merged LLC shall be merged (the "Merger") with and into Surviving Corporation in accordance with applicable laws and upon the terms and subject to the conditions set forth as follows:

1. The Merger. At such time agreed between Merged LLC and Surviving Corporation, a certificate of merger evidencing the Merger shall be filed with each of the Office of the Secretary of State of the State of New Jersey pursuant to the Title 42 of the New Jersey Revised Statutes and of the State of Delaware General Corporation Law. The Certificates of Merger shall specify that the Merger shall become effective on December 1, 2024 ("Effective Time"). At the Effective Time, Merged LLC shall be merged with and into Surviving Corporation, and Surviving Corporation shall continue as the surviving corporation. The Surviving Corporation's name shall remain Kuehne + Nagel Holdings, Inc.

2. Certificate of Incorporation and By-laws. The Certificate of Incorporation and By-laws of Surviving Corporation in effect immediately prior to the Effective Time shall be and remain the Certificate of Incorporation and By-laws, respectively, of Surviving Corporation, as the surviving corporation, after the Effective Time, until amended as provided by law.

3. Officers and Directors. From and after the Effective Time, and until they shall have resigned or shall have been legally removed or until their respective successors shall have been elected or appointed and qualified, those persons who are the officers and directors of Surviving Corporation immediately prior to the Effective Time shall be the officers and directors of Surviving Corporation.

4. Effect of the Merger.

4.1 All assets, rights, privileges, immunities, powers, franchises and interests of Merged LLC in and to every type of property (real, personal and mixed) and choses in action, as they exist as of the Effective Time, shall pass and be transferred to and vest in Surviving Corporation, as the surviving corporation, by virtue of the Merger at the Effective Time without any deed, conveyance or other transfer, and all such interests of Surviving Corporation as they exist as of the Effective Time shall remain with Surviving Corporation upon consummation of the Merger. The corporate existence of Surviving Corporation shall continue unaffected and unimpaired upon consummation of the Merger and the separate corporate existence of Merged LLC shall cease at and as of the Effective Time.

4.2 From and after the Effective Time, Surviving Corporation, as the surviving corporation, shall be responsible and liable for all of the liabilities and obligations of Surviving Corporation and Merged LLC existing as of the Effective Time. Any claim existing or action or proceeding pending by or against Surviving Corporation or Merged LLC at the Effective Time may, thereafter, be prosecuted by or against Surviving Corporation, as the surviving corporation, as if the Merger had not taken place or, in connection with any such action or proceeding to which Merged LLC is a party, Surviving Corporation, as the surviving corporation, may be substituted in place of Merged LLC. Neither the rights of creditors nor any liens upon the property of either Surviving Corporation or Merged LLC shall be impaired by reason of the Merger.

5. Effect of Merger on Outstanding Shares.

5.1 *Exchange Ratio*. At the Effective Time, by virtue of the Merger and without any action on the part of the holder thereof, all of the issued and outstanding member shares of the Merged LLC shall be cancelled.

5.2 *Closing of Transfer Books*. At the Effective Time, the membership transfer books of Merged LLC shall be closed and no transfer of shares of Merged LLC membership shall thereafter be made. If, after the Effective Time, certificates representing member shares of Merged LLC are presented to the Surviving Corporation, they shall be canceled in accordance with the terms hereof. At and after the Effective Time, the holders of member shares of Merged LLC Stock shall cease to have any rights as members of Merged LLC.

6. Further Assurances. From time to time after the Effective Time, as and when requested by Surviving Corporation, and to the extent permitted by law, the former managers of Merged LLC and the officers and directors of Surviving Corporation shall execute and deliver such assignments, deeds and other instruments and shall take or cause to be taken such further or other action as shall be necessary in order to consummate the Merger, vest or perfect in or to confirm of record or otherwise to Surviving Corporation, as the surviving corporation, title to, and possession of, all of the assets, rights, privileges, immunities, powers, franchises and interests of Merged LLC and Surviving Corporation in and to every type of property (real, personal and

mixed) and choses in action, and otherwise to carry out the purposes of this Plan of Merger, and the proper officers and directors of Surviving Corporation, as the surviving corporation, are fully authorized to take any and all such action in the name of Merged LLC or Surviving Corporation or otherwise.

7. Termination and Amendment. Prior to the Effective Time, this Plan of Merger may be terminated or amended by the mutual consent of the Managers of Merged LLC and the Board of Directors of Surviving Corporation.

8. Counterparts. This Plan of Merger may be signed in any number of counterparts, each of which shall be deemed an original, and all of which shall be deemed but one and the same instrument.

9. Governing Law. This Plan of Merger shall be governed by and construed in accordance with the laws of the State of New Jersey without giving effect to any choice of law or conflict of law provision or rule (whether of the State of New Jersey or any other jurisdiction) that would cause the application of the laws of any jurisdiction other than the State of New Jersey.

IN WITNESS WHEREOF, the parties have duly executed this Plan of Merger as of the date first written above.

KUEHNE + NAGEL INVESTMENT LLC
(Merged LLC)

By: _____
Marcus Bennett, Manager

By: _____
Dan Osterberg, Manager

By: _____
Nadine Jones, Manager

KUEHNE + NAGEL HOLDINGS, INC.
(Surviving Corporation)

By: _____
Name: Dan Osterberg
Title: CFO, Treasurer

Vikki Bosley email

Pharma Solutions
Attn: Vikki
705 Montgomery Ave, Suite 200
Penn Valley, PA 19072

State of Indiana

DEMOGRAPHIC INFORMATION

Name: Kuehne + Nagel Inc

ADDRESS INFORMATION

Line 1: 1025 Columbia Road Suite 110
Line 2:
City/State/Zip: Plainfield IN 46168
County: Hendricks

LICENSE INFORMATION

Lic #:	94000274A	Profession:	Pharmacy Board	Type:	Third Party Logistics Provider	Secondary:	
Status:	Active	Issued:	2/12/2024	Expiration:	9/30/2026	Renewed:	7/23/2024
Method:	Application						

DISCIPLINE INFORMATION

RELATED LICENSES

No Related Licenses

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Third Party Logistics Provider

Registration Number	Expire Date
94000274A	09/30/2026

Kuehne + Nagel Inc
1025 Columbia Road Suite 610
Plainfield IN 46168

Eric J. Holcomb
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Third Party Logistics Provider

Registration Number	Expire Date
94000274A	**09/30/2026**

Kuehne + Nagel Inc

Signature

List of Licenses-PAF

Jurisdiction	Requirement	Number	Issue Date	Expiration Date
US-AR	Wholesale Distributor	WD05187	02/14/2019	12/31/2024
US-AZ	Third Party Logistics Provider	L000001	08/31/2017	10/31/2025
US-CO	Third Party Logistics Provider	TPLP.0000071	01/23/2024	10/31/2026
US-CT	Wholesaler of Drugs, Cosmetics, & Medical Devices	CSW.0003406	07/01/2024	06/30/2025
US-IA	Limited Distributor	40285	04/10/2019	12/31/2024
US-IL	Third Party Logistics Provider	278000181	04/13/2023	12/31/2024
US-IN	Third Party Logistics Provider	94000274A	02/12/2024	09/30/2026
US-IN	Third Party Logistics Provider	94000274A	02/12/2024	09/30/2026
US-KS	Third Party Logistics Provider	23-107522	06/29/2020	06/30/2025
US-KY	Third Party Logistics Provider	TPL00245	01/19/2018	06/30/2025
US-LA	Third Party Logistics Provider	9174	01/23/2018	12/30/2024
US-MI	Wholesale Distributor	5306005232	12/04/2018	12/04/2025
US-MS	Third Party Logistics Provider	17650	06/11/2019	12/31/2024
US-MT	Wholesale Drug Distributor	PHA-WDD-LIC-51618	05/08/2018	11/30/2024
US-ND	Third Party Logistics Provider	TPL379	04/26/2018	09/25/2024
US-NH	Manufacturer / Distributor / Wholesaler / Broker	06918	05/18/2020	06/30/2026
US-NV	Wholesaler	WH02069	01/29/2015	10/31/2026
US-OK	Third Party Logistics Provider	88-L-8547	05/31/2024	05/31/2025
US-OR	Drug Distribution Agent	DDA-0000315	01/26/2018	09/30/2025
US-PA	Devices-Medical: Manufacturer, Distributor or Retailer	6000008649	12/05/2014	01/31/2025
US-SC	Non-Resident Third Party Logistics Provider	17945	05/17/2018	06/30/2025
US-TN	Third Party Logistics Provider	00008846	03/17/2023	03/31/2025
US-TX	Prescription Out of State Wholesale Distributor	1003588	03/03/2023	01/19/2025
US-UT	Pharmacy - Class E	10860218-1714	07/03/2018	09/30/2025
US-VA	Third Party Logistics Provider	0242000074	08/15/2019	02/28/2025
US-WV	Third Party Logistics Provider	3PL0000408	06/18/2024	06/30/2026

Lexon Insurance Company

November 20, 2024

Nevada Board of Pharmacy

Bond Name: KUEHNE + NAGEL INC.
Bond Number: 413722
Amount: $100,000.00
Effective Date: 10/31/2006

Rider Executed and Effective November 20, 2024

The above referenced bond includes the following K+N facility location to ensure sufficient coverage:

1025 Columbia Rd, Suite 110, Plainfield, IN 46168

4080 Executive Drive, Suite 100, Southaven, MS 38672

2555 USA Parkway, Suite 104, McCarran, NV 89434

324 Half Acre Road, Cranbury, NJ 08512

2532 Whilden Drive, Durham, NC 27713

6005 Freeport Avenue, Suite 103, Memphis, TN 38141

2600 Regent Blvd Dallas, TX 75261

1800 Waters Ridge Drive, Suite 100, Lewisville, TX 75057

Nothing herein contained shall be held to vary, alter or waive or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Bond or policy, other than as above stated.

Lexon Insurance Company

James Reiss, Attorney in Fact

By:

NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0413722

Application/License No. WH00941

Kuehne + Nagel Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6005 Freeport Ave #J-122, Memphis TN 38141 (Address of Applicant/Principal), as PRINCIPAL, and International Fidelity Insurance Co. (Surety Company), a corporation organized under the laws of the state of New Jersey (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Newark Center, Newark NJ 07102 (Address of Surety), as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on _____ (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal

may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this _____ day of _____, 20____.

APPLICANT/PRINCIPAL

_____
Authorized Representative

SURETY COMPANY

International Fidelity Ins. Co.
Surety Company's Representative

Kevin A. Tattam, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

Benny Munoz
Witness

Martino Sessa
Witness

Countersigned by:

Nevada Resident Agent

NEVADA BONDING AGENCY, INC.
P.O. BOX 60987
LAS VEGAS, NV 89160
PHONE (702) 631-0878
FAX (702) 647-5391

POWER OF ATTORNEY

LX - 015431

Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that **LEXON INSURANCE COMPANY**, a Texas Corporation, with its principal office in Louisville, Kentucky, does hereby constitute and appoint: Kevin Tattam **********

****

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **LEXON INSURANCE COMPANY** on the 1st day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed $ 7,100,000.00 Seven million one hundred thousand dollars ********** dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Vice President, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **LEXON INSURANCE COMPANY** has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 2nd day of July, 2003.

LEXON INSURANCE COMPANY
A TEXAS INSURANCE COMPANY

LEXON INSURANCE COMPANY

BY _____
David E. Campbell
President

ACKNOWLEDGEMENT

On this 2nd day of July, 2003, before me, personally came David E. Campbell to me known, who being duly sworn, did depose and say that he is the President of **LEXON INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

"OFFICIAL SEAL"
MAUREEN K. AYE
Notary Public, State of Illinois
My Commission Expires 09/21/09

_____
Maureen K. Aye
Notary Public

CERTIFICATE

I, the undersigned, Secretary of **LEXON INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Lombard, Illinois this 31st Day of Oct., 20 08.

LEXON INSURANCE COMPANY
A TEXAS INSURANCE COMPANY

_____
Donald D. Buchanan
Secretary

TEL: (201) 653-6100
BOND FAX: (201) 653-7766
MARINE FAX: (201) 533-8611

EMAIL: bond@intlbondmarine.com
marine@intlbondmarine.com

INTERNATIONAL BOND & MARINE BROKERAGE, LTD.
Two Hudson Place • 4th Floor • Hoboken, NJ 07030-5515
www.intlbondmarine.com

October 28, 2008

Via Certified Mail / RRR
7005 1820 00006 2888 3457

Attn: Candy
Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509 - 3766

Re: Kuehne + Nagel, Inc.
Pharmaceutical Wholesaler Surety Bond
Bond # 413722

Dear Candy:

Enclosed please find the Change in Surety Rider and power of attorney for the above captioned bond. Lexon Insurance Company is substituted for International Fidelity Insurance Company as the bond surety.

Lexon Insurance Company assumes all obligations of the above referenced International Fidelity Insurance Company Bond as of the anniversary date of October 31st, 2008. All other terms and conditions of the bond and any previously issued riders to said bond, including the bond amount remain unchanged.

If you have any questions or require additional information please feel free to contact our office.

Sincerely,

Shayna Betancourt

Shayna Betancourt
Assistant Surety Manage
International Bond & Ma

Enclosure

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Attn: Candy
Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) L. Hedan
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

NOV 03 2008

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0006 2888 3457

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

"SERVING THE

Lexon Insurance Company
(a TX Corporation)
256 Jackson Meadows Drive
Hermitage, TN 37076

Bond Rider

Principal: KUEHNE + NAGEL, INC.
Bond Number: 413722
Effective Date of Rider: 10/31/08

Change in Surety

Lexon Insurance Company is substituted for International Fidelity Insurance Company as the bond surety.

Lexon Insurance Company assumes all obligations of the above referenced International Fidelity Insurance Company as of the above referenced effective date of the rider. All other terms and conditions of the bond and any previously issued riders to said bond, including the bond amount, remain unchanged.

Nothing herein contained otherwise shall be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Bond.

Lexon Insurance Company
Attorney-in-fact, Kevin A. Tattam 143-48-7151

By: _____

LEXON INSURANCE COMPANY
A TEXAS INSURANCE COMPANY

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/03/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Nacora Insurance Brokers Inc 10 Exchange Place, 20th Floor Jersey City NJ 07302	**CONTACT NAME:** Felicia Brown **PHONE (A/C, No, Ext):** 201-413-0535 **FAX (A/C, No):** fax number **E-MAIL ADDRESS:** felicia.brown@nacora.com
INSURED Kuehne + Nagel, Inc. c/o Nacora Insurance Brokers, Inc. 10 Exchange Place, 20th Floor Jersey City NJ 07302	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** INSURER A : Zurich American Insurance Company 16535 INSURER B : American Guarantee & Liability Ins. Co. 26247 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$	1,000,000
	☐ CLAIMS-MADE ☒ OCCUR			GLO3373970	1/01/2025	1/01/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$	100,000
	X $5,000: BI/PD Deductible						MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	2,000,000
	X POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$	2,000,000
	OTHER:							$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	
	☐ ANY AUTO						BODILY INJURY (Per person)	$	
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	X UMBRELLA LIAB ☒ OCCUR			AUC379310315	1/01/2025	1/01/2026	EACH OCCURRENCE	$	20,000,000
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$	20,000,000
	☐ DED ☒ RETENTION $ 0							$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	
							E.L. DISEASE - POLICY LIMIT	$	
A	Property (PD & TE)			MCP2906577-26	1/01/2025	1/01/2026	BLANKET LIMIT		$135,805,200

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: 324 Half Acre Road, Cranbury NJ 08512; 2525 Whilden Drive, Durham NC 27713
DFW: 2600 Regent Blvd, Dallas, TX 75261
MEM: 6005 Freeport Ave, Suite 103, Memphis, TN 38141
LJV: 1800 Waters Ridge Dr, Suite 100, Lewisville, TX 75057
SVQ: 4080 Executive Drive, Suite 100, Southaven, MS 38672
PAF: 1025 Columbia Road, Suite 110, Plainfield, IN, 46168
RNO: 2555 USA Parkway, #104, McCarran, NV 89434
Property Coverage includes Business Personal Property and Loss of Business Income & Extra Expense per schedule on file.

CERTIFICATE HOLDER

Wyoming Board of Pharmacy
1712 Carey Avenue, Suite 200
Cheyenne, WY 82002

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Kuehne+Nagel Inc. MDEG License # (if applicable) WH02069
Physical Address 1025 Columbia Rd Ste 110
City Plainfield State IN Zip 46168
Mailing Address (if different from physical address) 10 Exchange Place 20th Floor
City Jersey City State NJ Zip 07302
Telephone 201-413-5500 Website https://us.kuehne-nagel.com
Licensing Company Email qshepharma.us@kuehne-nagel.com

Section 2: Personal Information

First Scott Middle Alan Last Evans
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X
Mailing Address [redacted]
City Danville State IN Zip [redacted]
Telephone [redacted] Email scott.evans@kuehne-nagel.com
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Universidad Internacional Isabel De Castilla			
Address	**City**	**State**	**Zip**
Llull 321-3229	Barcelona	Spain	08001
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Purdue University		1986-1989	
Address	**City**	**State**	**Zip**
610 Purdue Mall	West Lafayette	IN	47907
Diploma/Degree obtained, if any			
B.S. Biology			

School Name		From - To (MM/YY – MM/YY)	
Emmerich Manual HS		1979-1983	
Address	**City**	**State**	**Zip**
2405 Madison Ave	Indianapolis	IN	46225
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/12-present	[redacted]	Danville	IN	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Kuehne+Nagel Inc.			01/15-present	
Business Address		**City**	**State**	**Zip**
1025 Columbia Rd Ste 110		Plainfield	IN	46168
Phone	**Title**		**Number of Employed Hours**	
317-754-4034	Local QSHE Manager		>6000	
Description of Duties				
Work With Customer Quality Lead. ISO9001/14001 Audit. QSHE and Supplier Audits. Revise/Create All Local Documents as required. Train all employees as required including CoC. Temperature Monitoring. IATA Certified. 49CFR Certified. BBP Certified. Internal Auditor Certified. HIPAA. Six Sigma Black Belt Certified. SABRE Audit				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Scott Evans
Original Signature (electronic, copies or stamps not accepted)

05-Feb-2025
Date

I, Scott Evans, **certify that as the MDEG Administrator for**

Kuehne+Nagel Inc.,

that I (initial that you have read and meet the following requirements):

1. SAE Have a high school diploma or its equivalent;
2. SAE Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. SAE Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. SAE Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scott Evans
Print Name (First, Last)

Scott Evans
Original Signature (electronic, copies or stamps not accepted)

05-Feb-2025
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Kuehne + Nagel Inc.

Pharmacy/Wholesaler License # (if applicable) WH02069

Physical Address 1025 Columbia Road, Suite 110

City Plainfield State IN Zip 46168

Mailing Address (if different from physical address) 10 Exchange Place 20th Floor

City Jersey City State NJ Zip 07302

Telephone 201-413-5500 Website https://us.kuehne-nagel.com/

Licensing Company Email qshepharma.us@kuehne-nagel.com

Section 2: Personal Information

First Scott Middle Alan Last Evans

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Danville State I N Zip [redacted]

Telephone [redacted] Email scott.evans@kuehne-nagel.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		NA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Universidad Internacional Isabel De Castilla			
Address	**City**	**State**	**Zip**
Llull 321-3229	Barcelona	Spain	08001
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Purdue University		1986-1989	
Address	**City**	**State**	**Zip**
610 Purdue Mall	West Lafayette	IN	47907
Diploma/Degree obtained, if any			
B.S. Biology			

School Name		From - To (MM/YY – MM/YY)	
Emmerich Manual HS		1979-1983	
Address	**City**	**State**	**Zip**
2405 Madison Ave	Indianapolis	IN	46225
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/12 to present	[redacted]	Danville	IN	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Kuehne + Nagel Inc.			01/15-Present	
Business Address		City	State	Zip
1025 Columbia Road, Suite 110		Plainfield	IN	46168
Phone	Title		Number of Employed Hours	
317-754-4034	Local QSHE Manager		>6000	
Description of Duties				
Work With Customer Quality Lead. ISO9001/14001 Audit. QSHE and Supplier Audits. Revise/Create All Local Documents as required. Train all employees as required including CoC. Temperature Monitoring. IATA Certified. 49CFR Certified. BBP Certified. Internal Auditor Certified. HIPAA. Six Sigma Black Belt Certified. SABRE Audit.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12-Nov-2024
Date

I, Scott Evans, **certify that as the designated representative for**

Kuehne + Nagel Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SAE I am at least 21 years of age;
3. SAE I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SAE I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SAE I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SAE I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SAE I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Scott Evans

Print Name (First, Last)

Scott Evans

Original Signature (electronic, copies or stamps not accepted)

12-Nov-2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scott Evans

Print Name (First, Last)

Scott Evans

Original Signature (electronic, copies or stamps not accepted)

12-Nov-2024

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Hendricks

I, SCOTT EVANS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Scott Evans

Original Signature

12-12-2024

Date

Subscribed and Sworn to before me this 12 day of November, 2024

Notary Public Signature

CHRIS ORD
Notary Public - Seal
Marion County - State of Indiana
Commission Number NP0745858
My Commission Expires Jan 4, 2031

CHRIS ORD
Notary Public - Seal
Marion County - State of Indiana
Commission Number NP0745858
My Commission Expires Jan 4, 2031

(Seal)

Vikki Bosley email

Pharma Solutions
Attn: Vikki
705 Montgomery Ave, Suite 200
Penn Valley, PA 19072

PLAINFIELD
EMPLOYEE NAMES:
BRENEMAN, HELEN
ARCINIEGA, JOSE -T
OCHOA TOME, SARA -T
ANDUJAR, JOSE
HILES, BOB
MCHUGH, MICHAEL
MCKNIGHT, TESS
MOORE, BOBBIE
PERKINS,PEGGY
POWERS, KATHY
STEWART, JONNA
WORTHINGTON, GARY
ZICKMAN, TONYA
COULSON, CRIS
EVANS, SCOTT
HOWARD, ZACH
MADDOX, TRACY
MANZANARES, FRED
WILKINSON, JOHN CARL
ACUTIM, MITZIE
ARCINIEGA, GERARDO -T
ARMSTRONG, BETH
DOZIER, DOMINIQUE -T
LEAVELL, WENDY
COLEMAN, DEMARCUS
PRUITT, LAMONT
SMITH, JHERI
SMITH, TRISTEN
TAYLOR, MATT
TORRES, SILVERIA
WILLIAMS, MATT
WRIGHT, JORDAN
ZROBEK, MIKE
Murphy, Angela
Day, Rhonda
Goodlet, Bianne
Nadales, Victor

4VV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: MD HOSPITAL SUPPLIES INC

Physical Address: 4 NEWPORT DR STE D

City: FOREST HILL State: MD Zip: 21050

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 667-240-8049 Website: WWW.MDHOSPITALSUPPLIES.COM

Name of Designated Representative (DR): KUMAR PATEL

Licensing Company Email: ADMIN@MDHOSPITALSUPPLIES.COM DR Email: KUMAR@MDHOSPITALSUPPLIES.COM

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [3]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: HAMNA LLC
Address: 12815 CAPRICORN ST City: STAFFORD State: TX Zip: 77477

Name: MEDLINE INDUSTRIES, LP
Address: 8787 W BUCKEYE RD City: TOLLESON State: AZ Zip: 85353

Name: MCKESSON CORPORATION
Address: 3056 TRADEPORT DR City: ORLANDO State: FL Zip: 32824

Name: CARDINAL HEALTH 200, LLC
Address: 7611 BRANDON WOODS BLV City: BALTIMORE State: MD Zip: 21226

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: MARYLAND
Parent Company (if any):
Corporation/Organization Name: MD HOSPITAL SUPPLIES INC
Mailing Address: 4 NEWPORT DR STE D
City: FOREST HILL State: MD Zip: 21050
Telephone: 667-240-8049 Email: ADMIN@MDHOSPITALSUPPLIES.COM
Contact Person Name: AMIT PATEL

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: MARYLAND

Parent Company (if any): _____

Corporation/Organization Name: MD HOSPITAL SUPPLIES INC

Mailing Address: 4 NEWPORT DR STE D

City: FOREST HILL State: MD Zip: 21050

Telephone: 667-240-8049 Email: ADMIN@MDHOSPITALSUPPLIES.COM

Contact Person Name: AMIT PATEL

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

MD HOSPITAL SUPPLIES INC

Facility Name

KUMAR PATEL

Print Name of Authorized Person Submitting Application

J Patel

Original signature of Authorized Person (copies or stamps not accepted)

3/10/25

Date

Board Use Only	Date Received: 3/12/25	Amount: $1000 CH 1032

MD Hospital Supplies Inc

Corporation Information

1. **MD Hospital Supplies Inc**
2. **Corporation Address:**
   4 Newport Dr Ste D, Forest Hill, MD 21050
3. **Federal Employee Identification Number (EIN):**
   33-1586815
4. **State of Incorporation:**
   Maryland (MD)

Owners, Corporate Officers and Directors Information

- **Name**: Amit Patel
- **Title**: President
- **Home Address:** [redacted]
- **Phone#** [redacted]
- **Ownership percentage**: 100%

STATE OF MARYLAND
Department of Assessments and Taxation

I, DANIEL K. PHILLIPS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MD HOSPITAL SUPPLIES INC (D25478678), INCORPORATED OCTOBER 21, 2024, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 29, 2025.

Daniel K. Phillips
Director

700 East Pratt Street, 2nd Flr, Ste 2700, Baltimore, Maryland 21202
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: 4U3oG2DCAEeyZUgcpbJadg
To verify the Authentication Code, visit http://dat.maryland.gov/verify

Details

Demographic Information

Name: MD Hospital Supplies Inc

Address Information

Address: 4 Newport Dr
Suite D

City: Forest Hill **State:** MD **Zip:** 21050

Maryland License\Permit Information

Number: D07621 **Type:** Distributor **Subtype:** **Status:** Active

Original Issued: 1/23/2025 **Date Renewed:** 4/28/2025 **Expires:** 5/31/2027

No Speciality Information

Board Orders

Clicking on the corresponding link will allow documents to be viewed.

No Related Documents

****Please refer to the Board's Formal Disciplinary Action page for the listing of all disciplinary actions.****

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. BX0063867

Application/License No. _____

MD Hospital Supplies Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is

4 Newport Drive Ste D, Forest Hill, MD 21050 (Address of Applicant/Principal), as PRINCIPAL, and Jet Insurance Company (Surety Company), a corporation organized under the laws of the state of North Carolina (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is

6701 Carmel Rd Ste 250 Charlotte, NC 28226 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 03/10/2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this

7th day of March, 2025.

APPLICANT/PRINCIPAL COMPANY

MD Hospital Supplies Inc

Authorized Representative

SURETY

Jet Insurance Company

JET INSURANCE COMPANY CORPORATE SEAL NORTH CAROLINA

Surety Company's Representative

David Gonsalves, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Nick Brady
Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by: **David Gonsalves** **3349773**

Nevada Resident Agent

Bond Number: **BX0063867**

JET INSURANCE COMPANY

POWER OF ATTORNEY

NOW ALL BY THESE PRESENTS: That **JET INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of North Carolina, having its principal office in Charlotte, North Carolina does hereby constitute and appoint

Name	Limit of Liability per Bond
David Gonsalves	**$100,000.00**

its true and lawful Attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds, undertakings, contracts of indemnity, recognizances and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, provided that the liability of such shall not exceed the limit stated above.

The execution of such instrument(s) in pursuance of these presents, shall be as binding upon **JET INSURANCE COMPANY** as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at the principal office.

The Power of Attorney is executed and may be certified so, and may be revoked, pursuant to and by authority of the following resolutions adopted by the Board of Directors of **JET INSURANCE COMPANY** by unanimous written consent dated August 03, 2018, of which the following is a true excerpt:

RESOLVED that the President, or any Vice President, acting with any Secretary or Assistant Secretary, shall have power and authority to appoint Attorney(s)-in-fact, and to authorize them to execute on behalf of the Company, attach the Seal of the Company thereto and deliver, bonds, undertakings, contracts of indemnity, recognizances and other writings obligatory in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke, at any time, any such Attorney-in-fact and revoke the authority given.

Further, this Power of Attorney is signed and sealed by facsimile pursuant to resolution of the Board of Directors of the Company adopted by unanimous written consent dated August 3, 2018, of which the following is a true excerpt:

RESOLVED that the signature of any authorized officer and the Seal of the Company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution on behalf of the Company and delivery of any bond, undertaking, contract of indemnity, recognizance and other writings obligatory in the nature thereof, and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, **JET INSURANCE COMPANY** has caused this instrument to be signed and its corporate seal to be affixed by its authorized officer, this 17th day of May, 2023.

SEAL

JET INSURANCE COMPANY

Spencer Siino, President

Richard Popp, Secretary

STATE OF NORTH CAROLINA
County of Mecklenburg

On this 17th day of May, 2023 before me came the individuals who executed the preceding instrument, to me personally known, and being by me duly sworn, said that each is the herein described and authorized officer of Jet Insurance Company; that the seal affixed to said instrument is the Corporate Seal of said Company; that the Corporate Seal and each signature were duly affixed by order of the Board of Directors of said Company.

Sara C. Holt
Notary Public, State of North Carolina
County of Mecklenburg
***My Commission Expires** 09/11/2027*

IN WITNESS WHEREOF, I have hereunto set my hand at Jet Insurance Company offices the day and year above written.

SARA C. HOLT
Notary Public, North Carolina
Mecklenburg County
My Commission Expires
September 11, 2027

I, Richard Popp, Secretary of **JET INSURANCE COMPANY**, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by **JET INSURANCE COMPANY**, which is still in full force and effect.

IN WITNESS WHEREOF, I have thereunto set my hand and attached the seal of said Company this **7th** day of **March**, **2025**.

SEAL

Richard Popp, Secretary

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

CUSTOMER NUMBER: 9999999999

DATE (MM/DD/YYYY): 12/23/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

PHARMACISTS MUTUAL INSURANCE GROUP
808 HIGHWAY 18 W
PO BOX 370
ALGONA IA 50511-0370

CONTACT NAME:
PHONE (A/C, No, Ext): 800-247-5930 FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY	13714
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

MD HOSPITAL SUPPLIES INC
4 NEWPORT DR STE D
FOREST HILL MD 21050-1647

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			QVS 0020245 00	12/23/2024	12/23/2025	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER						WATER LEGAL LIABILITY	$ Included
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A **(Mandatory in NH)** If yes, describe under DESCRIPTIONS OF OPERATIONS below						E.L. EACH ACCIDENT	$
							E.L. DISEASE-EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See Remarks for Location Schedule

CERTIFICATE HOLDER

FOR EVIDENCE ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Alison VanOtterloo

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CUSTOMER NUMBER: 9999999999
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
		MD HOSPITAL SUPPLIES INC 4 NEWPORT DR STE D FOREST HILL MD 21050-1647
POLICY NUMBER QVS 0020245 00		
CARRIER PHARMACISTS MUTUAL INSURANCE COMPANY	NAIC CODE 13714	EFFECTIVE DATE: 12/23/24

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: EVIDENCE OF COMMERCIAL LIABILITY INSURANCE

If the policy noted on this certificate is not in effect, this proof of coverage is not valid.

PREMISES SCHEDULE

1 - 1	4 NEWPORT DR STE D, FOREST HILL, MD 21050-1647

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: MD HOSPITAL SUPPLIES INC MDEG License # (if applicable): _____

Physical Address: 4 NEWPORT DR STE D

City: FOREST HILL State: MD Zip: 21050

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 667-240-8049 Website: WWW.MDHOSPITALSUPPLIES.COM

Licensing Company Email: ADMIN@MDHOSPITALSUPPLIES.COM

Section 2: Personal Information

First: KUMAR Middle: VIJAYKUMAR Last: PATEL

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: BELCAMP State: MD Zip: [redacted]

Telephone: [redacted] Email: KUMAR@MDHOSPITALSUPPLIES.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
GUJARAT HIGHER SECONDARY EDUCATION BOARD			03/2000-03/2002
Address	**City**	**State**	**Zip**
INDIA	V.V NAGAR	GUJ	388001
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/06-CURRENT	[redacted]	BELCAMP	MD	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
BALA VIRISAAR PHARMACY INC(DBA: FREEDOM DRUGS)			04/06-11/24
Business Address	**City**	**State**	**Zip**
7568 NORTH POINT RD	SPARROWS POINT	MD	21219
Phone	**Title**	**Number of Employed Hours**	
410-477-5130	PHARMACY TECHNICIAN MANAGER	37440	

Description of Duties

Managed inventory, including ordering, receiving, and storing prescription drugs following Good Manufacturing Practices (GMP),Assisted licensed pharmacists in dispensing medications and providing customer support.

Business Name			From - To (MM/YY – MM/YY)
MD HOSPITAL SUPPLIES INC			11/24-PRESENT
Business Address	**City**	**State**	**Zip**
4 NEWPORT DR STE D	FOREST HILL	MD	21050
Phone	**Title**	**Number of Employed Hours**	
667-240-8049	DESIGNATED REPRESENTATIVE	500	

Description of Duties

Ensure the wholesaler complies with federal, state, and local laws and regulations. Monitor inventory records to prevent diversion, theft, or loss. Maintain accurate records of drug purchases, sales, transfers, and disposals.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, KUMAR PATEL, **certify that as the MDEG Administrator for**

MD HOSPITAL SUPPLIES INC.,

that I (initial that you have read and meet the following requirements):

1. K.P Have a high school diploma or its equivalent;
2. K.P Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. K.P Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. K.P Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KUMAR PATEL
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/10/2025
Date

Board Use Only	Date Received: 3112125

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler MD HOSPITAL SUPPLIES INC

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 4 NEWPORT DR STE D

City FOREST HILL State MD Zip 21050

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 667-240-8049 Website WWW.MDHOSPITALSUPPLIES.COM

Licensing Company Email ADMIN@MDHOSPITALSUPPLIES.COM

Section 2: Personal Information

First KUMAR Middle VIJAYKUMAR Last PATEL

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City BELCAMP State MD Zip [redacted]

Telephon[redacted] Email KUMAR@MDHOSPITALSUPPLIES.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
GUJARAT HIGHER SECONDARY EDUCATION BOARD		03/2000-03/2002	
Address	City	State	Zip
INDIA	INDIA	GUJ	388001
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/06-CURRENT	[redacted]	BELCAMP	MD	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
BALA VIRISAAR PHARMACY INC.(DBA: FREEDOM DRUGS)			04/06-11/24
Business Address	**City**	**State**	**Zip**
7568 NORTH POINT RD	SPARROWS POINT	MD	21219
Phone	**Title**	**Number of Employed Hours**	
410-477-5130	PHARMACY TECHNICIAN MANAGER	37440	
Description of Duties			
Managed inventory, including ordering, receiving, and storing prescription drugs following Good Manufacturing Practices (GMP),Assisted licensed pharmacists in dispensing medications and providing customer support.			

Business Name			From - To (MM/YY – MM/YY)
MD HOSPITAL SUPPLIES INC			11/24-PRESENT
Business Address	**City**	**State**	**Zip**
4 NEWPORT DR STE D	FOREST HILL	MD	21050
Phone	**Title**	**Number of Employed Hours**	
667-240-8049	DESIGNATED REPRESENTATIVE	500	
Description of Duties			
Ensure the wholesaler complies with federal, state, and local laws and regulations. Monitor inventory records to prevent diversion, theft, or loss. Maintain accurate records of drug purchases, sales, transfers, and disposals.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, KUMAR PATEL, **certify that as the designated representative for**

MD HOSPITAL SUPPLIES INC.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. K.P I am at least 21 years of age;
3. K.P I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. K.P I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. K.P I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. K.P I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. K.P I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

KUMAR PATEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/03/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KUMAR PATEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/03/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Harford

I, Kumar Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03/11/25

Date

Subscribed and Sworn to before me this 11th day of March, 2025

Notary Public Signature

STEVEN CROSBY
Notary Public - State of Maryland
Harford County
My Commission Expires Aug 18, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site MD HOSPITAL SUPPLIES INC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) N

Physical Address 4 NEWPORT DR STE D

City FOREST HILL State MD Zip 21050

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 667-240-8049 Website WWW.MDHOSPITALSUPPLIES.COM

Licensing Company Email ADMIN@MDHOSPITALSUPPLIES.COM

Section 2: Personal Information

First AMIT Middle DIPAK Last PATEL

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City BEL AIR State MD Zip [redacted]

Telephone [redacted] Email ADMIN@MDHOSPITALSUPPLIES.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF MARYLAND, COLLEGE PARK			
Address	**City**	**State**	**Zip**
3841 CAMPUS DR	COLLEGE PARK	MD	20742
Diploma/Degree obtained, if any			
BACHELOR			

School Name		From - To (MM/YY – MM/YY)	
C.MILTON WRIGHT HIGH SCHOOL		07/1997-07/2001	
Address	**City**	**State**	**Zip**
1301 N FOUNTAIN GREEN RD	BEL AIR	MD	21015
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE(BS) IN FINANCE			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/09-CURRENT	[redacted]	BEL AIR	MD	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
MD HOSPITAL SUPPLIES INC			10/24-PRESENT	
Business Address		**City**	**State**	**Zip**
4 NEWPORT DR STE D		FOREST HILL	MD	21015
Phone	**Title**			
667-240-8049	PRESIDENT			
Description of Duties				
MANAGE COMPANY				

Business Name			From - To (MM/YY – MM/YY)	
ROYAL MEDIA NETWORK, INC.			05/05-PRESENT	
Business Address		**City**	**State**	**Zip**
2601 NORTH ROLLING RD STE 105		WINDSOR MILL	MD	21244
Phone	**Title**			
443-270-6317 EXT.126	PRESIDENT			
Description of Duties				
MANAGE COMPANY				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

AMIT PATEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/10/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Harford

I, AMIT PATEL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/11/25

Date

Subscribed and Sworn to before me this 11th day of March, 2025

Notary Public Signature

STEVEN CROSBY
Notary Public - State of Maryland
Harford County
My Commission Expires Aug 18, 2026

(Seal)

MD Hospital Supplies Inc

Corporation Information

1. **MD Hospital Supplies Inc**
2. **Corporation Address**:
   4 Newport Dr Ste D, Forest Hill, MD 21050
3. **Federal Employee Identification Number (EIN)**:
   33-1586815
4. **State of Incorporation**:
   Maryland (MD)

Employee Information

- **Name**: Kumar Patel
- **Title**: Designated Representative

4WW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: UPS Supply Chain Solutions, Inc.

Physical Address: 3101 Pond Station Road

City: Louisville State: KY Zip: 40272

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 502-961-4032 Website: www.ups.com

Name of Designated Representative (DR): Jennifer Vandgrift

Licensing Company Email: UPSLicensing@IQVIA.com DR Email: Jvandgrift@ups.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others: Human OTC Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Retailers, other properly licensed businesses		■ Others: Third Party Logistics Provider

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Atached

→ Original Signature (electronic, copies or stamps not accepted)

→ Date 04/24/2024

Disciplinary Statement
UPS Supply Chain Solutions, Inc. ("UPS SCS")

WHOLESALE LICENSE

Matters Related to Colorado Order
1645 Satellite Blvd, Duluth, GA

Final

As previously disclosed by UPS Supply Chain Solution, Inc. (UPS SCS), to your agency in 2010, the Colorado Board of Pharmacy's Stipulation and Final Agency Order ("Colorado Order") was effective October 18, 2010, with regard to UPS SCS's Duluth, GA facility's Colorado Out-of-State Wholesaler License # WHO-7462. UPS SCS's Duluth facility did not file Colorado's required notice of change of Designated Representative within Colorado's required 14-day timeframe to file such notice. UPS SCS implemented corrective actions and has successfully completed the terms of the Colorado order. Please note, UPS SCS's Colorado Out-of-State Wholesaler License # WHO-7462 was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Colorado Case No. 2011-000273 documentation related to the Colorado Order on file with the UPS SCS Regulatory Affairs Department.

Final

On November 15, 2011, UPS SCS informed your agency of the Iowa Board of Pharmacy's (IBoP) action concerning Iowa Wholesale Drug License #5820 and which became effective November 11, 2011. This Iowa Stipulation and Consent Order (the "Iowa Order") relates to the Colorado Order and the untimely filing of notice regarding the Colorado Order to the IBoP. UPS SCS has successfully completed the terms of the Iowa Order and Iowa Wholesale Drug License #5820 has not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Iowa Case No. 2010-162 documentation on file with the UPS SCS Regulatory Affairs Department. Note: This Iowa matter is a spin-off of the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is **not** based on an independent set of facts.

Final

On October 18, 2013, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the underlying Colorado matter summarized above, which was executed by the Michigan BOP on October 9, 2013 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two thousand five hundred dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is not based on an independent set of facts.

PHARMACY LICENSE

Matters Related to Kentucky Agreed Orders
1860 Outer Loop Road, Louisville, KY

Final

UPS SCS dispenses medical devices, including diabetes-related pumps, to consumers from its Kentucky licensed pharmacy facility. Not all states recognize the Durable Medical Equipment or Home Medical Equipment provider category for entities that dispense medical devices rather than drugs. Those states that do not recognize these categories require a non-resident or out of state pharmacy permit for dispensing medical devices. Accordingly, UPS SCS obtained a home-state pharmacy permit in Kentucky and numerous non-resident pharmacy permits and DME/HME permits in other states. On September 12, 2012, the Kentucky Board of Pharmacy ("KYBoP") and UPS SCS executed final Agreed Orders relating to minor violations under Kentucky Administrative Regulations 2:270 and Kentucky Revised Statutes Sec. 315.121(6) in connection with late filing of pharmacy technician registrations at UPS SCS's Louisville, Kentucky facility (the "Kentucky Orders"). UPS SCS and the KYBoP agreed to address the Kentucky Orders informally by entering in the aforementioned Agreed Orders in lieu of the KYBoP filing a formal complaint. UPS SCS self-reported this action to your agency on September 18, 2012. UPS SCS takes this and all regulatory matters seriously and has implemented corrective action. Moreover, UPS SCS has instituted internal safeguards to ensure that applicable regulatory compliance is maintained in the future. UPS SCS's Kentucky pharmacy license (Kentucky Pharmacy License #P07277) remains current and in good standing and was not and has not been restricted, modified, revoked, or limited in any way.

Final

On May 14, 2013, UPS SCS informed your agency of the Texas Board of Pharmacy's (TXBoP) action concerning UPS SCS Texas Class E Nonresident Pharmacy License #26160 and which became effective May 7, 2013. As already disclosed to you, on May 14, 2013, the Texas Board of Pharmacy (TXBoP) and UPS SCS executed a final Agreed Board Order (the "Texas Order") relating to the above-mentioned Kentucky Pharmacy License Agreed Orders. Pursuant to the Texas Agreed Board Order, the TXBoP reprimanded UPS SCS's Nonresident Pharmacy License. The Texas Board of Pharmacy did not levy a fine or any other penalty on the License. The License was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Texas Agreed Board Order # L-13-004 on file with the UPS SCS Regulatory Affairs Department. Note: The Texas Order is directly related to the Kentucky pharmacy license matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is **not** based on an independent set of facts.

Final

On April 22, 2014, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the Kentucky Order summarized above, which was adopted by the Michigan BOP on April 9, 2014 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two hundred fifty dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Kentucky matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is not based on an independent set of facts.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): United Parcel Service of America, Inc.

Corporation/Organization Name: UPS Supply Chain Solutions, Inc.

Mailing Address: 12380 Morris Road

City: Alpharetta State: GA Zip: 30005

Telephone: 207-790-0906 Email: johnspence@ups.com

Contact Person Name: John Spence

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

UPS Supply Chain Solutions, Inc.

Facility Name

Felix Chang

Print Name of Authorized Person Submitting Application

→ Original signature of Authorized Person (copies or stamps not accepted)

→ 04/24/2024

Date

Board Use Only	Date Received: 4/26/24	Amount: A 1000-CK 1656605

UPS Supply Chain Solutions, Inc.
12380 Morris Road
Alpharetta, GA 30005
Phone ~ (678) 746 4100
State of Incorporation: Delaware
Date of Incorporation: 8/29/88
FEIN ~ 94-3083515

Name/Title	Work Address	Work Phone	Work Fax	Email
John Bolla **President**	12380 Morris Road Alpharetta, GA 30005	(919) 455-8564	(678) 746-8650	jbolla@ups.com
Felix Chang **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-3452	(678) 746-8650	fxchang@ups.com
Seth Bruckner **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-7413	(678) 746-8650	sbruckner@ups.com
William M. Jacques **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-8718	(678) 746-8650	wjacques@ups.com
Jeremiah (Jay) Blanton **Vice President**	12380 Morris Road Alpharetta, GA 30005	(502) 500-0427	(678) 746-8650	jjblanton@ups.com

Parent Company Information:
United Parcel Service of America, Inc.
55 Glenlake Parkway NE
Atlanta, GA 30328
P ~ (404) 828 6022
FEIN ~ 95-1732075
State/Date of Incorporation ~ DE 5/9/30

ATTACHMENT #2

State Of Delaware

Entity Details

12/11/2023 10:43:23AM

File Number:	2170882	Incorporation Date / Formation Date:	8/29/1988
Entity Name:	UPS SUPPLY CHAIN SOLUTIONS, INC.		
Entity Kind:	Corporation	Entity Type:	General
Residency:	Domestic	State:	DELAWARE
Status:	Good Standing	Status Date:	8/29/1988

Registered Agent Information

Name:	CORPORATION SERVICE COMPANY		
Address:	251 LITTLE FALLS DRIVE		
City:	WILMINGTON	Country:	
State:	DE	Postal Code:	19808
Phone:	302-636-5401		

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Third Party Logistic

NUMBER: TPL00467

EFFECTIVE DATE: 03/07/2024

EXPIRATION DATE: 06/30/2025

Issued to:
UPS SUPPLY CHAIN SOLUTIONS, INC

3101 POND STATION ROAD
LOUSIVILLE, KY 40272

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

jvandgrift@ups.com

UPS Supply Chain Solutions, Inc.
Distribution Center Address Attachment

UPS Supply Chain Solutions, Inc. Rita Avila ~ Designated Representative 11811 Landon Drive, Suite 100 Mira Loma, CA 91752 P ~ (951) 749-3196 F ~ (951) 749-3331 Email ~ ritaavila@ups.com Riverside County	*Intentionally Left Blank*
UPS Supply Chain Solutions, Inc. Casey Flaig ~ Designated Representative 5849 W. Schulte Rd, Suite 107 Tracy, CA 95377 P ~ (209) 855-8990 F ~ (209) 855-8069 Email ~ cchisum@ups.com San Joaquin County	**UPS Supply Chain Solutions, Inc.** Michelle Smith ~ Designated Representative 2000 Buford Mill Road, Bldg #100, Ste #200 Buford, GA 30519 P ~ (770) 932-7229 F ~ (678) 417-9899 Email ~ msmith41@ups.com Gwinnett County
UPS Supply Chain Solutions, Inc. Shawana Smith ~ Designated Representative 1645 Satellite Blvd Duluth, GA 30097 P ~ (678) 258-2000 F ~ (678) 417-9899 Email ~ shawanasmith@ups.com Gwinnett County	UPS Supply Chain Solutions, Inc. Brandon Sorrels ~ Designated Representative 775 East Drive Carol Stream, IL 60188 P ~ (630) 588-8168 F ~ (630) 588-8313 Email ~ bsorrels@ups.com DuPage County
UPS Supply Chain Solutions, Inc. Tracy Frost ~ Designated Representative 1840 Outer Loop Road Louisville, KY 40219 P ~ (502) 961-7365 F ~ (502) 961-2220 Email ~ tafrost2@ups.com Jefferson County	UPS Supply Chain Solutions, Inc. Michael Purcell ~ Designated Representative 1860 Outer Loop Road Louisville, KY 40219 P ~ (502) 639-3168 F ~ (502) 961-8797 Email ~ mdpurcell@ups.com Jefferson County
UPS Supply Chain Solutions, Inc. Jennifer Vandgrift ~ Designated Representative 1920 Outer Loop Road Louisville, KY 40219 P ~ (502) 291-8582 F ~ (502) 961-4820 Email ~ jvandgrift@ups.com Jefferson County	**UPS Supply Chain Solutions, Inc.** Heather Johnson ~ Designated Representative 2210 Outer Loop Louisville, KY 40219 P ~ (502) 235-2869 F ~ (502) 961- 7339 Email ~ heatherjohnson@ups.com Jefferson County
UPS Supply Chain Solutions, Inc. Patrick Young ~ Designated Representative 2260 Outer Loop Road Louisville, KY 40219 P ~ (502) 961-4752 F ~ (502) 961-4938 Email ~ pyoung1@ups.com Jefferson County	**UPS Supply Chain Solutions, Inc.** Todd Dutton ~ Designated Representative 6204 New Cut Road Louisville, KY 40118 P ~ (502) 817-0278 F ~ (302) 631-5238 Email ~ tdutton@ups.com Jefferson County
UPS Supply Chain Solutions, Inc. Kevin Hlade ~ Designated Representative 4990 Aircenter Circle Reno, NV 89502 P ~ (775) 823-4500 F ~ (775) 823-4520 Email ~ khlade@ups.com Washoe County	**UPS Supply Chain Solutions, Inc.** David DiBari ~ Designated Representative 12055 Sage Point Court Suite 101 Stead, Nevada 89506 P ~ (775) 971-1133 F ~ (775) 971-1182 Email ~ ddibari@ups.com Washoe County
UPS Supply Chain Solutions, Inc. Benjamin Szepesi ~ Designated Representative 7 Gateway Blvd Pedricktown, NJ 08067 P ~ (856) 351-6619 F ~ (856) 299-1294 Email ~ bszepesi@ups.com Salem County	**UPS Supply Chain Solutions, Inc.** Roger M. McLaughlin, Jr. ~ Designated Representative 1130 Commerce Blvd., Suite 100 Swedesboro, NJ 08085 P ~ (856) 975-8777 F ~ (856) 241-1983 Email ~ rogermclaughlin@ups.com Gloucester County

UPS Supply Chain Solutions, Inc.
Distribution Center Address Attachment

UPS Supply Chain Solutions, Inc. Manuel Fernandez ~ Designated Representative 2515 S. Tricenter Blvd Durham, NC 27713 P ~ (919) 293-0544 F ~ (919) 248-9059 Email ~ mfernandez1@ups.com Durham County	**UPS Supply Chain Solutions, Inc.** Matthew Wheeler ~ Designated Representative 700 Manor Park Drive, Suite 100 Columbus, OH 43228 P ~ (614) 208-0396 F ~ (302) 631-5238 Email ~ matthewwheeler@ups.com Franklin County
UPS Supply Chain Solutions, Inc. Rebeca Reyes ~ Designated Representative 300 Quality Circle Harrisburg, PA 17112 P ~ (717) 421-2470 F ~ (717) 671-3079 Email ~ rreyes@ups.com *Dauphin County*	**UPS Supply Chain Solutions, Inc.** Brian High ~ Designated Representative 401 Quality Circle Harrisburg, PA 17112 P ~ (717) 671-3050 F ~ (717) 671-3079 Email ~ bhigh@ups.com *Dauphin County*
UPS Supply Chain Solutions, Inc. Hector Ojeah ~ Designated Representative 13501 Independence Parkway Fort Worth, TX 76177 P ~ (817) 490-8400 F ~ (817) 490-8410 Email ~ hoojeah@ups.com Tarrant County	**UPS Supply Chain Solutions, Inc.** Carolyn Phillips ~ Designated Representative 1910 Danielson Place Memphis, TN 38114 P ~ (901)261-6537 F ~ (901) 948-8052 Email ~ carolynphillips@ups.com Shelby County

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/19/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Liberty Mutual Insurance Co. Nat'l Ins Northeast 500 N 3rd St, Suite 300 Wausau, WI 54403 www.LibertyMutual.com	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	CMeCertProduction@LibertyMutual.com
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Liberty Mutual Fire Insurance Company	23035
	INSURER B : LM Insurance Corporation	33600
	INSURER C : Liberty Insurance Corporation	42404
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED
UPS SUPPLY CHAIN SOLUTIONS, INC.
12380 MORRIS ROAD
ALPHARETTA GA 30005

COVERAGES **CERTIFICATE NUMBER:** 83158118 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A A B	✓ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ✓ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER			TB2-C21-095741-135 TB2-C21-095741-145 TB5-C21-095741-155	1/1/2025 1/1/2025 1/1/2025	1/1/2026 1/1/2026 1/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG ☐	$ 1,000,000 $ $ $ 1,000,000 $ 1,000,000 $ 1,000,000 $
A A A B	AUTOMOBILE LIABILITY ✓ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			AI2-C21-092036-025 AI2-C21-092036-585 AI2-C21-092036-945 AI5-C21-092036-875	1/1/2025 1/1/2025 1/1/2025 1/1/2025	1/1/2026 1/1/2026 1/1/2026 1/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) ☐	$ 1,000,000 $ $ $ $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE ☐	$ $ $
B B C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC5-C25-095741-295 WA5-C2D-095741-305 WA7-C2D-095741-325	1/1/2025 1/1/2025 1/1/2025	1/1/2026 1/1/2026 1/1/2026	✓ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: 3101 Pond Station Road Louisville, KY 40272 New Facility addition in Louisville, KY.
Healthcare Facility 2425 Universal Way Louisville, KY 40219.

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno NV 89521

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Joshua Cleveland

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AGENCY CUSTOMER ID: 2-004105

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ___ of ___

AGENCY		NAMED INSURED
Liberty Mutual Insurance Co. Nat'l Ins Northeast		UPS SUPPLY CHAIN SOLUTIONS, INC. 12380 MORRIS ROAD ALPHARETTA GA 30005
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability (03/16)

HOLDER: Nevada State Board of Pharmacy

ADDRESS: 985 Damonte Ranch Parkway, Suite 206 Reno NV 89521

If changes/revisions to this certificate are necessary, you may email your request to CMeCertProduction@libertymutual.com.

If you no longer require this certificate and do not need on an annual basis, please email the certificate to our office and instruct us to delete from our database.

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ATTACHMENT

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. F208745

Application/License No. _____

UPS Supply Chain Solutions, Inc.,
Applicant/Principal
doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3101 Pond Station Road
Address of Applicant/Principal
Louisville, KY 40272, as PRINCIPAL, and Great American Insurance Company, a corporation organized
Surety Company
under the laws of the state of Ohio and authorized to transact a general
State of Incorporation
surety business in the State of Nevada, whose address for purposes of service is 3101 Pond Station Road Louisville, KY 40272 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 08/16/2024.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 16th day of August, 2024.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Michael S Brown, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Leilani Laureano

Witness

SIGNED and SEALED in the presence of:

Witness Christina Rinozzi

Witness

Countersigned by:

Nevada Resident Agent

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than one

Bond No. F208745

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, the specific bond, undertaking or contract of suretyship referenced herein; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below. The bond number on this Power of Attorney must match the bond number on the bond to which it is attached or it is invalid.

Name	Address	Limit of Power
Michael S Brown	200 N. Martingale Rd., Suite 700 Schaumburg, IL 60173	$100000---

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 16th day of August , 2024 .

Attest

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

MARK VICARIO (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 16th day of August , 2024 , before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

SUSAN A KOHORST
Notary Public
State of Ohio
My Comm. Expires
May 18, 2025

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 16th day of August , 2024

Assistant Secretary

S1194E (05/20)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG UPS Supply Chain Solutions, Inc. MDEG License # (if applicable) NA

Physical Address 3101 Pond Station Road

City Louisville State KY Zip 40272

Mailing Address (if different from physical address) Same as physical address

City _____ State _____ Zip _____

Telephone 502-961-4032 Website NA

Licensing Company Email UPSLicensing@IQVIA.com

Section 2: Personal Information

First Jennifer Middle I. Last Vandgrift

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address 3101 Pond Station Road

City Louisville State KY Zip [redacted]

Telephone [redacted] Email Jvandgrift@ups.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
American Career College		01/12 – 01/13	
Address	**City**	**State**	**Zip**
4021 Rosewood Avenue	Los Angeles	CA	90004
Diploma/Degree obtained, if any			
Licensed Practical Nurse			

School Name		From - To (MM/YY – MM/YY)	
Decker College of Business		01/97-06/00	
Address	**City**	**State**	**Zip**
981 S. 3rd Street, Suite 106	Louisville	KY	40203
Diploma/Degree obtained, if any			
Bachelor of Arts - Business Management			

School Name		From - To (MM/YY – MM/YY)	
Decker College of Business		01/98 - 12/99	
Address	**City**	**State**	**Zip**
981 S. 3rd Street, Suite 106	Louisville	KY	40203
Diploma/Degree obtained, if any			
Associate Degree - Finance			

School Name		From - To (MM/YY – MM/YY)	
General Education Development		1997	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
GED			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/21 - Present	[redacted]	Lousville	KY	[redacted]
05/18 - 03/21		Louisville	KY	
11/15 - 05/18		Louisville	KY	

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
UPS Supply Chain Solutions, Inc.			11/21-Present	
Business Address		**City**	**State**	**Zip**
3101 Pond Station Road		Louisville	KY	40272
Phone	**Title**		**Number of Employed Hours**	
502-291-8582	Area Manager		+6000	
Description of Duties				
Comprehensive knowledge and experience in managing multi-million dollars in pharmaceutical inventory and assets. Responsible for 2.5M square feet of UPS Healthcare Facilities, 48 management personnel and over 500 hourly employees. Monitors contract compliance for 16+ Healthcare Customers both US and Globally.				

Business Name			From - To (MM/YY – MM/YY)	
UPS Supply Chain Solutions, Inc.			10/20-11-21	
Business Address		**City**	**State**	**Zip**
5017 S. Preston Hwy		Shepherdsville	KY	40165
Phone	**Title**		**Number of Employed Hours**	
502-291-8582	Area Manager		+6000	
Description of Duties				
Comprehensive knowledge and experience in managing multi-million dollars in pharmaceutical inventory and assets. Assists with driving sector strategies to determine industry requirements and ensure service offerings meet customer and industry demands Reviews performance metrics to ensure operations adhere to compliance standards, policies, procedures and defined goals.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/17/2024
Date

I, Jennifer Vandgrift, **certify that as the MDEG Administrator for**

UPS Supply Chain Solutions, Inc.,

that I (initial that you have read and meet the following requirements):

1. JV Have a high school diploma or its equivalent;
2. JV Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JV Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JV Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer Vandgrift
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/17/2024
Date

Board Use Only	Date Received: 6/26/24

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: UPS Supply Solutions, Inc.

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 3101 Pond Station Road

City: Louisville State: KY Zip: 40272

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: 502-961-4032 Website: www.ups.com

Licensing Company Email: UPSLicensing@IQVIA.com

Section 2: Personal Information

First: Jennifer Middle: Inez Last: Vandgrift

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: 3101 Pond Station Road

City: Louisville State: KY Zip: [redacted]

Telephone: [redacted] Email: Jvandgrift@ups.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
American Career College		01/12 – 01/13	
Address	City	State	Zip
4021 Rosewood Avenue	Los Angeles	CA	90004
Diploma/Degree obtained, if any			
Licensed Practical Nurse			

School Name		From - To (MM/YY – MM/YY)	
Decker College of Business		01/97-06/00	
Address	City	State	Zip
981 S. 3rd Street, Suite 106	Louisville	KY	40203
Diploma/Degree obtained, if any			
Bachelor of Arts - Business Management			

School Name		From - To (MM/YY – MM/YY)	
Decker College of Business		01/98 - 12/99	
Address	City	State	Zip
981 S. 3rd Street, Suite 106	Louisville	KY	40203
Diploma/Degree obtained, if any			
Associate Degree - Finance			

School Name		From - To (MM/YY – MM/YY)	
General Education Development		1997	
Address	City	State	Zip
Diploma/Degree obtained, if any			
GED			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/21 - Present	[redacted]	Lousville	KY	[redacted]
05/18 - 03/21		Louisville	KY	
11/15 - 05/18		Louisville	KY	

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
UPS Supply Chain Solutions, Inc.			11/21-Present	
Business Address		**City**	**State**	**Zip**
3101 Pond Station Road		Louisville	KY	40272
Phone	**Title**		**Number of Employed Hours**	
502-291-8582	Area Manager		+6000	
Description of Duties				
Comprehensive knowledge and experience in managing multi-million dollars in pharmaceutical inventory and assets. Responsible for 2.5M square feet of UPS Healthcare Facilities, 48 management personnel and over 500 hourly employees. Monitors contract compliance for 16+ Healthcare Customers both US and Globally.				

Business Name			From - To (MM/YY – MM/YY)	
UPS Supply Chain Solutions, Inc.			10/20-11-21	
Business Address		**City**	**State**	**Zip**
5017 S. Preston Hwy		Shepherdsville	KY	40165
Phone	**Title**		**Number of Employed Hours**	
502-291-8582	Area Manager		+6000	
Description of Duties				
Comprehensive knowledge and experience in managing multi-million dollars in pharmaceutical inventory and assets. Assists with driving sector strategies to determine industry requirements and ensure service offerings meet customer and industry demands Reviews performance metrics to ensure operations adhere to compliance standards, policies, procedures and defined goals.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	☐	☑
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	☐	☑
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	☐	☑
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	☐	☑
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	☐	☑
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	☐	☑
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?	☐	☑
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	☐	☑
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	☐	☑
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑

I, Jennifer Vandgrift, **certify that as the designated representative for**

UPS Supply Solutions, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JV I am at least 21 years of age;
3. JV I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JV I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jennifer Vandgrift

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/17/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer Vandgrift

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/17/2024

Date

Please have this section completed in the presence of a Notary Public.

State of Kentucky, ss. County of Jefferson

I, ~~Aaron Johnson~~ Jennifer Vandgrift, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/17/2024

Date

Subscribed and Sworn to before me this 17 day of June, 2024

Notary Public Signature

Aaron Johnson
ID# KYNP31202
NOTARY PUBLIC
Exp. July 28, 2025
STATE AT LARGE, KENTUCKY

[Seal]

UPS Supply Chain Solutions, Inc.
3101 Pond Station Road, Louisville, KY 40272

Employee List:
Jennifer Vandgrift
Phil Mcintire

Kentucky Board of Pharmacy
125 Holmes St.
Frankfort, KY 40601

Report

Pharmacy

Name: *UPS SUPPLY CHAIN SOLUTIONS, INC* Permit No.: *TPL00467*

Address: *3101 POND STATION ROAD, LOUSIVILLE, KY 40272*

Phone: *502-961-4032* Fax: . Email: *kyork@ups.com*

Inspection

Date: *04/10/2024* Time In: *10:00 AM* Time Out: *10:30 AM*

Type: *Initial*

Notes: *TPL security inspection*

Wholesaler Area

Alarm System Maintained: 201 KAR 2:105 Section 4 (2)(a)	*Compliant*
Authorized Access Maintained: 201 KAR 2:105 Section 4(2)(c)	*Compliant*
Drug Storage Area: 201 KAR 2:105 Section 1 (4)(a) and Section 4 (1)	*Not Inspected*
Lighting (Interior and Exterior): 201 KAR 2:320 Section1 (4)(a) and Section 4 (2)(b)	*Not Inspected*
Quarantine Area for Outdated, Damaged or Opened: 201 KAR 2:105 Section 1 (4)(b) and Section 4(1)(b)	*Not Inspected*
Refrigeration/Freezer: 201 KAR 2:105 Section 1 (4)(a)	*Not Inspected*
Sanitation: 201 KAR 2:105 Section 4 (1)(a)	*Compliant*
Suitable Size and Construction: 201 KAR 2:105 Section 4 (1)(a)	*Compliant*
Ventilation/Temperature/Humidity: 201 KAR 2:105 Section 1 (4)(a)	*Not Inspected*

General

Controlled Drugs Secure 201 KAR 2:105 Section 1(4)(d) and Section 4(12)(c), and 21 CFR 1301.72 and 1301.73	*Not Inspected*
Customer Verification 201 KAR 2:105 Section 1(4)(c)	*Not Inspected*
Drug Loss/Theft Records Maintained 201 KAR 2:105 Section 1(4)(d) and Section 4(4)(a) and 21 CFR 1301.76	*Not Inspected*

2022

General *(continued)*

Personnel Training Program: 201 KAR 2:105 Section 4 (2)(d)	*Not Inspected*
Product and Process Controls: 201 KAR 2:105 Section 4 (3) and (7)	*Not Inspected*
Receipt and Distribution Transaction Records for 2 Years: 201 KAR 2:105 Section 4 (3)(a)	*Not Inspected*
Records Maintained and Complete: 201 KAR 2:105 Section 4 (3)	*Not Inspected*
Records Readily Retrievable: 201 KAR 2:105 Section 4 (3)	*Not Inspected*
Stock Rotation of Pharmaceuticals: 201 KAR 2:105 Section 4 (7)(b)	*Not Inspected*
Employee List with Qualifications: 201 KAR 2:105 Section 4 (2)(e)	*Not Inspected*
Established Returns Process: KRS 315.404 (4)	*Not Inspected*
Employees Screened Per DEA Requirements: 21 CFR 1301.90	*Not Inspected*
Biennial Controlled Substance Inventory: KRS 218A.200 (7)(a)	*Not Inspected*

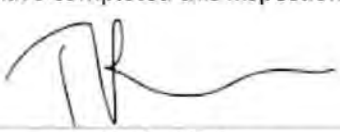
Date:

Written Policies and Procedures

Distressed Drugs: 201 KAR 2:105 Section 4 (4)(b) and (5)	*Not Inspected*
Correcting Errors/Inaccuracies in Inventories: 201 KAR 2:105 Section 4 (4)(b)	*Not Inspected*
Outdated Pharmaceuticals: 201 KAR 2:105 Section 4 (4)(c)	*Not Inspected*
Shipping/Receiving of Stock: 201 KAR 2:105 Section 4 (4)(d)	*Not Inspected*
Recalled Drugs: 201 KAR 2:105 Section 4 (6)	*Not Inspected*
Crisis/Emergency Situations: 201 KAR 2:105 Section 4 (4)(a)	*Not Inspected*
Security/Diversion: 201 KAR 2:105 Section 4 (2)(c)	*Not Inspected*

Inspector's Signature

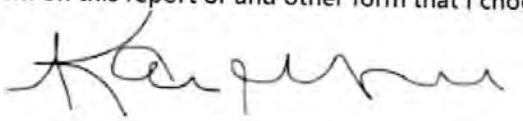
I have completed this inspection in accordance with the statutes and administrative codes.



Inspector: *Taylor Rostova*

Pharmacist's Signature

I have read and understand the statutes and administrative codes. I acknowledge that the items noted in this report have been discussed with me. I understand that if I disagree with any of the deficiencies cited, that I have the right to refute them on this report or and other form that I choose to send to the department.



Pharmacist: *Karen York*

4XX

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	■ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ■ Dangerous drugs ■ Controlled substances DEA #: Pending ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Costco Wholesale Corporation dba Costco Pharmacy #1709

Physical Address: 6880 S Buffalo Drive

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): Attn: Licensing, PO Box 35005

City: Seattle State: WA Zip: 98124

Telephone: 425-416-1859 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 425-313-6922 Contact Email: pharmacylicenses@costco.com

Website: www.costco.com

Nevada Business License # (if applicable) NV19871025196

Supervising/Managing Pharmacist Name (NRS 639.220): Andrew Joseph Liu

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 23965

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Andrew Joseph Liu	NV Pharmacist Registration #: 23965
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: Washington

Parent Company (if any): N/A

Corporation Name: Costco Wholesale Corporation

Mailing Address: Attn: Licensing, PO Box 35005

City: Seattle State: WA Zip: 98124

Telephone: 425-416-1859 Email: pharmacylicenses@costco.com

Contact Person Name: Toni Britsch

Date of SEC Registration: December 5,1985 SEC Registration Number: 0-20355 Stock Exchange Symbol: COST

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☑ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the SVP - Pharmacy (title) for Costco Wholesale Corporation (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Stephens

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5/15/2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Stephens hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the SVP - Pharmacy (title) for Costco Wholesale Corpoation (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

TONI BRITSCH NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 3-24-27 23010364

SUBSCRIBED AND SWORN TO
Before me, a notary public this 15th day of May, 2025

Toni Britsch

Notary Public

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Andrew Joseph Liu Pharmacist Registration #: 23965

Pharmacy Name: Costco Wholesale Corporation dba Costco Pharmacy #1709

Initial each statement below to indicate you have read and agree with the following:

AJL I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

AJL I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

AJL I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

AJL I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

AJL I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	**State:**	**Date:**	**Case #:**

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

A. J. L

Original signature of Managing Pharmacist (copies or stamps not accepted)

5-12-2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Stephens

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

5/15/2025
Date

Board Use Only	Date Received: 5/20/25	Amount: $500-ck#10895870

Pharmacy Disciplinary Actions

1. December 2009 – Case #09-065-RPH-N; 09-065-PH-N. Costco Pharmacy #646 in Nevada and the pharmacist Virginia Agha were both fined by the Nevada State Board of Pharmacy due to a mistake in giving a customer larger dose of a prescription than was requested on the prescription. The fine has been paid.

2. July 2010 – Case # 2010-4158; 2010-4159; 2010- 4160; 2010-4161; 2010-4162; 2010-4163; 2010-4165; 2010-4166; 2010-4167; 2010-4168; 2010-4169; 2010-4170; 2010-2900 (documents can be found on state website). The Colorado Board of Pharmacy issued a complaint and fined Costco Pharmacy # 439, 440, 443, 468, 480, 570, 581, 629, 637, 676, 1014, 1022 and 1027 for failing to timely submit a data report required by Colorado Electronic Prescription Drug Monitoring Program within the required reporting period of April 16-25. Costco Pharmacies filed the report two days late with respect to the submittal of four (4) days of data. The fine has been paid. Costco remedied the technical issue and files on time.

3. May 2010 – Case #2010-03541. The Illinois Department of Financial and Professional Regulation issued a complaint and fined Costco Pharmacy #1040 for dispensing prescriptions without a pharmacist present. Specifically, on or about May 1, 2010, a Costco Wholesale Manager opening the pharmacy when the substitute pharmacist was delayed. The fine has been paid.

4. November 2012. Costco entered into a settlement agreement with the DEA and the US Attorney for the Eastern District of Michigan to resolve allegations concerning filling prescriptions for a prescriber whose DEA registration was no longer valid. Costco paid a fine of $100,000.00. Costco undertook extensive technology updates and policy and procedure updates and auditing to ensure the problem was rectified (see 2017 settlement below).

5. May 2013 – Case #53-12-126441. The Michigan Department of Licensing and Regulatory Affairs issued a complaint and fined Costco Pharmacy #374 for dispensing the incorrect medication to a patient. The fine was paid and probation was served. This, along with all medication errors, was reviewed and addressed by Costco's quality assurance committee.

6. July 2014 - #8-1305A-13X. The NJ Board of Pharmacy issued a violation to Costco Pharmacy #315 for an inspection that occurred on March 7, 2013. The violation was for having outdated and overfilled drug stock. A fine in the amount of $625.00 was paid on August 18, 2014. This was out of Costco policy and is one of the elements on all Costco audits.

7. July 2014 – Complaint #92049. The NJ Board of Pharmacy issued a violation to Costco Pharmacy #739 for not performing an adequate Drug Utilization Review for Larry J. Butterfield, Sr. A fine in the amount of $1,000.00 was paid on July 9, 2014. This, along with all medication errors, was reviewed and addressed by Costco's quality assurance committee.

8. November 3, 2014 - #C-14-040-B. The Texas State Board of Pharmacy issued a violation and penalty for Costco Wholesale #689 for failing to provide verbal patient counseling on July 15, 2014. A fine of $1,500 was paid on March 23, 2015.

9. November 2014 – #8-5213-13-X. The NJ Board of Pharmacy Issued a violation for Costco Pharmacy #749 for having outdated and misbranded drugs in the drug stock inventory. A fine of $250 was paid on November 28, 2014. This was out of Costco policy and is one of the elements on all Costco audits.

10. January 2015 – The MA Board of Pharmacy issued a probation of one day for Costco Pharmacy #302 for failing to identify an error in a prescription. This, along with all medication errors, was reviewed and addressed by Costco's quality assurance committee.

11. February 2015 – Notice No. D101210. The DC Pharmaceutical Division issued a notice of infraction for Costco Pharmacy #1120 for failing to keep the pharmacy clean. A reduced fine of $1,000 was assessed and paid. This is contrary to Costco policy and an element of our audits.

12. September 2016 - OAH No. 2015081057. Pursuant to an agreed settlement, the California Board of Pharmacy placed Costco Pharmacy #454 on probation for 3 years for violations relating to dispensing controlled substances. Specifically the Board alleged the pharmacy staff filled certain prescriptions between 2005 and 2010 that should not have been filled. Costco denied the allegations. No fine was incurred, though Costco paid costs and community service. Costco has since 2010 upgraded policies, processes, technology and auditing to increase vigilance regarding controlled substance prescriptions.

13. January 18, 2017. Costco entered into a settlement agreement with the DEA and the Department of Justice to resolve allegations concerning filling prescriptions for prescribers whose DEA registration were no longer valid, using valid, but incorrect prescriber DEA registration numbers, and various recordkeeping violations at Costco's retail and central fill pharmacies. Costco paid a fine of $11,750,000.00. Beginning in 2012 Costco undertook extensive technology updates and policy and procedure updates and auditing to ensure DEA registration review was accurately conducted on

each controlled substance prescription and that all controlled substance recordkeeping was compliant.

14. February 14, 2017. Case No. 2016-3852. The Colorado Board of Pharmacy issued a violation to Costco #480 for violations discovered in a routine inspection. These included immunization records failing to include the site of administration, failing to review the central prescription processing policy, deficiencies in DEA form 222, recordkeeping on transfers, and proper labeling of anabolic steroid prescriptions. Costco has paid a fine of $2,000 plus a 15% surcharge. Costco has provided additional support and supervisor review to this location. On March 1, 2019, the Colorado Department of regulatory Agencies restored the pharmacy to unencumbered status.

15. September 18, 2017. Case No. 2017 IBP 0043. The Indiana State Board of Pharmacy placed Costco #347 on probation for having expired medications on its store shelves. No fine was assessed. This was out of Costco policy and is one of the elements on Costco audits. On December 31, 2018, the Indiana State Board of Pharmacy withdrew the terms of the probation.

16. December 13, 2017. Case No. 53-16-143490. The Michigan Board of Pharmacy and Costco #570 entered into a Consent Order based on Costco's failure to disclose a July 2010 action by the Colorado Board of Pharmacy (see above). Costco paid a $250 fine. Costco has improved its disciplinary proceeding tracking and reporting since 2010.

17. August 7, 2018. The Texas State Board of Pharmacy and Costco #570 entered into an Agreed Board Order #F-18-014 based on Costco's failure to disclose a July 2010 action by the Colorado Board of Pharmacy (see above). Costco paid a $1,000 fine. Costco has improved its disciplinary proceeding tracking and reporting since 2010.

18. February 14, 2019. Case Nos. PHA 2018-35-L, PHA 2018-36-L, PHA 2018-37-L, PHA 2018-38-L, PHA 2018-39-L, PHA 2018-40-L, PHA 2018-41-L, PHA 2018-42-L, PHA 2018-43-L, PHA-44-L, PHA 2018-45-L. The Hawaii Board of Pharmacy and Costco's Hawaii pharmacies, mail order pharmacies 581, 562, and 570, and central fill pharmacy 583 entered into settlement agreements based on Costco's failure to disclose within 30 days the August 24, 2016 Stipulated Settlement and Order with the California Board of Pharmacy, January 18, 2017 settlement with the DEA, September 18, 2017 Settlement Agreement with the Indiana Board of Pharmacy (see above). Costco paid a $10,000 in fines. Costco has improved its disciplinary proceeding reporting to Hawaii.

19. February 20, 2019. Case No. 113330. The Alabama Board of Pharmacy and Costco #570 entered into a Consent Order based on Costco's failure to

timely disclose a July 2010 action by the Colorado Board of Pharmacy and based on the similar discipline from Michigan and Texas (see above). Costco paid a $5,000 fine. Costco has improved its disciplinary proceeding tracking and reporting since 2010.

20. April 25, 2019. Case No. 2019-2022. The Colorado Board of Pharmacy and Costco #629 entered into a Stipulation and Final Agency Order based on the failure to timely date invoices for controlled substances upon receipt by the pharmacy. Costco paid a $575 fine. Costco retrained personnel and increased its audits and review of this issue.

21. April 29, 2019. Case No. 2019-1335. The Colorado Board of Pharmacy and Costco #1022 entered into a Stipulation and Final Agency Order based on the failure to timely notify the Board of a change of pharmacy manager. Costco paid a $1,000 fine. Costco reiterated to its Colorado locations the requirement to notify the Board.

22. March 17, 2020. Case 2019-05597. The Texas Board of Pharmacy and Costco #680 entered into an Agreed Board Order based on Costco allowing a pharmacy technician with a delinquent registration to perform the duties of a licensed technician. Costco paid a $3,000 fine and implemented policies and procedures for the verification of valid licensure and registration status for all pharmacy employees.

23. November 5, 2020. The South Carolina Board of Pharmacy issued a citation and penalty based on Costco #1319 in Mount Pleasant, SC failing to have diphenhydramine in its emergency response immunization kit per its protocol. Costco paid a $500 fine and immediately placed an order for delivery of the drug.

24. January 20, 2021. Case No. 2019-PHA-16271. The Maine Board of Pharmacy and Costco #581 entered into a Consent Agreement based on the failure to notify the Board of a disciplinary action from the Hawaii Board of Pharmacy in a timely matter. Costco paid a $250 fine. Costco has improved its disciplinary proceeding reporting to Maine.

25. February 11, 2021. Case No.2020-PHA-1679. The Maine Board of Pharmacy and Costco #562 entered into a Consent Agreement based on the failure to notify the Board of a PIC Change and a disciplinary action from the Hawaii Board of Pharmacy in a timely matter. Costco paid a $1,750 fine. Costco has improved its disciplinary proceeding reporting to Maine.

26. March 26, 2021. Case No. 2020-PHA-17022. The Maine Board of Pharmacy and Costco #570 entered into a Consent Agreement based on misrepresentation to the Board on a renewal application on November 23, 2011 for renewal licensure and the failure to notify the Board of a disciplinary action from the Hawaii Board of Pharmacy in a timely matter. Costco paid a $1,750 fine. Costco has improved its disciplinary proceeding reporting to Maine.

27. April 29, 2021. Case No. 2020 IBP 0044. The Indiana Board of Pharmacy and Costco #570 entered a Consent Agreement based on failure to notify the Board of the disciplinary actions from the Colorado, Michigan, Texas Hawaii and Alabama Pharmacy Boards in a timely matter. Costco paid a $4,005 fine. Costco has improved its disciplinary proceeding reporting to Indiana.

28. May 20, 2021. Case No.2020-000359. The Alaska Board of Pharmacy and Costco #562 entered into an agreed order based on the failure to notify the Board of a PIC Change in a timely matter. Costco paid a $250 fine.

29. August 17, 2021. Agreed Board Order (ABO) #2020-03993. The Texas Board of Pharmacy has reprimanded Costco Pharmacy #1322 for a dispensing error. The pharmacy is following special policies and procedures to prevent this error from happening again in the future.

30. February 15, 2022. The PR Department of Health Bureau of Investigations fined Costco Pharmacy #335 for loss of controlled substances. A fine of $800.00 was paid on 03/01/2022.

31. March 10, 2022. The HI Department of Commerce and Consumer Affairs fined Costco Pharmacy #562 for notifying of a prior violation 3 days later. A fine of $500.00 was paid on 03/10/2022.

32. March 14, 2022. The AL State Board of Pharmacy fined Costco Pharmacy #1032/562 $2000 for failure to timely notify the state of a fine from Alaska for failing to timely notify on PIC changes.

33. June 4, 2022. The VA Board of Pharmacy fined Costco Pharmacy #225 $1000 for not filing change of PIC within the required timeframe.

34. July 6, 2022. The MD Department of Health fined Costco Pharmacy #325 a fine of $1000.00 for violation that occurred on July 21, 2021 of a technician-trainee performing delegated pharmacy acts beyond the 6 month exemption period for a technician trainee. The trainee became registered with the board on July 30, 2021.

35. January 19, 2023. State of Connecticut Department of Consumer Protection. The Commission of Pharmacy fined Costco Pharmacy #324 a total of $15,000 for various noncompliance issues. A Settlement Agreement was filed detailing all issues, Case No. 2021-85.

36. November 7, 2023. State of Texas Board of Pharmacy. The pharmacy board reprimanded Costco Pharmacy #1152 for incorrectly entering into the pharmacy's data processing system the wrong drug for a patient.

37. March 25, 2024 – Minnesota State Board of Pharmacy issued a stipulation and consent order for Costco Pharmacy #1021 because a former PIC diverted some drugs to themselves rather to the inventory of the pharmacy.

38. March 16, 2025 – Case No. 2021-05433 – The Illinois Department of Financial and Professional Regulation issued a consent order and fined Costco Pharmacy #570 a total of $20,000 based on failure to notify the Board of the disciplinary actions from the Colorado, Michigan, Texas, Hawaii and Alabama Pharmacy Boards in a timely manner.

39. March 26, 2025 – The Colorado State Board of Pharmacy issued a Stipulation and fined Costco Pharmacy #480 for failing to report a loss of controlled substances in a timely manner. Costco paid a fine of $1,150. Case No. 2025-1629.

40. April 17, 2025 – The NV Board of Pharmacy issued a citation and fine order to Costco Pharmacy #673 for permitting a pharmacy technician in training to administer vaccinations in violation of NAC 639.2917-NAC 639.2973. A fine of $500.00 was paid. Case No. 24-487-PH-S

COSTCO WHOLESALE CORPORATION
PRINCIPAL OFFICERS AND DIRECTORS

Title	First	Last	[redacted]
CEO/President/ Director	Roland	Vachris	
Exec VP/CFO	Gary	Millerchip	
Exec VP/Assistant Secretary	Patrick	Callans	
Exec VP/Secretary	John	Sullivan	
Senior VP	Richard	Stephens	
VP/Treasurer	Zackary	Smylie	
VP/Assistant Secretary	Gail	Tsuboi	
Assistant Secretary	Gary	Swearingen	
Assistant Secretary	Rainey	Astin	
Director	Susan	Decker	
Director	Kenneth	Denman	
Director	Hamilton	James	
Director	Sarah	Jewell	
Director	Jeffrey	Raikes	
Director	John	Stanton	
Director	Maggie	Wilderotter	
Director	Helena	Foulkes	

PRINCIPAL SHAREHOLDERS

The following table sets forth information regarding ownership of the common stock by each person or group known to the Company to own more than 5% of the outstanding shares of the common stock on November 10, 2023.

Name and Address of Beneficial Owner	Shares	Percent[1]
Vanguard Group, Inc. P.O. Box 2600, V26 Valley Forge, PA 19482	39,875,117[2]	8.98%
BlackRock, Inc. 55 East 52nd Street New York, NY 10055	30,017,172[3]	6.76%

As a publicly traded company, we are only required to list the shareholders that own 5% or more of the outstanding shares in the company so we are unable to provide the top 4.

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **COSTCO WHOLESALE CORPORATION** as a FOREIGN CORPORATION (80) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 06/08/1987, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 05/12/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202505125711997
You may verify this certificate online at https://www.nvsilverflume.gov/home

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

COSTCO WHOLESALE CORPORATION

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/12/1987.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 04/11/2025
UBI Number: 601 024 674

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 04/11/2025

4YY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00** fee with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA #: FP4895934 ☒ Non-sterile Compounding ☒ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Pure Pharmacy Fishers LLC dba Pure Pharmacy

Physical Address: 6950 E 96th Street Suite 100

City: Fishers State: IN Zip: 46038

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 317-537-0880 Toll Free # (NAC 639.708, NRS 639.23286): (888) 713-5332

Fax: 317- 537-0889 Contact Email: info@purerxcompounding.com

Website: www.purerxcompounding.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Linda Hayes

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): INDIANA - 26021808A

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Micah Benford	NV Pharmacist Registration #: 21187
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: Linda Hayes (Pharmacist)	Credentials: 26021808A	%: 51
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Indiana

Parent Company (if any): N/A

Corporation/Organization Name: Pure Pharmacy Fishers LLC

Mailing Address: 6950 E 96th Street Suite 100

City: Fishers State: IN Zip: 46038

Telephone: 317-537-0880 Email: info@purerxcompounding.com

Contact Person Name: Linda Hayes

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO/OWNER (title) for Pure Pharmacy Fishers LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

LINDA HAYES

Print Name of Authorized Person

Linda M Hayes

Original signature of Authorized Person (copies or stamps not accepted)

2/4/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

LINDA HAYES - CEO / OWNER

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Linda M Hayes

Original signature of Authorized Person (copies or stamps not accepted)

2/4/25

Date

Board Use Only	Date Received: 2/10/25	Amount: $500-Ck 1026

Pure
-PHARMACY-

Owner Information:

Name/Title: Linda Hayes (CEO)

Home Address: [redacted]

Business Address: 6950 E 96th St Suite 100 Fishers, IN 46038

Business Phone: 317-537-0880

Phone Number: [redacted]

Email: linda@purerxcompounding.com

DOB: [redacted]

SSN: [redacted]

Ownership: 51%

Name/Title: Ryan Hayes (COO)

Home Address: [redacted]

Business Address: 6950 E 96th St Suite 100 Fishers, IN 46038

Business Phone: 317-537-0880

Phone Number: [redacted]

Email: ryan@purerxcompounding.com

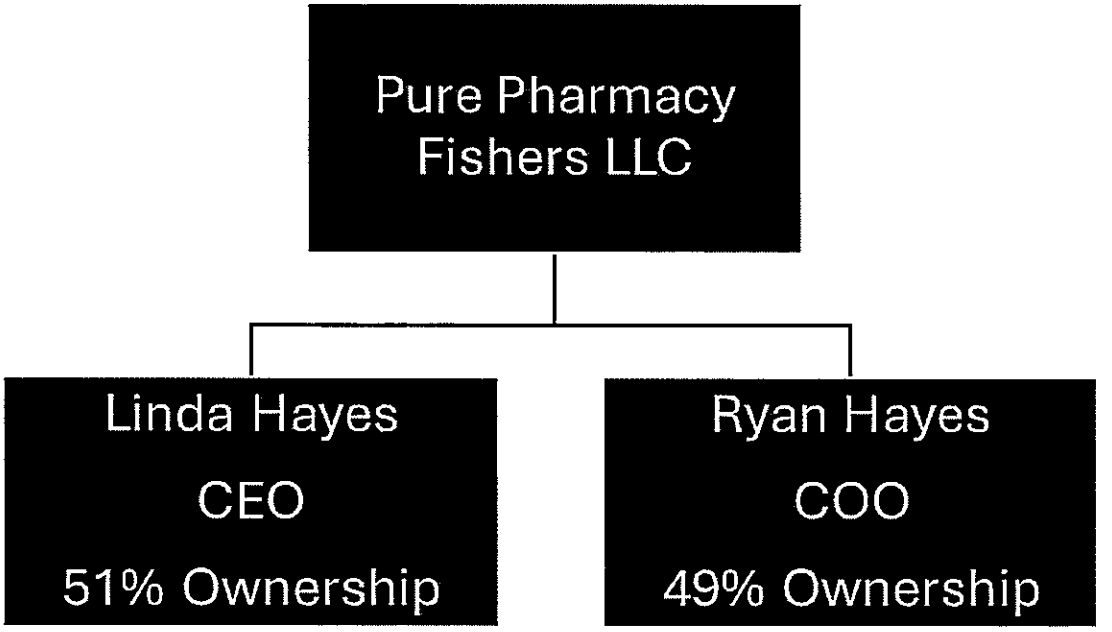
DOB: [redacted]

SSN: [redacted]

Ownership: 49%

Pure
-PHARMACY-

Organizational Chart



6950 East 96th St, Suite 100
Fishers, IN 46038
888-713-5332

State of Indiana
Office of the Secretary of State

Certified Copies

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this **3** page document consisting of the following records filed in this office:

Certification Date: November 12, 2024
Business Name: PURE PHARMACY FISHERS, LLC
Business ID: 202408221817929

Transaction	Date Filed	No. of pages
Articles of Organization	08/22/2024	3
	Total No. of pages	3

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 12, 2024

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202408221817929 / 17188492
All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate
Expires on December 12, 2024.

State of Indiana
Office of the Secretary of State

Certificate of Organization
of
PURE PHARMACY FISHERS, LLC

I, DIEGO MORALES, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Thursday, August 22, 2024.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 22, 2024.

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202408221817929 / 10462244

To ensure the certificate's validity, go to https://bsd.sos.in.gov/PublicBusinessSearch

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Pure Pharmacy Fishers LLC dba Pure Pharmacy

Pharmacy/Wholesaler License # (if applicable): _____

Physical Address: 6950 E 96th Street Suite 100

City: Fishers State: IN Zip: 46038

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 317-537-0880 Website: www.purerxcompounding.com

Licensing Company Email: info@purerxcompounding.com

Section 2: Personal Information

First: Linda Middle: Marie Last: Hayes

Alias(es, nicknames, name changes, etc.): _____

Date of Birt[redacted] SSN or ITI[redacted] Sex ☐ M ☒ F ☐ X

Mailing Addres[redacted]

City: Fishers State: IN Zip: [redacted]

Telephone[redacted] Ema[redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Michigan - College of Pharmacy		09/01 - 05/05	
Address: 428 Church St.	City: Ann Arbor	State: MI	Zip: 48109
Diploma/Degree obtained, if any: Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Michigan - College of Literature, Science & Arts		09/98 - 05/01	
Address: 500 S. State St. #2005,	City: Ann Arbor	State: MI	Zip: 48109
Diploma/Degree obtained, if any: Psychology			

School Name		From - To (MM/YY – MM/YY)	
Brighton High School		9/93 - 06/97	
Address: 7878 Brighton Rd.	City: Brighton	State: MI	Zip: 48116
Diploma/Degree obtained, if any: High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/12 - current	[redacted]			
From - To (MM/YY – MM/YY)	Addr [redacted] Way			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7- A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Pure Pharmacy			From - To (MM/YY – MM/YY): 09/19-current
Business Address: 12425 Old Meridian, STE B-3	City: Carmel	State: IN	Zip: 46032
Phone: (317) 740-1856	Title: Pharmacist in Charge		Number of Employed Hours: >10,400
Description of Duties: PIC → own, run, operate compounding pharmacy, Tri/all employees check prescriptions ? formulas			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Linda Hayes, **certify that as the designated representative for**

Pure Pharmacy Fishers LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. LH I am at least 21 years of age;
3. LH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. LH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. LH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. LH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. LH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Linda Hayes

Print Name (First, Last)

Linda M Hayes

Original Signature (electronic copies or stamps not accepted)

2/4/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Linda Hayes

Print Name (First, Last)

Linda M Hayes — 2/5/25

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Hamilton

I, Linda Hayes, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Linda M Hayes — 2/5/25

Original Signature — **Date**

Subscribed and Sworn to before me this 5 day of February, 2025

Notary Public Signature

BRIAN COSSETTE
Notary Public - Seal
Marion County - State of Indiana
Commission Number NP0756431
My Commission Expires May 14, 2032

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Pure Pharmacy Fishers LLC dba Pure Pharmacy

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A

Physical Address: 6950 E 95th Streeet Suite 100

City: Fishers State: IN Zip: 46038

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 317-537-0880 Website: www.purerxcompounding.com

Licensing Company Email: info@purerxcompounding.com

Section 2: Personal Information

First: Linda Middle: Marie Last: Hayes

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: 371-88-5823 Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Fishers State: IN Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Michigan - College of Pharmacy		9/2001-5/2005	
Address	**City**	**State**	**Zip**
428 Church St	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Univeristy of Michigan - College of Literature, Science and Arts		9/1998-5/2001	
Address	**City**	**State**	**Zip**
500 S. State St #2005	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Psychology			

School Name		From - To (MM/YY – MM/YY)	
Brighton High School		9/1993-6/1997	
Address	**City**	**State**	**Zip**
7878 Brighton Rd.	Brighton	MI	48116
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)				
11/2012 - Current				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Pure Pharmacy		9/2019 - Current	
Business Address	**City**	**State**	**Zip**
12425 Old Meridian, STE B-3	Carmel	IN	46032
Phone	**Title**		
(317) 740-1856	Pharmacist in Charge		

Description of Duties
PIC - Own, run and operate nonsterile and sterile compounding pharmacy. Train all employees, Check prescriptions and formulas

Business Name		From - To (MM/YY – MM/YY)	
Skilled Care Pharmacy		10/2018-09/2019	
Business Address	**City**	**State**	**Zip**
9900 Westpoint Dr STE 100	Indianapolis	IN	46256
Phone	**Title**		
(317) 841-0388	Staff Pharmacist		

Description of Duties
Checked and verified prescriptions

Business Name		From - To (MM/YY – MM/YY)	
Greenleaf Apothecary		7/2017 - 9/2018	
Business Address	**City**	**State**	**Zip**
12574 Promise Creek Ln Ste 134	Fishers	IN	46038
Phone	**Title**		
(317) 436-8328			

Description of Duties
Checked and verified prescriptions

Business Name		From - To (MM/YY – MM/YY)	
Kroger Pharmacies		2005-2012	
Business Address	**City**	**State**	**Zip**
Various		IN	
Phone	**Title**		

Description of Duties
Floater pharmacist, checked and verified prescriptions

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Linda Hayes

Print Name (First, Last)

Linda M Hayes

Original Signature (electronic, copies or stamps not accepted)

2/5/25

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Hamilton

I, Linda Hayes, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Linda M Hayes

Original Signature

2/5/25

Date

Subscribed and Sworn to before me this 5 day of February 2025

Notary Public Signature

BRIAN COSSETTE
Notary Public - Seal
Marion County - State of Indiana
Commission Number NP0756431
My Commission Expires May 14, 2032

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Pure Pharmacy Fishers LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 6950 E 96th Street Suite 100

City: Fishers State: IN Zip: 46038

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 317-537-0880 Website: www.purerxcompounding.com

Licensing Company Email: info@purerxcompounding.com

Section 2: Personal Information

First: Ryan Middle: Last: Hayes

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Fishers State: IN Zi: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Michigan State University		08/99 – 05/00	
Address	City	State	Zip
426 Auditorium Road	East Lansing	MI	48824
Diploma/Degree obtained, if any			
Master of Science in Manufacturing Management			

School Name		From - To (MM/YY – MM/YY)	
Michigan State University		08/95 – 05/99	
Address	City	State	Zip
426 Auditorium Road	East Lansing	MI	48824
Diploma/Degree obtained, if any			
Bachelor of Science in Manufacturing Engineering			

School Name		From - To (MM/YY – MM/YY)	
Charlotte High School		08/91 – 05/95	
Address	City	State	Zip
378 State Street	Charlotte	MI	48813
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/12 – Current	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Pure Pharmacy, LLC			10/19 – Current	
Business Address	**City**		**State**	**Zip**
12425 Old Meridian St Suite B-3	Carmel		IN	46032
Phone	**Title**			
317 764 4467	Co-owner / COO / CFO			
Description of Duties				
Responsible for operations and finance.				

Business Name			From - To (MM/YY – MM/YY)	
International Paper			06/00 – 08/21	
Business Address	**City**		**State**	**Zip**
2135 Stout Field East Drive	Indianapolis		IN	46241
Phone	**Title**			
317 390 3300	Continous Improvement Manager			
Description of Duties				
Responsible for quality program and second line manager over production operations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RYAN HAYES

Print Name (First, Last)

Ryan Hayes

Original Signature (electronic, copies or ~~stamps~~ not accepted)

Date 2/5/25

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Hamilton

I, Ryan Hayes, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Ryan Hayes

Original Signature

Date 2/5/25

Subscribed and Sworn to before me this 5 day of February, 2025

Notary Public Signature

BRIAN COSSETTE
Notary Public - Seal
Marion County - State of Indiana
Commission Number NP0756431
My Commission Expires May 14, 2032

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Pure Pharmacy Fishers LLC dba Pure Pharmacy

NV Pharmacy or Outsourcing facility license # (if applicable): N/A

Physical Address: 6950 E 96th Street Suite 100

City: Fishers State: IN Zip: 46038

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 317-537-0880 Toll Free # (NAC 639.708, NRS 639.23286): (888-713-5332

Fax: 317- 537-0889 Contact Email: info@purerxcompounding.com

Website: www.purerxcompounding.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Linda Hayes

Supervising/Managing Pharmacist NV Pharmacist Registration #: IN License - 26021808A

Name of Designated Person(s) as defined by revised USP-797 guidelines: Linda Hayes

Email of Designated Person(s): linda@purerxcompounding.com

Telephone of Designated Person(s): 317-771-2677

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

■ Category 1 ■ Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☒ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ☒ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ☒ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? November 2024

6. What is the frequency of the recertification for the ISO classified areas? every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ☒ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ☒ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Monthly

10. Will you be performing sterile hazardous drug compounding? ■ Yes ☐ No

If you marked "**Yes**", you must also complete **section 3.** No we won't be

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Semaglutide
methylcobalamin
NAD+
Trimix (alprostadil, papaverine, phentolamine)

12. What laboratory performs your sterility or endotoxin testing?

Name: Eagle Analytical

Address: 1111 S. Wilcrest Dr, S1000

City: Houston, State: TX Zip: 77099

Telephone: (800) 745-8916

13. What is your procedure for visual inspection of compounded sterile products?

Each vial is checked visually when applying a batch label for any particles etc. Then each vial is checked again when checking final prescription.

14. How often do you perform glove fingertip and medial fill testing?

Every 6 months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

Initial training → attend Certified sterile training program & complete all Pure Pharmacy SOPs, then observed formally & documented by an approved supervisor. Complete 3x garbing hand hygiene glove finger test & media fill via third party tester. Then glove finger test & media fill is repeated every 6 months & observations every year.

Table 10. Minimum Frequency for Cleaning and Disinfecting Surfaces and Applying Sporicidal Disinfectants in Classified Areas and in the SCA[a]

Site	Cleaning	Disinfecting[b]	Applying Sporicidal Disinfectant
PEC(s) and equipment inside the PEC(s)	• Equipment and all interior surfaces of the PEC daily on days when compounding occurs and when surface contamination is known or suspected	• Equipment and all interior surfaces of the PEC daily on days when compounding occurs and when surface contamination is known or suspected	• Monthly for entities compounding Category 1 and/or Category 2 CSPs • Weekly for entities compounding Category 3 CSPs
Removable work tray of the PEC, when applicable	• Work surface of the tray daily on days when compounding occurs • All surfaces and the area underneath the work tray monthly	• Work surface of the tray on days when compounding occurs • All surfaces and the area underneath the work tray monthly	• Work surfaces of the tray monthly • All surfaces and the area underneath the work tray monthly
Pass-through chambers	• Daily on days when compounding occurs	• Daily on days when compounding occurs	• Monthly for entities compounding Category 1 and/or Category 2 CSPs • Weekly for entities compounding Category 3 CSPs
Work surface(s) outside the PEC	• Daily on days when compounding occurs	• Daily on days when compounding occurs	
Floor(s)	• Daily on days when compounding occurs	• Daily on days when compounding occurs	
Wall(s), door(s), and door frame(s)	• Monthly	• Monthly	• Monthly
Ceiling(s)[c]			
Storage shelving and bin(s)			
Equipment outside the PEC(s)			

; the frequency of cleaning and ed:

Sporicidal → Peridox

Cleaning & Disinfectant → TBL-3300

Sanitizing → Sterile IPA

17. Who performs the sterile compounding process at your facility?

Only technicians that have gone to certified training programs

18. Who is responsible and accountable for the sterile compounding process at your facility?

Designated Person (Pharmacist) → Shayna Fields

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

We have conducted a shipping study w/ a USP to ensure prescriptions stay cold when they need to be refrigerated.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? ~~For Ante room → Powder Hoods~~ Not doing ~~Buffer room → Laminar Horizontal Flow Hoods~~		
2. Are you complying with all USP 800 guidelines?	☐ Yes	☐ No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	☐ Yes	☐ No
4. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
5. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
6. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
8. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

N/A

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

N/A

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ☐ Yes ☐ No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	☐Yes	☐No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	☐Yes	☐No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Linda Hayes

Name of Person who Completed the Form

CEO/OWNER

Title

Linda M Hayes

Signature (copies or stamps not accepted)

2/4/25

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

Pharmacy
402 W. Washington Street
Indiana Government Center South, Room W072

Indianapolis, IN 46204

FACILITY
Pure Pharmacy
12902 Silbury Hill Way
Fishers IN 46037
Phone: 3177712677

LICENSE
License No: 60006951A
Profession: Pharmacy
License Type: Pharmacy

Inspection Type:	Pharmacy Inspection
Inspection Date:	12/2/2024
Result:	Pass

Remarks: Sections of this inspection are left blank because items do not apply to the business model of the pharmacy. This inspection was limited to the review and inspection of the sterile compounding area and certification reports. Questions: Zaneta Nunnally 317-232-1120 Znunnally@pla.in.gov

Checklist Results	
Pharmacy General Information	
1.1 Type of Inspection	Routine (RT)
1.5 County	Hamilton
1.6 Telephone number	317-537-0880
1.7 District	3
1.9 Controlled Substance Registration (CSR) number	60006951B
1.10 Controlled Substance Registration (CSR) status	Active
1.11 Controlled Substance Registration expiration date	12-31-25
1.12 DEA registration number	FG4895934
1.13 DEA registration status	Active
1.14 DEA expiration date	03-31-2027
1.15 Qualifying pharmacist name	Linda Hayes
1.15a - Is qualifying pharmacist listed on pharmacy permit?	Yes
1.15c - Qualifying Pharmacists's average weekly hours	Over 40
1.16 Name of pharmacist-of-record at the time of inspection	Linda
1.17 Name of district manager	N/A
1.18 E-mail of district manager	N/A
1.19 Size of company/number of pharmacies nationwide	Independent
1.20 Average number of prescriptions filled daily	N/A
1.21 Days and Times of operation?	M-F 9-5
1.22 Is pharmacy open 24 hours a day?	No
1.23 Total weekly hours	40
Absence of Pharmacist	
2.6 If retail pharmacy, does prescription department have appropriate signage for pharmacist absence?	Yes

Staff/Personnel	
3.1 How many pharmacists are employed by the pharmacy?	17
3.1a - Do all pharmacists possess a valid license?	Yes
3.1b - Are any of the licensees on probation?	No
3.1c - Are any of the licenses "Valid to Practice While Being Reviewed"?	No
3.2 How many technicians are employed by the pharmacy?	35
3.2a - Do all technicians possess a valid certification?	Yes
3.2b - Are any of the certifications on probation?	No
3.2c - Are any of the certifications "Valid to Practice While Being Reviewed"?	N/A
3.2d - What training does the pharmacy require of technicians?	Institution based
3.2e - Are all technicians wearing a nametag stating their profession?	Yes
3.2f - Are all technicians engaging in legally permitted activities	N/A
3.3 How many interns are employed by the pharmacy?	1
3.3a - Do all interns possess a valid registration?	Yes
3.3b - Are any of the registrations on probation?	No
3.3c - Are any of the registrations "Valid to Practice While Being Reviewed"?	N/A
3.4 Does the pharmacy have ancillary personnel working in the licensed area?	No
3.4a - Are ancillary personnel engaging in permitted activities?	N/A
3.4b - How many ancillary personnel are working in the licensed area at the time of inspection?	0
3.5 Are all licenses and certifications properly displayed?	Yes
3.6 Are the pharmacy technician files complete?	Yes
3.7 Is the technician ratio proper (6 to 1)?	Yes

Pharmacy Equipment/Security	
4.1 Is the pharmacy area properly equipped, and include the following?	Yes
4.1a - Scale (if performing non-sterile compounding)?	Operational
4.1b - proper documentation from Department of Weights and Measures	Yes
4.1c - refrigeration	Operational
4.1d - sink (proper sewage outlet)	Operational
4.1e - hot and cold water	Operational
4.1f - stationary / immobile	Yes
4.1g - well lit	Yes
4.1h - ventilated	Yes
4.1i - sanitary	Yes
4.1j - proper temperature	Yes
4.2 Does refrigerator contain only pharmaceutical products?	Yes
4.3 Is the pharmacy properly secured?	Yes
4.3a - Does the pharmacy have a motion detector?	Yes
4.3b - Does the pharmacy have an alarm?	Yes
4.3c - Does the pharmacy have a camera(s)?	Yes
4.3d - Does the pharmacy have locking doors?	Yes
4.3e - Does the pharmacy have a panic button?	No
4.4 What is the method of entry into the pharmacy?	Security Card
4.5 Is the drive thru secure?	N/A
4.6 When closed, do non-authorized personnel have access to the perscription department?	No
4.7 What are the number of entrances to the pharmacy?	4

References	
5.1 How does the pharmacy access current Indiana pharmacy law?	internet
5.1a - Does the pharmacy have Facts and Comparisons either in digital or hard copy form?	Yes
5.1b - Does the pharmacy utilize Remington: The Science and Practice of Pharmacy?	Yes
5.1c - Does the pharmacy utilize PDR (Physician's Desk Reference)?	No
5.1d - Does the pharmacy utilize The Merck Manual?	Yes
5.1e - Does the pharmacy utilize other on-line subscriptions (Micromedex, Clinical Pharmacology, etc)?	Yes
5.1f - If pharmacy uses on-line service, are employees able to access?	Yes
5.2 For sterile compounding, does the pharmacy have at least one of the following reference materials?	Yes
5.2a - The Handbook on Injectable Drugs	Yes
5.2b - The King's Guide to Parenteral Admixtures	Yes
5.2c - another Board approved, printed or electronic database	Yes

Automated Medication Systems & Automatic Counting

AMS Automated Packaging Systems

Drug storage/labeling/destruction

Dispensing/Records Retention

Fax/e-prescribing/Transfers

Remote Order Entry and Centralized Processing

Generic Substitution

Controlled Substances

DEA Forms

INSPECT

Sterile Compounding: Policies and Procedures	
16.1 What is the highest risk level of sterile compounding performed?	High-risk
16.2 Does the pharmacy have a policy and procedure manual that includes the information required by 856 IAC 1-30-7?	Yes
16.2a - Do the quality assurance procedures cover recall procedures?	Yes
16.2b - Do the quality assurance procedures cover storage and expiration dating?	Yes
16.2d - Do the quality assurance procedures cover sterile procedures to include monitoring the temperature of the refrigerator, routine maintenance and report of hood certification?	Yes
16.2e - Do the quality assurance procedures cover sterility testing or monitoring, if employed, in the case of routine bulk compounding from nonsterile chemicals-high risk level compounding?	N/A
16.3 Is the policy and procedure manual reviewed annually by the Pharmacist-in-Charge or the Qualifying Pharmacist and revised if needed?	Yes

Sterile Compounding: Engineering Controls	
17.1 Does the pharmacy have proper engineering controls based on compounding risk level?	Yes
17.2 What type of primary engineering control (PEC) is used?	LAFW
17.2a – Total number of PEC's used	4
17.2b – Do the PEC's maintain ISO class 5 environment during in-use activity?	Yes
17.3 Are PECs located within appropriate secondary engineering controls?	Yes
17.4 Do secondary engineering controls (buffer area, ante area) maintain appropriate ISO classification?	Yes
17.5 If using CAI, is it located in an ISO class 7 buffer room?	N/A
17.5a – If no, does pharmacy have proper manufacturer documentation that it can maintain ISO class 5 environment during use?	N/A
17.6 Is appropriate pressure differential or airflow between control environments and the general pharmacy maintained and documented at least every work shift?	Yes
17.7 Is there a cleaning log for the PEC?	Yes
17.8 Is there a daily cleaning log for the counters, floors and work surfaces?	Yes
17.9 Is there a monthly cleaning log for the walls, ceiling and shelving?	Yes
17.10 Is there a cleaning log for the cleaning of BSC between uses if preparing both hazardous and non-hazardous preparations?	N/A
17.11 Are there proper containers for disposal of waste?	Yes
17.12 Does the pharmacy have records of necessary environmental sample testing maintained for two (2) years?	N/A
17.13 Does the pharmacy have total particle counts of each ISO classified area - performed not less than every six (6) months and when PEC is moved?	Yes
17.14 Does the pharmacy have volumetric air sampling for microorganisms in each ISO classified area - performed not less than every six (6) months?	Yes

Sterile Compounding: Personnel	
18.1 Is there documentation of all personnel preparing sterile pharmaceuticals?	Yes
18.2 Is there documentation of all support personnel assisting with sterile pharmaceuticals?	Yes
18.3 Are personnel assessments/competencies related to aseptic technique, garbing, and cleaning/disinfecting performed at least annually?	Yes
18.4 Does the pharmacy have documentation of training and assessment for all personnel engaging in preparation of sterile pharmaceuticals, including support personnel (housekeeping, environmental services) as related to garbing (assessment: observation, gloved fingertip sampling)?	Yes
18.5 Does the pharmacy have documentation of training and assessment for all personnel engaging in preparation of sterile pharmaceuticals, including support personnel (housekeeping, environmental services) as related to aseptic technique (assessment: written test, media-fill test)?	Yes
18.6 Does the pharmacy have documentation of training and assessment for all personnel engaging in preparation of sterile pharmaceuticals, including support personnel (housekeeping, environmental services) as related to cleaning/disinfecting procedures (assessment: observation, surface sampling via contact plates/swabs)?	Yes
18.7 Are personnel engaging in appropriate aseptic technique, garbing, and cleaning/disinfecting at the time of inspection?	No

Sterile Compounding: Labeling/Documentation	
19.1 Does the label on the dispensed sterile pharmaceutical contain all information required by law?	Yes
19.2 Does the label have the additional information required if dispensed at home or outside the facility?	N/A
19.3 Is there documentation of patient training by the pharmacists to patients in the home?	N/A
19.4 Are single- and multiple-dose containers (e.g., vials) being properly used and stored with appropriate BUD when applicable?	N/A
19.5 Does the pharmacy have disposable needles, syringes and other supplies needed for aseptic admixture?	Yes
19.6 Does the pharmacy have disinfectant cleaning tools and solutions (i.e. sterile 70 % IPA)?	Yes
19.7 Does the pharmacy have a hand washing agent with antibacterial action?	Yes
19.8 Does the pharmacy have disposable towels or wipes?	Yes
19.9 Does the pharmacy have filters and filtration equipment, if utilized?	Yes
19.10 Does the pharmacy have a hazardous drug spill kit if hazardous drugs are prepared?	N/A
19.11 Does the pharmacy have disposable gowns and gloves?	Yes
19.12 Does the pharmacy have a refrigerator with a thermometer and temperature log?	Yes
19.13 Does the pharmacy have an infusion device, if appropriate?	Yes
19.14 Does the pharmacy have a sink with hot and cold running water, outside of the buffer area?	Yes
19.15 Does the pharmacy use a computer system to monitor 797 compliance? (i.e. Simplify 797)	No

Non-sterile Compounding

Remote Locations (Type II only)

Emergency Drug Kits/Crash Carts

Quality-Related Events/Patient Own Medications

Special Medications

Immunization Rule

Patient Confidentiality (HIPAA)	
26.1 How does the pharmacy dispose HIPAA trash?	Third party service
26.1a - Is the dumpster locked and secure?	Yes
26.1b - What is the name of off-site HIPAA vendor?	Eco Shred
26.2 Are HIPAA policies posted?	Yes
26.3 Are employees HIPAA trained?	Yes
26.3a - Is there documentation of training?	Yes
26.4 Does the pharmacy have policies and procedures in place to protect health information?	Yes
26.5 Has the pharmacy had a complaint filed with DHHS?	No

Prescription Audit

As the undersigned representative of the licensee, I affirm that the information provided during the inspection is true and accurate to the best of my knowledge. I understand that the licensee is responsible for the legal operations of the facility and I am executing this inspection form as, or on behalf of the licensee.

The alleged violator has voluntarily entered into an Opportunity to Correct Plan with the Indiana Professional Licensing Agency (PLA). Pursuant to IC 4-21.5-7.5-7, the alleged violator enters into a written Corrective Plan to correct the alleged violation(s) set forth above before the agency institutes an enforcement action which may include the filing of a Consumer Complaint with the Office of the Indiana Attorney General. Upon notice that the alleged violation(s) has been corrected, this Agency shall re-inspect not more than thirty (30) days after to determine if you have substantially complied with the applicable rule or state statute. If subsequent inspection identifies a failure to address previous violations the facility will "fail" the inspection and additional enforcement actions may be initiated against licensure.

In order to avoid additional enforcement action, the alleged violator must submit the Corrective Plan within five (5) business days after the initial inspection. A plan of corrective action can be either emailed to PLACompliance@pla.in.gov, or mailed to: Indiana Professional Licensing Agency, Attn: Compliance Division, 402 W. Washington St. RM W072, Indianapolis, IN 46204.

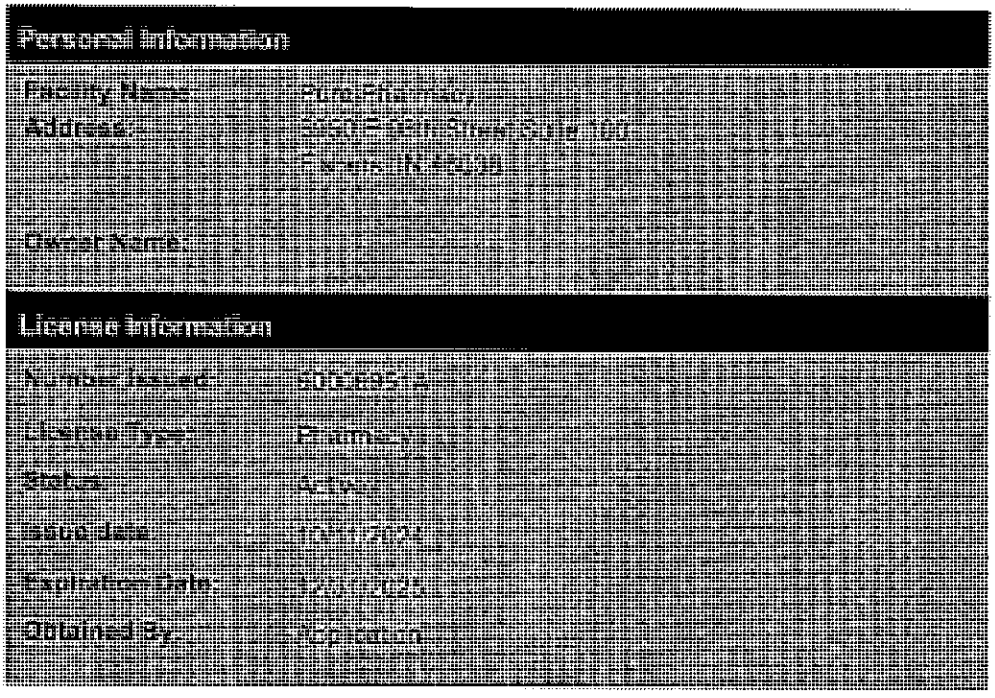
Signature of Inspector	12/3/2024 11:52:09 AM	Signature of Owner/Representative
	Date/Time	

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure
Digitally Certified Record



This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at https://www.in.gov/pla/license/free-search-and-verify/. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at https://www.in.gov/pla/professions/.

Digitally Certified on: Mon Nov 04 03:20:24 PM EST 2024

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: Pure Pharmacy

I, Lindsay M. Hyer, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

To verify the authenticity of the digital certification as of the date and time stamp below, go to
https://secure.in.gov/apps/pla/search/verify/
and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Lindsay M. Hyer, Executive Director
Mon Nov 04 03:20:24 PM EST 2024

State of Indiana

DEMOGRAPHIC INFORMATION

Name: Pure Pharmacy

ADDRESS INFORMATION

Line 1: 6950 E 96th Street Suite 100
Line 2:
City/State/Zip: Fishers IN 46038
County: Hamilton

LICENSE INFORMATION

Lic #:	60006951A	Profession:	Pharmacy Board	Type:	Pharmacy	Secondary:	
Status:	Active	Issued:	10/11/2024	Expiration:	12/31/2025	Renewed:	
Method:	Application						

DISCIPLINE INFORMATION

-

RELATED LICENSES

Lic #:	**60006951B**	Name:	Pure Pharmacy		
License Type:	CSR-Pharmacy	License Status:	Active	Relationship:	Same Licensee

SPECIALTY INFORMATION

No Specialty Information

INSPECTION INFORMATION

Inspection Type:	Pharmacy Inspection Report	Inspection Date:	10/11/2024	Inspection Grade:	Pass
Inspection Type:	Pharmacy Inspection Report	Inspection Date:	12/2/2024	Inspection Grade:	Pass

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP4895934	03-31-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	11-12-2024

PURE PHARMACY FISHERS LLC
6950 E 96TH ST, SUITE 100
FISHERS, IN 46038

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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6950 E 96TH ST, SUITE 100
FISHERS, IN 46038

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Form DEA-223 (9/2016)

4ZZ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH PH03753	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Closed door, LTC Pharmacy	☐ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA #: FS0012346 ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☒ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: C3 Pharmacy

Physical Address: 291 E 1400 S, Ste 4

City: St George State: Utah Zip: 84790

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 435 703-2273 Toll Free # (NAC 639.708, NRS 639.23286): 833 493-2273

Fax: 435 703-2274 Contact Email: kenny@rxcrimsonvalley.com

Website: c3pharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Spencer Dietz

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22214

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Kenneth Jones	NV Pharmacist Registration #: 17821
Name: Spencer Dietz	NV Pharmacist Registration #: 22214
Name: Sterling Coons	NV Pharmacist Registration #: 19435
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: n/a	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Utah

Parent Company (if any): SP Care, LLC

Corporation/Organization Name: C3 Pharmacy

Mailing Address: 291 E 1400 S, Ste 4

City: St George State: Utah Zip: 84790

Telephone: 435 703-2273 Email: info@c3pharmacy.com

Contact Person Name: Kenneth Jones

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Owner (title) for C3 Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Kenneth Jones

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

1/8/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Kenneth Jones hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Owner (title) for C3 Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

KS
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 9 day of Jan, 20 25

Penny Lynn Shelley
Notary Public

NOTARY PUBLIC
PENNY LYNN SHELLEY
COMM. # 726662
MY COMMISSION EXPIRES
SEPTEMBER 12, 2026
STATE OF UTAH

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kenneth Jones

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

KJ

Original signature of Authorized Person (copies or stamps not accepted)

1/8/25

Date

Board Use Only	Date Received: 1/13/25	Amount: $500 ck 001012

Filed in the Office of Adam Watson Director, Division of Corporations and Commercial Code Filed in the State of Utah	Filing Number **241126076581B** Filed On **November 22, 2024** Entity ID **9153799-0160** Number of Pages 1

State of Utah
Department of Commerce
Division of Corporations and Commercial Code

Domestic Limited Liability Company - Amendment to Certificate of Organization

ENTITY INFORMATION
Entity Name: SP CARE LLC
Entity Number: 9153799-0160
Effective Date: November 22, 2024
Effective Time: 08:14 PM

BUSINESS DETAILS

Duration Date: Perpetual

BUSINESS CLASSIFICATION:
A Limited Liability Company

PRINCIPAL OFFICE INFORMATION:
Principal Office Address: 291 E. 1400 S. Ste 4, SAINT GEORGE, UT 84790
Mailing Address: 2537 E. Mountain Ledge Drive, SAINT GEORGE, UT 84790

REGISTERED AGENT
Agent Type: Entity
Name: KTM HOLDINGS, LLC
Address: 2537 E. MOUNTAIN LEDGE DRIVE, Saint George, UT 84790

ACTIVE PRINCIPAL INFORMATION
Title: Manager
Name: KTM Holdings, LLC
Address: 2537 E. Mountain Ledge Drive, Saint George, UT 84790

SUPORTING DOCUMENTATION
No Supporting Documentation Provided.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: C3 Pharmacy

Pharmacy/Wholesaler License # (if applicable): NV: PH03753, UT: 14196701

Physical Address: 291 E 1400 S Ste 4

City: St George State: Utah Zip: 84790

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 435 703-2273 Website: www.c3pharmacy.com

Licensing Company Email: ktmpharmaceutical@gmail.com

Section 2: Personal Information

First: Kenneth Middle: Lee Last: Jones

Alias(es, nicknames, name changes, etc.): Kenny

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Addres: [redacted]

City: St George State: Utah Zi: [redacted]

Telephone: [redacted] Ema: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.170)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Idaho State University			8/05-5/09	
Address		City	State	Zip
921 S 8th Ave		Pocatello	Idaho	83209
Diploma/Degree obtained, if any				
Doctor of Pharmacy (PharmD)				
School Name			From - To (MM/YY – MM/YY)	
Southern Utah University			8/02-5/05	
Address		City	State	Zip
351 W University Blvd		Cedar City	Utah	84720
Diploma/Degree obtained, if any				
Bachelor of Science (Psychology Major)				
School Name			From - To (MM/YY – MM/YY)	
College of Eastern Utah			8/00-5/02	
Address		City	State	Zip
451 E 400 N		Price	Utah	84501
Diploma/Degree obtained, if any				
Associate Degree				
School Name			From - To (MM/YY – MM/YY)	
Emery High School			8/94-5/97	
Address		City	State	Zip
975 N Center St		Castle Dale	Utah	84513
Diploma/Degree obtained, if any				
Diploma				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)				
10/15-05/25	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Smiths 189			3/21-2/24	
Business Address		City	State	Zip
20 N Bluff St		St George	Utah	84790
Phone	Title		Number of Employed Hours	
435 673-8898	PRN Pharmacist		~4,992	
Description of Duties				
Typical pharmacist duties. Check/verify prescriptions to ensure public safety.				

Business Name			From - To (MM/YY – MM/YY)	
Walgreens 11674			08/08-2/21	
Business Address		City	State	Zip
1849 W Sunset Blvd		St George	Utah	84790
Phone	Title		Number of Employed Hours	
435 879-5165	Pharmacy Manager		~27,040	
Description of Duties				
Manage pharmacy operations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Kenny Jones, certify that as the designated representative for

C3 Pharmacy

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. kj I am at least 21 years of age;
3. kj I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs;
4. kj I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. kj I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. kj I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. kj I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kenny Jones

Print Name (First, Last)

Kj

Original Signature (electronic, copies or stamps not accepted)

5/27/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kenny Jones

Print Name (First, Last)

KJ

Original Signature (electronic, copies or stamps not accepted)

5/27/25

Date

Please have this section completed in the presence of a Notary Public.

State of UTAH, ss. County of WASHINGTON

I, Kenny Jones, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

KJ

Original Signature

5/27/25

Date

Subscribed and Sworn to before me this 27 day of MAY.

Amy Gonzalez

Notary Public Signature

NOTARY PUBLIC
AMY GONZALEZ
741168
MY COMMISSION EXPIRES
JANUARY 22, 2029
STATE OF UTAH

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site C3 Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) NV: PH03753, UT: 14196701

Physical Address 291 E 1400 S Ste 4

City St George State Utah Zip 84790

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 435 702-2273 Website www.c3pharmacy.com

Licensing Company Email ktmpharmaceutical@gmail.com

Section 2: Personal Information

First Kenneth Middle Lee Last Jones

Alias(es, nicknames, name changes, etc.) Kenny

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City St George State Utah Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Idaho State University			8/5-5/09	
Address		City	State	Zip
921 S 8th Ave		Pocatello	Idaho	83209
Diploma/Degree obtained, if any				
Doctor of Pharmacy (PharmD)				
School Name			From - To (MM/YY – MM/YY)	
Southern Utah University			8/02-5/05	
Address		City	State	Zip
351 W University Blvd		Cedar City	Utah	84720
Diploma/Degree obtained, if any				
Bachelor of Science (Psychology Major)				
School Name			From - To (MM/YY – MM/YY)	
College of Eastern Utah			8/00-5/02	
Address		City	State	Zip
451 E 400 N		Price	Utah	84501
Diploma/Degree obtained, if any				
Associate Degree				
School Name			From - To (MM/YY – MM/YY)	
Emery High School			8/94-5/97	
Address		City	State	Zip
975 N Center St		Castle Dale	Utah	84513
Diploma/Degree obtained, if any				
Diploma				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/15-5/25	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Smiths 189			From - To (MM/YY – MM/YY): 3/21-2/24
Business Address: 20 N Bluff St	City: St George	State: Utah	Zip: 84790
Phone: 435 673-8898	Title: PRN Pharmacist		
Description of Duties: Typical pharmacist duties. Check/verify prescriptions to ensure public safety.			

Business Name: Walgreens 11674			From - To (MM/YY – MM/YY): 8/08-2/21
Business Address: 1849 W Sunset Blvd	City: St George	State: Utah	Zip: 84790
Phone: 435 879-5165	Title: Pharmacy Manager (RXM)		
Description of Duties: Manage pharmacy operations.			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kenny Jones

Print Name (First, Last)

KJ

Original Signature (electronic, copies or stamps not accepted)

5/27/25

Date

Please have this section completed in the presence of a Notary Public.

State of UTAH, ss. County of WASHINGTON

I, Kenny Jones, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

KJ

Original Signature

5/27/25

Date

Subscribed and Sworn to before me this 27 day of MAY

Amy Gonzalez

Notary Public Signature

NOTARY PUBLIC
AMY GONZALEZ
741168
MY COMMISSION EXPIRES
JANUARY 22, 2029
STATE OF UTAH

(Seal)

Filed in the Office of	Filing Number
Adam Watson	250106154371B
Director, Division of Corporations and Commercial Code	Filed On: January 4, 2025 02:46 PM
Filed in the state of Utah	Entity ID: 9198871-0151
	Number of Pages: 1

Link to Doin | Addendun | Form

State of Utah
Department of Commerce
Division of Corporations & Commercial Code
Doing Business As (DBA) Registration Information Change Form

This form cannot be hand written.

Non-Refundable Processing Fee: $13.00

Entity File Number: 9198871-0151

Entity Name: C3 Pharmacy

For each Yes button that you mark the question will appear below for you to fill out.

1). Do you want to Change the Business Purpose? ○ Yes ◉ No

2). Do you want to Change the Registered Agent or the Address of the Registered Agent? ○ Yes ◉ No

3). Do you want to Change the Principal Address of the Business Entity? ○ Yes ◉ No

4). Do you want to Add individuals to the Business Entity? ◉ Yes ○ No

4). If Yes, who do you want to Add to the Business Entity and what Position will they hold?

Name: SP Care LLC Position: Applicant

Address: 2537 E Mountain Ledge Drive City St. George State UT Zip 84790

Name: _____ Position: Select/Type the position here

Address: _____ City _____ State _____ Zip _____

5). Do you want to Remove individuals from the Business Entity? ○ Yes ○ No

KTM Holdings, LLC — Applicant

Select/Type the position here

6). Do you want to Change the Address of the Business Entity's Principal(s)? ○ Yes ◉ No

Select/Type the position here

Select/Type the position here

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.

Under penalties of perjury and as an authorized authority, I declare that this statement of change(s), has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

Name/Title: Tye Rogers / Manager Signature: Tye Rogers Date: 1/3/25

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

160 E 300 S
P.O. Box 16741
Salt Lake City, UT 84114-6741
Email: DOPLInvestigations@utah.gov
Telephone : (801) 530-6628
Toll Free in Utah: (866) 275-3675
Investigation Fax: (801) 530-6301
Website: www.dopl.utah.gov

CLASS B CLOSED DOOR INSPECTION

☐ Random
☒ Opening

INFORMATION

Pharmacy Name: CP Care LLC Date: 4/14/21
License Number: 12007411-1704 Exp Date: 5/18/21
C.S. License Number: 12007411-8913 Exp Date: 5/18/21
DEA Registration: FS0012346 Exp Date: 2/29/24
Pharmacy FEIN # 47-1764190
Pharmacy Email: info@c3pharmacy.com
Pharmacy Phone: 435-703-2273 Fax: 435-703-2274
Toll Free Number: 833-493-2273
Affiliated Websites: n/a
Pharmacy Hours: Monday-Friday: 9-6 Saturday: N/a Sunday: N/A
Pharmacy Address: 291 E. 1400 S Suite 4
City: St. George State: Ut Zip: 84790
Pharmacist In Charge (PIC): David Lee Sorensen
PIC License # 8887257-1701 Expiration Date: 9/30/21

Personnel

List ALL pharmacists, interns, pharmacy technicians and techs-in-training (attach a separate sheet, if necessary):

Name:	License #	Exp:
(see attached)		

Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:

INSPECTION

	YES	NO	
1	☑	☐	Class B pharmacy means a pharmacy located in Utah that is authorized to provide pharmaceutical care for patients in an institutional setting; and whose primary purpose is to provide a physical environment for patients to obtain health care services; and includes closed-door, hospital, clinic, nuclear, and branch pharmacies; and pharmaceutical administration and sterile product preparation facilities. [UCA 58-17b-102 (11)(a)(i-ii)(b)(i-ii)]
2	☑	☐	The facility shall maintain a current list of licensed employees involved in the practice of pharmacy at the facility. The list shall include individual licensee names, license classifications, license numbers, and license expiration dates. The list shall be readily retrievable. The list may be maintained in paper or electronic form. [UAC R156-17b-614a (5)]
3	☑	☐	Notification has been provided to the Division in regards to the unique email address used in self audits or alerts for the pharmacy. The pharmacy will notify the Division of any change in the email address within seven days of the change. [UAC R156-17b-603(3)(t) (i-ii)]
4	☑	☐	Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. The Division is notified of a change in PIC within 30 days of the change. [UAC R156-17b-603 (3) (s)]
5	☐	☐	If the facility has a pharmacy technician training program, the program and curriculum of education and training, meets standards established by Division rule made in collaboration with the Board. [UAC R156-17b-303a (3)] ☑ N/A
6	☑	☐	A pharmacy technician trainee shall practice only under the direct supervision of a pharmacist, and in a ratio not to exceed one pharmacy technician trainee to one pharmacist. [UAC R156-17b-601(4)(a)]
7	☑	☐	Pharmacy technicians shall have general supervision by a pharmacist. [UCA 58-17b-102 (56)]
8	☑	☐	The operating standards for a Pharmacist acting as a preceptor includes meeting the following criteria by providing direct, on-site supervision to no more than two pharmacy interns during a working shift. [UAC R156-17b-606(1)(d)(i)]
9	☑	☐	In accordance with Subsecton 58-17b-102(71)(b) all supportive personnel shall be under the supervision of a licensed pharmacist or DMP. The licensed pharmacist or DMP shall be present in the area where the person being supervised is performing services and shall be immediately available to assist the person being supervised in the serivces being performed except for the delivery of pre-filled prescriptions as provided in Subsection (1)(g) above. [UAC R156-17b-607 (3)]
10	☑	☐	In accordance with Subsection 58-17b-102(71)(a), supportive personnel may assist in any tasks not related to drug preparation or processing including: stock ordering and restocking; cashiering; billing; filing; receiving a written prescription and delivering it to the pharmacist, pharmacy intern, pharmacy technician, pharmacy technician trainee, DMP, or DMP designee; housekeeping; and delivering a pre-filled prescription to a patient. [UAC R156-17b-607 (1)(a-g)]

11 [✓] [ ] The pharmacist-in-charge (PIC) is responsible for assuring that no pharmacy or pharmacist operates the pharmacy or allows operation of the pharmacy with a ratio of pharmacist to pharmacy personnel which, under the circumstances of the particular practice setting, results in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare. [UAC R156-17b-603 (3) (r)]

12 [✓] [ ] All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility does wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)]

13 [✓] [ ] When communicating by any means, written, verbal, or electronic, pharmacy personnel do identify themselves as to licensure classification. [UCA 58-17b-603 (2)]

14 [✓] [ ] The facility or parent company does maintain a record for not less than five years of the initials or identification codes that identify each dispensing pharmacist by name. The initials or identification codes shall be unique to ensure that each pharmacist can be identified; therefore identical initials or identification codes shall not be used. [UAC R156-17b-614a (8)]

15 [✓] [ ] The facility does have current and retrievable editions of the following reference publications in print or electronic format and readily available and retrievable to facility personnel: [UAC R156-17b-614a (4) (a-k)]

- [✓] UCA 58-1 (DOPL Licensing Act)
- [✓] UCA 58-17b (Pharmacy Practice Act)
- [✓] UCA 58-37 (Controlled Substance Act)
- [✓] UCA 58-37f (Controlled Substance Database Act)
- [✓] Code of Federal Regulations Title 21 parts 1300 to end
- [✓] General Drug References
- [✓] UAC R156-1 (General Rules of DOPL)
- [✓] UAC R156-17b(Pharmacy Practice Act Rules)
- [✓] UAC R156-37(Controlled Substance Act Rules)
- [✓] UAC R156-37f (Controlled Substance Database Act Rule)
- [✓] FDA Approved Drug Product(Orange Book)

16 [✓] [ ] The facility is well lighted, ventilated, clean and sanitary. [UAC R156-17b-614a (1) (a)]

17 [ ] [ ] If transferring a drug from a manufacturer's or distributor's original container to another container, the dispensing area, shall have a sink with hot and cold culinary water separate and apart from restroom facilities. All required equipment shall be clean and in good operating condition. [UAC R156-17b-614a (1) (b)]

18 [✓] [ ] The facility is equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [UAC R156-17b-614a (1) (c)]

19 [✓] [ ] The facility is equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [UAC R156-17b-614a (1) (d)]

20 [✓] [ ] All out of date legend drugs and controlled substances shall be removed from the inventory at regular intervals and in correlation to the beyond use date imprinted on the label. [UAC R156-17b-605 (1)]

21 [✓] [ ] The facility is stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public health, safety and welfare. [UAC R156-17b-614a (1) (e)]

22 [✓] [ ] If dispensing controlled substances, the facility is equipped with a security system to permit detection of entry at all times when the facility is closed, and provide notice of unauthorized entry to an individual, and be equipped with a lock on any entrances to the facility where drugs are stored. [UAC R156-17b-614a (1) (f)(i-ii)(g)]

23 [✓] [ ] If the pharmacy does not store drugs in a locked cabinet and has a drop/false ceiling, the pharmacy's perimeter walls shall extend to the hard deck, or other measures shall be taken to prevent unauthorized entry into the pharmacy. [UAC R156-17b-614a (15)] [ ] N/A

24 [✓] [ ] Only a licensed Utah pharmacist or authorized pharmacy personnel does have access to the pharmacy when the pharmacy is closed. [UAC R156-17b-614a (7)]

25 [✓] [ ] A pharmacy shall not dispense a prescription drug or device to a patient unless a pharmacist is physically present and immediately available in the facility. [UAC R156-17b-614a(6)]

26 [✓] [ ] The temperature of the pharmacy is maintained within a range compatible with the proper storage of the drugs. [UAC R156-17b-614a (2)]

27 [✓] [ ] The temperature of the refrigerator and freezer is maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. The pharmacy shall keep a daily written or electronic log of the temperature of the refrigerator or freezer on days of operation. The pharmacy shall retain the log entry for three years. [UAC R156-17b-614a (2)]

28 [✓] [ ] For the purpose of promoting therapeutic appropriateness, a pharmacist shall at the time of dispensing a prescription, or a prescription drug order, review the patient's medication record. Such review shall at a minimum identify clinically significant conditions, situations or items, such as: [UAC R156-17b-611 (2) (a-g)]

- [✓] Inappropriate drug utilization
- [✓] Drug-disease contraindications
- [✓] Incorrect drug dosage
- [✓] Drug-allergy interactions
- [✓] Therapeutic duplications
- [✓] Drug-drug interactions
- [✓] Incorrect duration of drug treatment
- [✓] Clinical abuse or misuse

29 [✓] [ ] Patient counseling shall not be required for inpatients of a hospital or institution where other licensed health care professionals are authorized to administer the patient's drugs. [R156-17b-610 (7)]

30 [✓] [ ] Every pharmacy shall verbally offer to counsel a patient or a patient's agent in a personal face-to-face discussion regarding each prescription drug dispensed, If the patient's agent delivers the prescription in person to the pharmacist or pharmacy intern; or receives the drug in person at the time it is dispensed at the facility. [UCA 58-17b-613 (1)]

31 [✓] [ ] A pharmacist or pharmacy intern that receives a prescription from a patient by means other than personal delivery, and that dispenses prescription drugs to the patient by means other than personal delivery shall provide patient counseling to a patient regarding each prescription drug the pharmacy dispenses and provide each patient with a toll-free telephone number by which the patient can contact the pharmacist or pharmacy intern at the pharmacy for counseling. [UCA 58-17b-613(2)]

32 [✓] [ ] If a prescription drug order is delivered to the patient or the patient's agent at the patient's or other designated location, the following is applicable: [UCA R156-17b-610(6)(a-c)

☑ the pharmacy shall provide the information specified in R156-17b-610(3) be delivered with the dispensed prescription in writing:
(a) the name and description of the prescription drug;
(b) the dosage form, dose, route of administration and duration of drug therapy;
(c) intended use of the drug, when known, and expected action;
(d) special directions and precautions for preparation, administration and use by the patient;
(e) common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur;
(f) techniques for self-monitoring drug therapy;
(g) proper storage;
(h) prescription refill information;
(i) action to be taken in the event of a missed dose;
(j) pharmacist comments relevant to the individual's drug therapy, including any other information specific to the patient or drug; and
(k) the date after which the prescription should not be taken or used, or the beyond use date.

☑ if prescriptions are routinely delivered outside the area covered by the pharmacy's local telephone service, the pharmacist shall place on the prescription container or on a separate sheet delivered with the prescription container, the telephone number of the pharmacy and the statement "Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions."

☑ written information provided in Subsection (b) of this section shall be in the form of patient information leaflets similar to USP-NF patient information monographs or equivalent information

33 ☑ ☐ Counseling shall be offered orally in person unless the patient or patient's agent is not at the pharmacy or a specific communication barrier prohibits oral communication [UAC R156-17b-610(1)]

34 ☑ ☐ A pharmacy facility shall orally offer to counsel but shall not be required to counsel a patient or patient's agent when the patient or patient's agent refuses counseling. [UAC R156-17b-610(2)]

35 ☑ ☐ The offer to counsel is documented and said documentation shall be available to the Division. These records must be maintained for a period of five years and be available for inspection within 7-10 business days. [UAC R156-17b-610 (4)]

36 ☑ ☐ A pharmacy may only deliver a prescription drug to a patient or a patient's agent in person at the pharmacy or via the United States Postal Service, a licensed common carrier, or supportive personnel, if the pharmacy takes reasonable precautions to ensure the prescription drug is delivered to the patient or patient's agent or return to the pharmacy. [UCA 58-17b-602 (9)(a)(b)(i-ii)]

37 ☑ ☐ A pharmacy that employs the United States Postal Service or other common carrier to deliver a filled prescription directly to a patient shall, under the direction of the PIC, or other responsible employee: [UAC R156-17b-608 (1-5)]

☑ Use adequate storage or shipping containers and shipping processes to ensure drug stability and potency. The shipping processes shall include the use of appropriate packing material and devices, according to the recommendations of the manufacturer or the United States Pharmacopeia Chapter 1079, in order to ensure that the drug is kept at appropriate storage temperatures throughout the delivery process to maintain the integrity of the medication.

☑ Use shipping containers that are sealed in a manner to detect evidence of opening or tampering.

☑ Develop and implement policies and procedures to ensure accountability, safe delivery, and compliance with temperature requirements. The policies and procedures shall address when drugs do not arrive at their destination in a timely manner or when there is evidence that the integrity of a drug was compromised during shipment. In these instances, the pharmacy shall make provisions for the replacement of the drug.

☑ Provide for an electronic, telephonic, or written communication mechanism for a pharmacy to offer counseling to the patient as defined in section 58-17b-613; and provide documentation of such counseling.

☑ Provide information to the patient indicating what the patient should do if the integrity of the package or drug was compromised during shipment.

38 ☑ ☐ Each drug dispensed from the pharmacy does have a label securely affixed to the container indicating the required minimum information, including: [UCA 58-17b-602 (5) (a) (i-viii)]

- ☑ name, address, & phone number of pharmacy
- ☑ filling date or last dispensing date
- ☑ name of the prescriber
- ☑ trade, generic or chemical name

(Unless Otherwise Indicated by Prescriber)

- ☑ serial number of prescription
- ☑ name of the patient or animal owner/species
- ☑ directions for use & cautionary statements
- ☑ amount dispensed & strength of dosage form
- ☑ beyond use date

39 ☑ ☐ Unless otherwise requested, child-resistant containers will be used for dispensing medications to patients. [UAC 58-1-502(6)& 16 CFR 1700.14]

40 ☑ ☐ Controlled substances are not accepted back for destruction unless allowed for by state and federal law. [UAC R156-37-606 (1-2) & 21 CFR 1307.21]

41 ☑ ☐ The registered pharmacy does only processes electronically signed prescriptions for controlled substances under the following conditions: the pharmacy uses a pharmacy application that meets all the applicable requirements; the prescription is otherwise in conformity with the requirements of the Code of Federal Regulations; and Certification Authority (CA) has been obtained. The electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form and at no time may the prescription be converted to another form *(i.e. facsimile)* for transmission. [UAC R156-17b-613(1) & CFR, Title 21, Chapter 11, Section 1311]

42 ☑ ☐ Prescription files, including refill information, are maintained for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

43 ☑ ☐ Prescription records may be maintained electronically so long as the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders. [UAC R156-37-602 (4) (a-b)]

44 ☐ ☑ All records relating to Schedule II controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (5)]

45 ☐ ☑ All records relating to Schedule III, IV, V controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (6)]

46 ☑ ☐ Requirement for annual controlled substances inventory shall be within 12 months following the inventory date of each year and may be taken within four days of the specified inventory date and shall include all stocks including out-of-date drugs and drugs in automated pharmacy systems. [UAC R156-17b-605 (4)]

47 ☑ ☐ Requirements for taking the initial controlled substances inventory shall include the following: all pharmacies shall take an inventory on the opening day of business. Such inventory shall include all controlled substances including any out-of-date drugs and drugs in automated pharmacy systems. In the event a pharmacy commences business with no controlled substances on hand, the pharmacy shall record this fact as the initial inventory. An inventory reporting no Schedule I and II controlled substances shall be listed separately from an inventory reporting no Schedule III, IV, and V controlled substances. The initial inventory shall serve as the pharmacy's inventory until the next completed inventory as specified in Subsection (4) of this section. [UAC R156-17b-605 (3) (a-c)] ☐ N/A

1/12/21

48 ☑ ☐ General Requirements for inventory of a pharmacy shall include: [UAC R156-17b-605 (2)(a)(b)(c)(e)(f)(i)(j)]

- ☑ the PIC shall be responsible for taking all required inventories, but may delegate the performance of the inventory to another person or persons;
- ☑ the inventory records shall be maintained for a period of five years and be readily available for inspection
- ☑ the inventory shall be filed separately from all records
- ☑ the inventory may be taken either as the opening of the business or the close of business on the inventory date;
- ☑ the person taking the inventory and the PIC shall indicate the time the inventory was taken and shall sign and date the inventory with the date the inventory was taken. The signature of the PIC and the date of the inventory shall be documented within 72 hours or three working days of the completed initial, annual, change of ownership and closing inventory.
- ☑ the inventory of Schedule I and II controlled substances shall be listed separately from the inventory of Schedule III, IV and V controlled substances;
- ☑ if the pharmacy maintains a perpetual inventory of any of the drugs required to be inventories, the perpetual inventory shall be reconciled on the date of the inventory.

49 ☑ ☐ All pharmacies shall maintain a perpetual inventory of all Schedule II controlled substances. [UAC R156-17b-605(7)]

50 ☑ ☐ The pharmacy does reconcile its controlled substance inventory to account for shortages of controlled substances. [UAC R156-17b-603 (3) (k) ~~& R156-37-502(4)~~]

51 ☑ ☐ Any facility who experiences any theft, including diversion, or significant loss of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau Division; and report the incident to the local law enforcement agency. [UAC R156-37-602 (2)]

52 ☑ ☐ Pharmacists or other responsible individuals do verify that the suppliers' invoices of controlled substances, listed on the invoices were actually received by clearly recording their initials and the actual date of receipt of the controlled substances. [UAC R156-17b-614a (11)]

53 ☑ ☐ The facility does maintain a record of suppliers' credit memos for controlled substances. [UAC R156-17b-614a (12)]

54 ☑ ☐ The facility does maintain a copy 3 of DEA order form (form 222) which has been properly dated, initialed, and filed and all copies of each unaccepted or defective order form and any attached statements or other documents. [UAC R156-17b-614a (9)]

55 ☑ ☐ The Division shall implement on a statewide basis, including non-resident pharmacies as defined in Section 58-17b-102, the following two options for a pharmacist to submit information: real-time submission of the information required to be submitted under this part of the controlled substance database; and 24-hour dail or next business day, whichever is later, batch submission of the information required to be submitted under this part to the controlled substance database. [UCA 58-37f-203(1)(a)(i,ii)]

56 ☑ ☐ In accordance with 58-37f-203(6), the pharmacist-in-charge and the pharmacist identified in Subsections 58-37f-203(2) and (3) shall provide the following data fields to the Division: the state that issued identification, type of identification used, and identification number used by individual picking up dispensed drug. [UCA R156-37f-203 (4) (aa-cc)]

57 ☐ ☑ The pharmacy maintains emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMT's, ambulances)? If the answer is "yes", note name(s) of facilities or entities.

58 ☑ ☐ The pharmacy maintains automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home? If the answer is "yes", note type and location.

59 ☑ ☐ The pharmacy utilizes an Automated Pharmacy System? If the answer is "yes" to this question, a automation questionnaire must be completed. [UAC R156-17b-620]

60 ☐ ☑ Does the pharmacy purchase any compound products from other entities for dispensing to patients? [UAC 58-17b-102(18)(b)(i)]

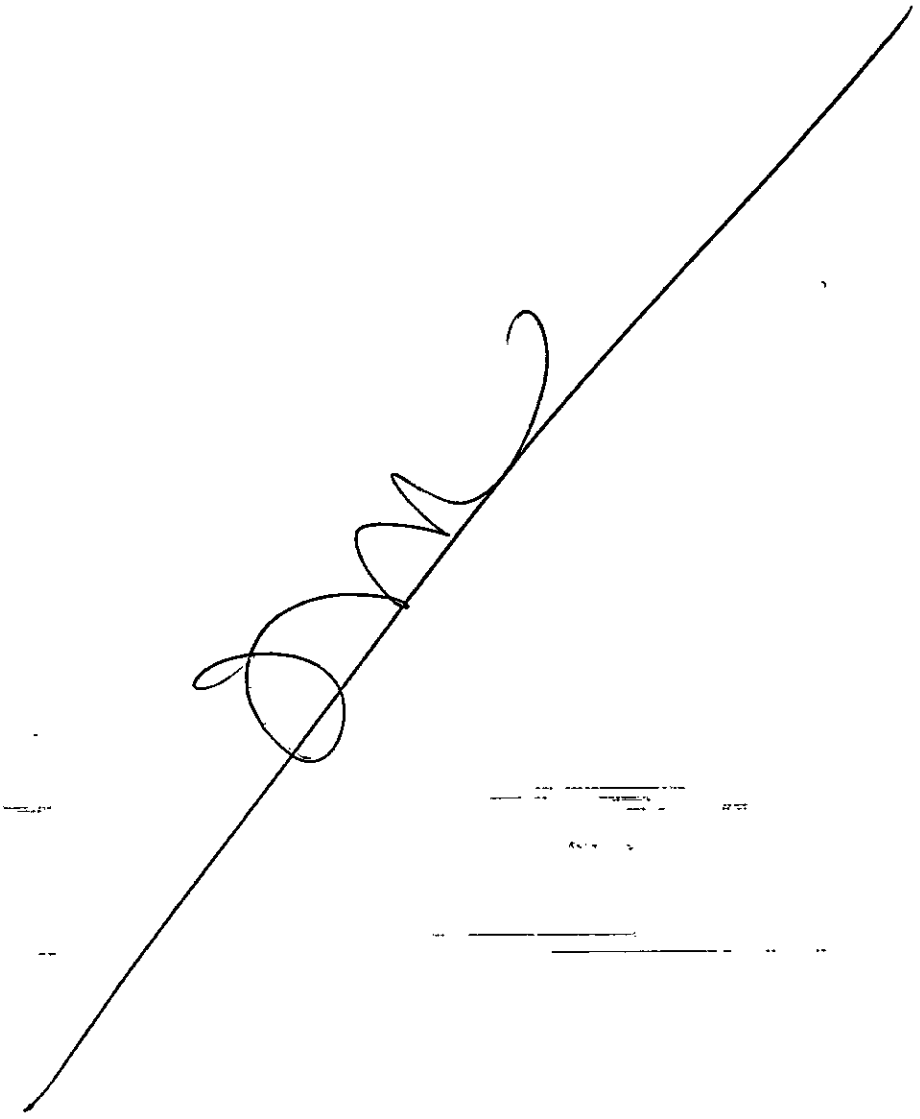
61 ☐ ☑ The facility is engaged in compounding with hazardous drugs as defined by USP-NF Chapter 800. If you answer "yes" to this question, a compounding questionnaire must be completed.

62 ☐ ☑ The facility is engaged in simple, medium, or complex compounding activities as defined by USP 35 Chapter 795. If you answer "yes" to this question, a compounding questionnaire must be completed. [(UAC R156-17b-614a (3)]

63 ☑ ☐ The facility is engaged in low, medium, or high risk *sterile* compounding as defined by USP 35 Chapter 797. If you answer "yes" to this question, a compounding questionnaire must be completed. [UAC R156-17b-614a (3)]

COMMENTS

44
45 Records of C-2 & C35 need to be maintained separately.



☒ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: _____ Date: 4/14/21

Name of Responsible Party (Print): David Sorensen

Signature of Division Investigator: _____ Date: 4/14/21

Name of Division Investigator (Print): Shanilee McIntyre

Revised 4/2020

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

SP Care LLC

EFFECTIVE
12/31/2024

EXPIRATION
06/30/2025

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

14196701-1704 Pharmacy - Class B
14196701-8913 Dispensing Controlled Substance License

Closed Door

DBA: C3 PHARMACY

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

SP CARE LLC
291 E 1400 S, STE 4
SAINT GEORGE UT 84790

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: **12/31/2024**

EXPIRATION DATE: **06/30/2025**

ISSUED TO: **SP Care LLC**
291 E 1400 S, Ste 4
Saint George UT 84790

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

14196701-1704 Pharmacy - Class B
14196701-8913 Dispensing Controlled Substance License

Closed Door

DBAs: C3 PHARMACY

State of Utah
Department of Commerce
Division of Corporations & Commercial Code
Doing Business As (DBA) Registration Information Change Form

This form cannot be hand written.

Adam Watson
Director, Division of Corporations and Commercial Code
Filed in the state of Utah

2501061543TB
Filed On
January 4, 2025 02:46 PM
Entity ID
9198871-0151
Number of Pages
1

Link to Doin | Adden | Forr

Non-Refundable Processing Fee: $13.00

Entity File Number: 9198871-0151

Entity Name: C3 Pharmacy

For each Yes button that you mark the question will appear below for you to fill out.

1). Do you want to Change the Business Purpose? ○ Yes ◉ No

2). Do you want to Change the Registered Agent or the Address of the Registered Agent? ○ Yes ◉ No

3). Do you want to Change the Principal Address of the Business Entity? ○ Yes ◉ No

4). Do you want to Add individuals to the Business Entity? ◉ Yes ○ No

4). If Yes, who do you want to Add to the Business Entity and what Position will they hold?

Name: SP Care LLC Position: Applicant

Address: 2537 E Mountain Ledge Drive City St. George State UT Zip 84790

Name: Position: Select/Type the position here

Address: City State Zip

5). Do you want to Remove individuals from the Business Entity? ○ Yes ○ No

KTM Holdings, LLC — Applicant

Select/Type the position here

6). Do you want to Change the Address of the Business Entity's Principal(s)? ○ Yes ◉ No

Select/Type the position here

Select/Type the position here

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.

Under penalties of perjury and as an authorized authority, I declare that this statement of change(s), has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

Name/Title: Tye Rogers / Manager Signature: Tye Rogers Date: 1/3/25

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS0012346	02-28-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-03-2024

SP CARE LLC
DBA C3 PHARMACY
291 E 1400 S STE 4
SAINT GEORGE, UT 847904009

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS0012346	02-28-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-03-2024

SP CARE LLC
DBA C3 PHARMACY
291 E 1400 S STE 4
SAINT GEORGE, UT 847904009

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Form DEA-223 (9/2016)

Filed in the Office of	Filing Number
Adam Watson	**241126076581B**
	Filed On
Director, Division of Corporations and Commercial Code	**November 22, 2024**
	Entity ID
	9153799-0160
Filed in the State of Utah	Number of Pages
	1

State of Utah
Department of Commerce
Division of Corporations and Commercial Code

Domestic Limited Liability Company - Amendment to Certificate of Organization

ENTITY INFORMATION

Entity Name: SP CARE LLC

Entity Number: 9153799-0160

Effective Date: November 22, 2024

Effective Time: 08:14 PM

BUSINESS DETAILS

Duration Date: Perpetual

BUSINESS CLASSIFICATION:

A Limited Liability Company

PRINCIPAL OFFICE INFORMATION:

Principal Office Address: 291 E. 1400 S. Ste 4, SAINT GEORGE, UT 84790

Mailing Address: 2537 E. Mountain Ledge Drive, SAINT GEORGE, UT 84790

REGISTERED AGENT

Agent Type: Entity

Name: KTM HOLDINGS, LLC

Address: 2537 E. MOUNTAIN LEDGE DRIVE, Saint George, UT 84790

ACTIVE PRINCIPAL INFORMATION

Title: Manager

Name: KTM Holdings, LLC

Address: 2537 E. Mountain Ledge Drive, Saint George, UT 84790

SUPORTING DOCUMENTATION

No Supporting Documentation Provided.

4AAA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH PH02511	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA #: FW0974863 ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☒ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☒ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: HealthDyne Pharmacy FL, LLC

Physical Address: 500 Eagles Landing Drive, Suite B

City: Lakeland State: FL Zip: 33810

Mailing Address (if different from physical address): 500 Eagles Landing Drive

City: Lakeland State: FL Zip: 33810

Telephone: 888.479.2000 Toll Free # (NAC 639.708, NRS 639.23286): 888.479.2000

Fax: 863.686.4710 Contact Email: kjagnarain@welldyne.com

Website: https://www.healthdyne.com/

Nevada Business License # (if applicable) NV20222414679

Supervising/Managing Pharmacist Name (NRS 639.220): Joseph Michael Fleischman

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): NV-21410, FL-PS34181

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Joseph Michael Fleischman	NV Pharmacist Registration #: 21410
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): HealthDyne, LLC

Corporation/Organization Name: HealthDyne Pharmacy FL, LLC

Mailing Address: 500 Eagles Landing Drive

City: Lakeland State: FL Zip: 33810

Telephone: 888.479.2000 Email: kjagnarain@welldyne.com

Contact Person Name: Kumarie Jagnarain

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the SVP & Secretary (title) for HealthDyne Pharmacy FL, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Phillip P. Bisesi

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

04/08/2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Phillip P. Bisesi hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the SVP & Secretary (title) for HealthDyne Pharmacy FL, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 8th day of APRIL, 2025

Notary Public

KUMARIE JAGNARAIN
Notary Public - State of Florida
Commission # HH 606531
My Comm. Expires Nov 1, 2028
Bonded through National Notary Assn.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Phillip P. Bisesi SVP & Secretary

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

04/08/2025
Date

Board Use Only	Date Received: _____	Amount: 500.00/ 6651505801

Wisconsin Department of Safety and Professional Services
Division of Legal Services and Compliance
1400 E Washington Ave
PO Box 7190
Madison WI 53707-7190
RETURN SERVICE REQUESTED

Phone: 608-266-2112
Web: http://dsps.wi.gov
Email: dsps@wisconsin.gov

Scott Walker, Governor
Dave Ross, Secretary

Email: nilajah.hardin@wisconsin.gov
Direct Line: 608-267-7139
Facsimile: 608-266-2264

December 29, 2016

WELLDYNERX-FL
500 EAGLES LANDING DRIVE
LAKELAND, EL 33810

RE: Completion of Requirements; Final Decision and Order No. 0004736 ("Order")

Dear WellDyneRx-FL,

This letter confirms that you have paid the costs of the proceeding in the amount of $129.83 and forfeiture in the amount of $2,500.00, as ordered by the Pharmacy Examining Board on May 25, 2016. Therefore, all terms of the above Order have now been satisfied. Please feel free to contact me if you have any questions.

Sincerely,

Nilajah Hardin
Department Monitor
Division of Legal Services and Compliance

Cc:
Patrick J. Knight, Attorney
330 E Kilbourn Avenue, Suite 1170
Milwaukee, WI 53202

November 2, 2016

Jesse Benisch
Wisconsin Dept. of Safety and Professional Services
Division of Legal Services and Compliance
1400 E. Washington Ave.
Madison, WI 53707-7190

Re: WellDyneRx-FL Order No. ORDER0004736

Dear Mr. Benisch,

Attached is WellDyneRx-FL's Check #250021240 for accessed costs of $2,632.48.

Please let me know if there is anything else you need.

Respectfully,

Sandy Lovern
Legal, Regulatory & Compliance Administrator

WellDyneRx, Inc.
500 Eagles Landing Drive
Lakeland, FL 33810
888-479-2000 Ext.6523
Fax 863-686-5682
slovern@welldyne.com
www.welldyne.com

Wisconsin Department of Safety and Professional Services
Division of Legal Services and Compliance
1400 E Washington Ave
PO Box 7190
Madison WI 53707-7190
RETURN SERVICE REQUESTED



Phone: 608-266-2112
Web: http://dsps.wi.gov
Email: dsps@wisconsin.gov

Scott Walker, Governor
Dave Ross, Secretary

Email: jesses.benisch@wi.gov
Direct Line: 608-261-2507
Facsimile: 608-266-2264

October 27, 2016

WELLDYNERX - FL
500 EAGLES LANDING DR
LAKELAND FL 33810

RE: Delinquent Payment; Final Decision and Order No. ORDER0004736 ("Order")

Dear WellDyneRX - FL,

On May 25, 2016, the Wisconsin Pharmacy Examining Board issued the above Order requiring you to pay $129.38 in costs of the proceeding and $2500.00 in forfeitures no later than August 23, 2016. Our records indicate that your payment was not received and the costs remain unpaid.

Your current balance, including interest on your assessed costs is $2,632.48. Please submit the payment in full to the address listed above upon receipt of this letter. If we do not receive the payment by **Thursday, November 10, 2016**, your pharmacy license will be suspended and the balance will continue to accrue interest until the payment has been made in full.

Please feel free to contact me if you have any questions. Thank you in advance for your prompt attention to this matter.

Sincerely,

Jesse Benisch
Department Monitor/Regulatory Specialist
Division of Legal Services and Compliance

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
WELLDYNERX-FL, RESPONDENT.	:	

Division of Legal Services and Compliance Case No. 14 PHM 085 and 14 PHM 136

The parties to this action for the purpose of Wis. Stat. § 227.53 are:

WelldyneRx-FL
500 Eagles Landing Dr.
Lakeland, FL 33810

Wisconsin Pharmacy Examining Board
P.O. Box 8366
Madison, WI 53708-8366

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Pharmacy Examining Board (Board). The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent WelldyneRx-FL is licensed in the state of Wisconsin as an out-of-state pharmacy, having license number 438-043, first issued on March 30, 2009 and current through May 31, 2016. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 500 Eagles Landing Drive, Lakeland, Florida 33810.

2. On May 6, 2014, Respondent attempted to transfer a refill prescription order of hydrochlorot 50 mg tablets to a Fitchburg, Wisconsin pharmacy. The entire process was done via facsimile machine.

3. As a matter of policy, Respondent did not require a staff pharmacist to contact a receiving pharmacist to verbally verify the prescription order transfer. Respondent has voluntarily corrected the issue.

4. In resolution of this matter, Respondent consents to the entry of the following Conclusions of Law and Order.

CONCLUSIONS OF LAW

1. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter pursuant to Wis. Stat. § 450.10(1), and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

2. By the conduct described in the Findings of Fact, WelldyneRx-FL violated Wis. Admin. Code § Phar 7.055(1)(a), by failing to communicate directly between 2 pharmacists either by verbal transfer or by a computer system transfer.

3. Respondent, by violating Wis. Admin. Code § Phar 7.055(1)(a), engaged in unprofessional conduct as defined by Wis. Stat. § 450.10(1)(a)2., by violating a state rule which substantially relates to the practice of the licensee.

4. As a result of the above violations, WelldyneRx-FL is subject to discipline pursuant to Wis. Stat. § 450.10(1)(b)1.

ORDER

1. The attached Stipulation is accepted.

2. Respondent WelldyneRx-FL, license number 438-043, shall, within 90 days of the date of this Order, pay a FORFEITURE in the amount of $2,500.

3. Within ninety (90) days from the date of this Order, WelldyneRx-FL shall pay COSTS of this matter in the amount of $129.83.

4. Payment of costs and forfeiture (made payable to the Wisconsin Department of Safety and Professional Services) shall be sent by Respondent to the Department Monitor at the address below:

Department Monitor
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190, Madison, WI 53707-7190
Telephone (608) 267-3817; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

5. Case number 14PHM136 is closed for compliance gained.

6. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit payment of costs or forfeiture as ordered, Respondent's license (no. 438-043) may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with payment of costs and forfeiture.

7. This Order is effective on the date of its signing.

WISCONSIN PHARMACY EXAMINING BOARD

by: _____ _____

A Member of the Board Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	STIPULATION
WELLDYNERX-FL, RESPONDENT.	:	

Division of Legal Services and Compliance Case No. 14 PHM 085 and 14 PHM 136

Respondent WelldyneRx-FL and the Division of Legal Services and Compliance, Department of Safety and Professional Services stipulate as follows:

1. This Stipulation is entered into as a result of a pending investigation by the Division of Legal Services and Compliance. Respondent consents to the resolution of this investigation by Stipulation.

2. Respondent understands that by signing this Stipulation, Respondent voluntarily and knowingly waives the following rights:

- the right to a hearing on the allegations against Respondent, at which time the State has the burden of proving those allegations by a preponderance of the evidence;
- the right to confront and cross-examine the witnesses against Respondent;
- the right to call witnesses on Respondent's behalf and to compel their attendance by subpoena;
- the right to testify on Respondent's own behalf;
- the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision;
- the right to petition for rehearing; and
- all other applicable rights afforded to Respondent under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and other provisions of state or federal law.

3. Respondent is aware of Respondent's right to seek legal representation and has been provided an opportunity to obtain legal counsel before signing this Stipulation. Respondent is represented by Attorney Patrick Knight.

4. Respondent agrees to the adoption of the attached Final Decision and Order by the Wisconsin Pharmacy Examining (Board). The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall then be returned to the Division of Legal Services and Compliance for further proceedings. In the event that the Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Legal Services and Compliance and any member of the Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of Respondent, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with deliberations on the Stipulation. Additionally, any such advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's Final Decision and Order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Legal Services and Compliance joins Respondent in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

WellDyneRx-FL, Respondent
500 Eagles Landing Dr.
Lakeland, FL 33810
License no. 438-43

3/29/16
Date

Patrick J. Knight, Attorney for Respondent
Gimbel-Reilly-Guerin-Brown LLP
330 E Kilbourn Ave., Suite 1170
Milwaukee, WI 53202

Date

Sandra L. Nowack, Prosecuting Attorney
Attorney for the Division of Legal Services and Compliance
Wisconsin State Bar No. 1025643
Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190
Tel. (608) 266-8098

Date

HealthDyne Pharmacy FL, LLC

Nevada

Non-Resident Pharmacy Application

Transfer of Ownership

HEALTHDYNE, LLC
LIST OF CORPORATE OFFICERS, SOLE MEMBER

Name	Date of Birth	Title	Address
Stephen M. Saft	[redacted]	Chief Executive Officer	500 Eagles Landing Drive Lakeland, FL 33810
Christopher K. Knibb		Chief Financial Officer & Treasurer	500 Eagles Landing Drive Lakeland, FL 33810
David A. Skomo		Chief Operating Officer	500 Eagles Landing Drive Lakeland, FL 33810
Phillip P. Bisesi		Senior Vice President & Secretary	500 Eagles Landing Drive Lakeland, FL 33810
HealthDyne, LLC		Sole Member	500 Eagles Landing Drive Lakeland, FL 33810

LIMITED LIABILITY COMPANY OPERATING AGREEMENT
OF
HEALTHDYNE PHARMACY FL, LLC

Exhibit A

MEMBER	CAPITAL CONTRIBUTION	MEMBERSHIP PERCENTAGE
WellDyneRx, LLC	$10	100%

LIMITED LIABILITY COMPANY OPERATING AGREEMENT
OF
HEALTHDYNE PHARMACY FL, LLC

Exhibit B

NAME	OFFICE
Stephen M. Saft	Chief Executive Officer
Christopher K. Knibb	Chief Financial Officer & Treasurer
David A. Skomo	Chief Operating Officer
Phillip P. Bisesi	Senior Vice President & Secretary

State of Florida
Department of State

I certify from the records of this office that HEALTHDYNE PHARMACY FL, LLC is a limited liability company organized under the laws of the State of Florida, filed on November 5, 2024.

The document number of this limited liability company is L24000469644.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025, that its most recent annual report was filed on April 16, 2025, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-ninth day of April, 2025



Secretary of State

Tracking Number: 3713492533CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: HealthDyne Pharmacy FL, LLC

Pharmacy/Wholesaler License # (if applicable): PH02511 (NV)

Physical Address: 500 Eagles Landing Drive, Suite B

City: Lakeland State: FL Zip: 33810

Mailing Address (if different from physical address): 500 Eagles Landing Drive

City: Lakeland State: FL Zip: 33810

Telephone: 888-479-2000 Website: www.welldyne.com

Licensing Company Email: administration@welldyne.com

Section 2: Personal Information

First: Joseph Middle: Michael Last: Fleischman

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Lakeland State: FL Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No	
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?			N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Nova Southeastern University			1995 thru 1999	
Address		**City**	**State**	**Zip**
3301 College Avenue		Davie	FL	33314
Diploma/Degree obtained, if any				
Doctor of Pharmacy				
School Name			**From - To (MM/YY – MM/YY)**	
University of South Florida			1990 thru 1995	
Address		**City**	**State**	**Zip**
4202 South Fowler Avenue		Tampa	FL	33620
Diploma/Degree obtained, if any				
BS in Biology				
School Name			**From - To (MM/YY – MM/YY)**	
Bloomingdale Senior High			1987 thru 1989	
Address		**City**	**State**	**Zip**
1700 Bloomingdale Avenue		Valrico	FL	33596
Diploma/Degree obtained, if any				
High School Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2012 to Present	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
WellDyneRx, LLC			11/2017-Present	
Business Address		**City**	**State**	**Zip**
500 Eagles Landing Drive		Lakeland	FL	33810
Phone	**Title**		**Number of Employed Hours**	
888.479.2000	Pharmacist-in-Charge		40 Hrs Wk for 7.5 Years	
Description of Duties				
I am the Pharmacist in Charge employed since 11/2017 working 40 hours per week.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

N/A

I, Joseph M. Fleischman, **certify that as the designated representative for**

HealthDyne Pharmacy FL, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JmF I am at least 21 years of age;
3. JmF I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JmF I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JmF I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JmF I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JmF I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Joseph M. Fleischman

Print Name (First, Last)

Joseph M. Fleischman

Original Signature (electronic, copies or stamps not accepted)

4-28-25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph M. Fleischman

Print Name (First, Last)

Joseph M. Fleisch — 4-28-25

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of FLORIDA, ss. County of POLK

I, JOSEPH M. FLEISCHMAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Joseph M. Fleisch — 04/28/2025

Original Signature — **Date**

Subscribed and Sworn to before me this 28th day of APRIL, 2025

Kumarie Jagnarain

Notary Public Signature

KUMARIE JAGNARAIN
Notary Public - State of Florida
Commission # HH 606531
My Comm. Expires Nov 1, 2028
Bonded through National Notary Assn.

(Seal)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 30416
Insp # 203656

NAME	PERMIT NUMBER	DATE OF INSPECTION
HEALTHDYNE PHARMACY FL,LLC		02/18/2025
DOING BUSINESS AS		
STREET ADDRESS 500 EAGLES LANDING DRIVE SUITE B	**TELEPHONE #**	**EXT**
CITY LAKELAND	**COUNTY** POLK	**STATE/ZIP** FL/33810

Additional Information

Business Operation Hours

M-T-W-TH-F N	Weekly Hours
Monday Y	Monday Hours 24/7
Tuesday Y	Tuesday Hours 24/7
Wednesday Y	Wednesday Hours 24/7
Thursday Y	Thursday Hours 24/7
Friday Y	Friday Hours 9:00 AM - 8:00 PM
Saturday Y	Saturday Hours 7:00 AM - 7:30 PM
Sunday Y	Sunday Hours 7:00 AM - 7:30 PM

Registered Pharmacist / Intern / Tech

License # PS26903	Licensee Name Suzanne McQuilken
License Type Registered Pharmacists	
License # PS42845	Licensee Name Allison Lopez
License Type Registered Pharmacists	
License # PS55877	Licensee Name Leonard DeLeon
License Type Registered Pharmacists	
License # PS44257	Licensee Name Lottie Leopold
License Type Registered Pharmacists	
License # PS38499	Licensee Name Parag Kadiwar
License Type Registered Pharmacists	
License # PS18793	Licensee Name C Doug Heuser
License Type Registered Pharmacists	
License # PS 34181	Licensee Name Joe Fleischman
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FW0974863	

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081(2), F.A.C.]	Yes
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109, F.A.C.]	Yes

Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.]	Yes

Community Requirements General Section

Outdated medications removed from active stock. [64B16-28.110, F.A.C.] [64B16-28.1191, F.A.C.]	Yes
Prescription Department is open for a minimum of 20 hours per week. [64B16-28.1081(1), F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c), F.S.] [21CFR1306.05]	Yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)] [64B16-28.140(3)(d), F.A.C.]	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmecy. [64B16-28.102(5)(a), F.A.C.]	Yes
Technicians properly identified. [64B16-27.100(2), F.A.C.] [64B16-27.4001, F.A.C.] [64B16-27.410, F.A.C.] [64B16-27.420, F.A.C.]	Yes
Legend drugs properly stored within confines of pharmacy department and maintained at appropriate temperature to preserve therapeutic activity. [64B16-28.118, F.A.C.]; [64B16-28.120, F.A.C.]; [64B16-28.102, F.A.C.] *PharmAssist canister is zip tied after pharmacist verified and reviewed.*	Yes
Documentation of destruction or return of controlled substances. [64B16-28.303, F.A.C.] *Pharmalink*	Yes
Generic equivalent sign is posted. [465.025(7), F.S.]	Yes

Additional Community Requirements

Prescription department is operating under clean, sanitary, and uncrowded health conditions. [64B16-28.102, F.A.C.]	Yes
Prescription department has a sink with running water easily accessible to the prescription counter. [64B16-28.102, F.A.C.]	Yes
Pharmacist is on the premises and on duty when the prescription department is open. [64B16-28.109, F.A.C.]	Yes
Pharmacy maintains a written policy and procedure manual regarding the number of registered pharmacy technician positions and the pharmacy operates within the established ratio as defined by rule. [64B16-27.410(2)(a), F.A.C.]	Yes
Pharmacists, technicians, and interns are licensed in the State of Florida. [465.015(1)(a), F.S.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	Yes
Medication is properly labeled for dispensing to patient. [64B16-28.108, F.A.C.]	Yes
Unclaimed prescriptions are maintained in stock for no more than one year past dispensing date. [64B16-28.1191, F.A.C.]	Yes
Manufacturer containers are properly labeled. [499.003(26), F.S.]	Yes
Customized medication packages are labeled properly with beyond use date of not more than 120 days from the date of preparation but not later then the beyond use date for any of the medications in the package. [64B16-28.108(6)9., F.A.C.]	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality-Related Events are available for inspection. [64B16-27.300, F.A.C.] [766.101(1)(a)(l), F.S.]	Yes
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.] *Maintained in PharmAssist*	Yes
Compounding records include compounding date, lot number, expiration date, name and manufacturer of ingredients, package size, number of units, technician compounding and pharmacist verifying the final compound. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005, F.S.] [61N-1.012, F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005(14), F.S.] *Cardinal Health*	Yes
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility. [64B16-27.700(3)(g), F.A.C.]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up care from his or her primary care physician. [465.1895(9), F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S.]	Yes

Requirements for Dispensing Controlled Substances

Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11]	Yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2), F.S.] [21CFR 1305.13(e)] [21CFR1305.22(g)]	Yes
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [465.022(12)(a), F.S.] [64B16-28.140, F.A.C.] [21CFR1306.22] [21CFR1304.04]	Yes
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b), F.S.] [465.022(11)(b), F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4)(3)(a), F.S.]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	Yes
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	Yes

Pharmacy engages in Centralized Prescription Filling [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	Yes
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	Yes
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	Yes
If a controlled substance, the word "central fill" appears on the face of the original prescription.	Yes
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	Yes

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197(3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

HIV Infection Prevention Drugs

Pharmacists are screening, ordering or dispensing HIV postexposure prophylaxis drugs under a written Collaborative Practice Agreement. [465.1861, F.S.]	
An access-to-care plan has been submitted to the board office and is in place to assist patients in gaining access to appropriate care settings when they present to a pharmacist for HIV screening and indicate that they lack regular access to primary care. [465.1861, F.S.]	

Remarks:

Routine name change inspection inspection completed with Joe Fleischman. Formerly WellDyneRx, LLC. Operating requirements met.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

HODGES, PETER

Date:2/18/2025

Representative:

Joe Fleischman

Date:2/18/2025

Your license number is PH 23389.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

Florida HEALTH

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
FEBRUARY 4, 2025	PH 23389	151973

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

EXPIRATION DATE: FEBRUARY 28, 2027

WELLDYNERX, LLC
HealthDyne Pharmacy
500 EAGLES LANDING DRIVE
SUITE B
LAKELAND, FL - 33810

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
FEBRUARY 4, 2025	PH 23389	151973

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

WELLDYNERX, LLC
HealthDyne Pharmacy

Expiration Date:FEBRUARY 28, 2027

REGISTRANT SIGNATURE

Department of Health

WellDyneRx, LLC

HealthDyne Pharmacy

License Number: PH23389

Data As Of 4/21/2025

Profession	Pharmacy
License	PH23389
License Status	CLEAR/
Qualifications	Community Pharmacy Schedule II & III
License Expiration Date	2/28/2027
License Original Issue Date	05/21/2008
Address of Record	500 EAGLES LANDING DRIVE Suite B LAKELAND, FL 33810
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
FLEISCHMAN, JOSEPH M	RX DPT MGR/COR/POR	PHARMACIST	34181	01/15/2018

Name	Relationship	Profession	License	Effective Date
SAFT, STEPHEN	PHARMACY AFFILIATE	PHARMACY AFFILIATE		09/22/2017

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW0974863	05-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-10-2023

WELLDYNERX - FL
500 EAGLES LANDING DR
LAKELAND, FL 338102899

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW0974863	05-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-10-2023

WELLDYNERX - FL
500 EAGLES LANDING DR
LAKELAND, FL 338102899

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

4BBB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

4

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Specialty	☒ Retail/Community ☐ Dangerous drugs ☒ Controlled substances DEA #: FL5033078 ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Lumicera Health Services, LLC

Physical Address: 4 Technology Drive Suite 100

City: Irvine State: CA Zip: 92618

Mailing Address (if different from physical address): 310 Integrity Drive

City: Madison State: WI Zip: 53717

Telephone: 833 210-5964 Toll Free # (NAC 639.708, NRS 639.23286): 833 210-5964

Fax: 833 210-5968 Contact Email: licensing@lumicera.com

Website: www.lumicera.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Laurel Virginia Hipszer

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): _____

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Laurel Hipszer	NV Pharmacist Registration #: 23971
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Wisconsin

Parent Company (if any): Navitus Health Solutions, LLC

Corporation/Organization Name: Lumicera Health Services, LLC

Mailing Address: 310 Integrity Drive

City: Madison State: WI Zip: 53717

Telephone: 855 847-3553 Email: licensing@lumicera.com

Contact Person Name: Jordann Meinhardt

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Pharmacy Officer (title) for Lumicera Health Services, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Sharon Faust

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5/22/2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Sharon Faust hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Pharmacy Officer (title) for Lumicera Health Services, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 22 day of May, 20 25

Notary Public

MARGARET SCHOONOVER
Notary Public
State of Wisconsin

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sharon Faust

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

5/22/2025
Date

Board Use Only	Date Received: 5/27/25	Amount: $500 ck# 3000092

Lumicera Health Services

Lumicera Health Services, LLC ("Lumicera") was informed by the Alaska Department of Commerce, Community, and Economic Development division of Corporations, Business, and Professional Licensing that we were in receipt of Imposition of Civil Fine regarding a violation of 12 AAC 42.200(c), the failure to notify the department of a change in our Facility Manager/Pharmacist-In-Charge within the timely requirements pursuant to 12 AAC 42.200(c). While Lumicera disputed this determination, we accepted the settlement agreement solely as a way to resolve the matter.

The Alaska Board of Pharmacy determined that the violation was a technical violation of professional licensing statutes and regulations, and the matter was resolved with a civil fine. No such incidents or investigations have occurred since.

Tyler Gurss

Printed Name

Signature

5/8/25

Date

Lumicera Health Services

Lumicera Health Services, LLC ("Lumicera") was informed by the Arkansas Board of Pharmacy that it was not eligible to hold a pharmacy license in the State of Arkansas pursuant to the provisions of SS 17-92-405. This statute states "it shall be unlawful for any nonprofit, tax exempt, or governmentally funded hospital to acquire direct or indirect interest in or otherwise hold directly or indirectly a licensed pharmacy permit pursuant to provisions of SS 17-92-405. For the sale at retail of drug and medicine." Arkansas code annotated 17-92-607. Lumicera is not itself a non-profit, but a parent company with an indirect, partial ownership interest in Lumicera also holds ownership interest in non-profit hospitals through separate chains of ownership.

Following receipt of this letter, a hearing was set for the Arkansas BOP and Lumicera representatives to discuss the matter. Prior to the hearing, Lumicera elected to instead surrender its Arkansas pharmacy license until the matter could be resolved. In the time since the events described herein occurred, the Arkansas legislature amended this statute such that it no longer applies to Lumicera, effective in July 2025.

Lumicera
Health Services

Owner

Navitus Health Solutions
361 Integrity Drive
Madison, WI 53717
100% owned

Officers

Name: David Wilson Fields
Position: President/CEO

Name: George Henry Hepburn
Position: Chief Financial Officer

Name: Paul Morris Page
Position: Corporate Secretary

Name: Sharon Faust
Position: Chief Pharmacy Officer

310 Integrity Drive
Madison, WI 53717
P / 855.847.3553
F / 855.847.3558

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Kristie Pulvermacher, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

LUMICERA HEALTH SERVICES, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 16, 2013.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., but that it has not filed a statement or articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 10, 2025.

Kristie Pulvermacher

KRISTIE PULVERMACHER, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: https://apps.dfi.wi.gov/apps/ccs/verify/

Enter this code: **413070-3831DAA9**

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Lumicera Health Services, LLC
Pharmacy/Wholesaler License # (if applicable):
Physical Address: 4 Technology Drive, Suite 100
City: Irvine State: CA Zip: 92618-5314
Mailing Address (if different from physical address): 310 Integrity Drive
City: Madison State: WI Zip: 53717
Telephone: 855 847-3553 Website: www.lumicera.com
Licensing Company Email: licensing@lumicera.com

Section 2: Personal Information

First: Laurel Middle: Virginia Last: Hipszer
Alias(es, nicknames, name changes, etc.):
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X
Mailing Address: [redacted]
City: Irvine State: CA Zip: [redacted]
Telephone: [redacted] Email: [redacted]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of the Sciences in Philadelphia		08/94 - 05/99	
Address: 600 S. 43rd St.	City: Philadelphia	State: PA	Zip: 19104
Diploma/Degree obtained, if any: BS Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
North Schuylkill High School		09/90 - 05/94	
Address: 15 Academy Ln.	City: Ashland	State: PA	Zip: 17921
Diploma/Degree obtained, if any: high school diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/14 - present	[redacted]			
12/13 - 5/14				
From - To (MM/YY – MM/YY)				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY -- MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Lumicera Health Services, LLC			09/22 – present
Business Address	**City**	**State**	**Zip**
4 Technology Drive Suite 100	Irvine	CA	92618-5314
Phone	**Title**	**Number of Employed Hours**	
855 847-3553	Pharmacist in Charge	4,200	

Description of Duties: specialty/clinical pharmacist

Business Name			From - To (MM/YY – MM/YY)
Quality Drug Corporation			08/16 - present
Business Address	**City**	**State**	**Zip**
4 Technology Drive Suite 100	Irvine	CA	92618-5314
Phone	**Title**	**Number of Employed Hours**	
833 210-5964	Pharmacist	5,000	

Description of Duties: staff pharmacist

Business Name			From - To (MM/YY – MM/YY)
CVS			06/14 - 06/16
Business Address	**City**	**State**	**Zip**
Orange County locations	Irvine	CA	92603
Phone	**Title**	**Number of Employed Hours**	
		2,000	

Description of Duties: Pharmacist floater

Business Name			From - To (MM/YY – MM/YY)
CVS			05/99-12/13
Business Address	**City**	**State**	**Zip**
Ardmore + Philadelphia	Phila.	PA	19096
Phone	**Title**	**Number of Employed Hours**	
610-658-0737	PIC	27,000	

Description of Duties: PIC of high volume 24-hr. retail pharmacy

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties:

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		•
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Laurel Hipszer, **certify that as the designated representative for** Lumicera,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Laurel Hipszer
Print Name (First, Last)

Laurel Hipszer
Original Signature (electronic, copies or stamps not accepted)

5/12/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Laurel Hipszer
Print Name (First, Last)

Laurel Hipszer
Original Signature (electronic, copies or stamps not accepted)

5/12/25
Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Orange

I, Laurel Hipszer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Laurel Hipszer
Original Signature

5/13/25
Date

Subscribed and Sworn to before me this 13 day of May 2025.

Notary Public Signature

JON FOTOPOULOS
Notary Public - California
Orange County
Commission # 2453332
My Comm. Expires Jul 13, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Lumicera Health Services, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 4 Technology Drive Suite 100

City Irvine State CA Zip 92618-5314

Mailing Address (if different from physical address) 310 Integrity Drive

City Madison State WI Zip 53717

Telephone _____ Website www.lumicera.com

Licensing Company Email licensing@lumicera.com

Section 2: Personal Information

First Laurel Middle _____ Last Hipszer

Alias(es, nick[redacted].) _____

Date of Birth [redacted] SSN or ITIN [redacted] ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Irvine State CA Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of the Sciences		08/94- 05/99	
Address: 600 S. 43rd St.	City: Philadelphia	State: PA	Zip: 19104
Diploma/Degree obtained, if any: BS Pharmacy			
School Name: North Schuylkill High School		From - To (MM/YY – MM/YY): 9/90- 5/94	
Address: 15 academy Ln.	City: Ashland	State: PA	Zip: 17921
Diploma/Degree obtained, if any: high school diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/14- present	[redacted]			
12/13- 5/14				
From - To (MM/YY – MM/YY)				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Laurel Hipszer
Print Name (First, Last)

Laurel Hipszer
Original Signature (electronic, copies or stamps not accepted)

5/13/25
Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Orange

I, Laurel Hipszer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Laurel Hipszer
Original Signature

5/13/25
Date

Subscribed and sworn to before me this 13 day of May 2025.

Notary Public Signature

JON FOTOPOULOS
Notary Public - California
Orange County
Commission # 2453332
My Comm. Expires Jul 13, 2027

(Seal)

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

COMMUNITY PHARMACY SELF-ASSESSMENT/
HOSPITAL OUTPATIENT PHARMACY SELF-ASSESSMENT

Title 16 of the California Code of Regulations section 1715 requires the pharmacist-in-charge of each pharmacy licensed under section 4037 or 4029 of the Business and Professions Code to complete a self-assessment of the pharmacy's compliance with federal and state pharmacy law. **The assessment shall be performed before July 1 of every odd-numbered year. The pharmacist-in-charge must also complete a self-assessment within 30 days whenever: (1) a new pharmacy permit has been issued; (2) there is a change in the pharmacist-in-charge; or (3) there is a change in the licensed location of the pharmacy. The primary purpose of the self-assessment is to promote compliance through self-examination and education.**

The self-assessment must be completed in its entirety. It may be completed online, printed, initialed, signed, and readily available in the pharmacy. Signatures and initials shall be an original handwritten signature or initial on the self-assessment form. Do not copy a previous assessment.

Notes: If a hospital pharmacy dispenses prescriptions for outpatient use, this Community Pharmacy Self-Assessment/Hospital Outpatient Pharmacy Self-Assessment must be completed in addition to the Hospital Pharmacy Self-Assessment (17M-14 pursuant to 16 CCR 1715). Any pharmacy that compounds drug products must also complete the Compounding Self-Assessment (17M-39 pursuant to 16 CCR 1735.2[k]).

Each self-assessment must be kept on file in the pharmacy for three years after it is performed.

Pharmacy Name: Lumicera

Address: 4 Technology Dr. Suite 100, Irvine, CA 92618 Phone: 949-471-0223

Ownership: Sole Owner ☐ Partnership ☐ Corporation ☐ LLC ☐ Trust ☐

Non-Licensed Owner ☐ Other (please specify) ☐

License #: _____ Exp. Date: _____ Other Permit #: _____ Exp. Date: _____

Licensed Sterile Compounding License# _____ Exp Date: _____

Licensed Remote Dispensing Site Pharmacy License # _____ Exp Date: _____

DEA Registration #: FQ7438965 Exp. Date: 4/30/27 Date of DEA Inventory: 10/23/24

Hours: *Weekdays* 8-5 ~~9-6~~ *Sat.* — *Sun.* — *24 Hours* —

PIC: Laurel Hipszer RPH # 71499 Exp. Date: 8/31/26

Website address (if any): www.Lumicera.com

PIC Initials

Pharmacy Staff (pharmacists, intern pharmacists, pharmacy technicians):
Please use an additional sheet if necessary. APH=Advanced Practice Pharmacist, DEA=Drug Enforcement Administration.

1. Laurel Hipszer — RPH # 71499 Exp. Date: 8/31/26
   APH# _____ Exp. Date: _____
   DEA # _____ Exp. Date: _____
2. _____ RPH # _____ Exp. Date: _____
   APH# _____ Exp. Date: _____
   DEA # _____ Exp. Date: _____
3. _____ RPH # _____ Exp. Date: _____
   APH# _____ Exp. Date: _____
   DEA # _____ Exp. Date: _____
4. _____ RPH # _____ Exp. Date: _____
   APH# _____ Exp. Date: _____
   DEA # _____ Exp. Date: _____
5. _____ RPH # _____ Exp. Date: _____
   APH# _____ Exp. Date: _____
   DEA # _____ Exp. Date: _____
6. _____ INT # _____ Exp. Date: _____
7. _____ INT # _____ Exp. Date: _____
8. _____ INT # _____ Exp. Date: _____
9. _____ TCH # _____ Exp. Date: _____
10. _____ TCH # _____ Exp. Date: _____
11. _____ TCH # _____ Exp. Date: _____

PIC Initials

COMMUNITY PHARMACY SELF-ASSESSMENT /
HOSPITAL OUTPATIENT PHARMACY SELF-ASSESSMENT

All references to the California Code of Regulations (CCR) are to Title 16 unless otherwise noted. Additionally, Business and Professions Code is referenced as BPC.

Please mark the appropriate box for each item. If "NO", enter an explanation on "CORRECTIVE ACTION OR ACTION PLAN" lines at the end of the section. If more space is needed, you may add additional sheets.

1. Facility

Yes No N/A

☒☐☐ 1.1. The pharmacy has an area suitable for confidential patient consultation. (CCR 1764, 1714[a])

☒☐☐ 1.2. The pharmacy is secure and only a pharmacist possesses a key. The pharmacy has provisions for effective control against the theft of dangerous drugs and devices. (BPC 4116, CCR 1714[b], [d])

☒☐☐ 1.3. The pharmacy is of sufficient size and has an unobstructed area to accommodate the safe practice of pharmacy. (CCR 1714[b])

☒☐☐ 1.4. The pharmacy premises, fixtures, and equipment are maintained in a clean and orderly condition, properly lighted and free from rodents and insects. (CCR 1714[c])

☒☐☐ 1.5. The pharmacy sink has hot and cold running water. (CCR 1714[c])

☒☐☐ 1.6. The pharmacy has a readily accessible restroom. (CCR 1714[g])

☒☐☐ 1.7. Current board-issued "Notice to Consumers" is posted in public view where it can be read by the consumer, or written receipts containing the required information are provided to the consumers. A written receipt that contains the required information on the notice may be provided to consumers as an alternative to posting the notice in the pharmacy. A pharmacy may also or instead display the notice on a video screen. Additional "Notice to Consumers" in languages other than English may also be posted. (BPC 4122[a], CCR 1707.6)

☒☐☐ 1.8. "Point to Your Language" poster is posted or provided in a place conspicuous to and readable by a prescription drug consumer or adjacent to each counter in a pharmacy where drugs are dispensed. (CCR 1707.6[c])

☒☐☐ 1.9. Pharmacists, interns, pharmacy technicians, and pharmacy technician trainees wear nametags, in 18-point type, that contain their name and license status. (BPC 680, 4115.5[e], CCR 1793.7[c])

☒☐☐ 1.10. The original board-issued pharmacy license and the current renewal are posted where they may be clearly read by the purchasing public. (BPC 4032, 4058)

PIC Initials

Yes No N/A

☐☒☐ 1.11. Does the pharmacy compound sterile drugs? (If yes, complete the "Compounding Self-Assessment as required by CCR 1735.2(k).)

☒☐☐ 1.12. The pharmacy has procedures in place to take action to protect the public when a licensed individual employed by or with the pharmacy is discovered or known to be chemically, mentally, or physically impaired to the extent it affects their ability to practice the profession or occupation authorized by their license, or is discovered or known to have engaged in the theft, diversion, or self-use of dangerous drugs. (BPC 4104[a])

☒☐☐ 1.13. The pharmacy has written policies and procedures for addressing chemical, mental, or physical impairment, as well as theft, diversion, or self-use of dangerous drugs, among licensed individual employed by or with the pharmacy. (BPC 4104[b])

☒☐☐ 1.14. The pharmacy reports to the board within 14 days of the receipt or development of the following information with regard to any licensed individual employed by or with the pharmacy: (1) any admission by a licensed individual of chemical, mental, or physical impairment affecting their ability to practice; (2) Any admission by a licensed individual of theft, diversion, or self-use of dangerous drugs; (3) Any video or documentary evidence demonstrating chemical, mental, or physical impairment of a licensed individual to the extent it affects their ability to practice; (4) Any video or documentary evidence demonstrating theft, diversion, or self-use of dangerous drugs by a licensed individual; (5) Any termination based on chemical, mental, or physical impairment of a licensed individual to the extent it affects their ability to practice; (6) Any termination of a licensed individual based on theft, diversion, or self-use of dangerous drugs. (BPC 4104[c])

☒☐☐ 1.15. The pharmacy is subscribed to the board's e-mail notifications. (BPC 4013)

Date Last Notification Received: October 2024

Email address registered with the board: Laurel.Hipszer@gmail.com

☐☐☐ 1.16. For a pharmacy whose owner owns two or more pharmacies, the pharmacy receives the board's e-mail notifications through the owner's electronic notice system. (BPC 4013[c])

Date Last Notification Received: _____

Email address registered with the board: _____

☒☐☐ 1.17. The pharmacy informs the customer at the point of sale for a covered prescription drug whether the retail price is lower than the applicable cost-sharing amount for the prescription drug unless the pharmacy automatically charges the customer the lower price. Additionally, the pharmacy submits the claim to the health care service plan or insurer. (BPC 4079[a], [b])

Yes No N/A

☐☐☒ 1.18. A pharmacy that dispenses controlled substances shall display safe storage products (a device made with the purpose of storing prescription medications with a locking or secure mechanism for access by the patient, i.e., medicine lock boxes, locking medicine cabinets, locking medication bags, prescription locking vials, etc.) in a place on the premise that is located close to the pharmacy unless the pharmacy is owned and managed by pharmacists who owns 4 or less pharmacy. (BPC 4106.5[a], [b])

☒☐☐ 1.19. A community pharmacy does not require a pharmacist employee to engage in practice of pharmacy at any time the pharmacy is open to the public unless either another employee at the establishment is made available to assist the pharmacist at all times unless the pharmacy is exempted. (BPC 4113.5)

- ☐ 1.19.1. The pharmacy has designated the name(s) of personnel who will be available to assist the pharmacist; (CCR 1714.3[a][1])
- ☐ 1.19.2. Designated personnel are able, at a minimum, to perform the duties of non-licensed pharmacy personnel as specified in section 1793.3, and is qualified to have access to controlled substances; (CCR 1714.3[a][2][3])
- ☐ 1.19.3. Designated personnel respond and are able to assist the pharmacist within five minutes after the pharmacist's request; (CCR 1714.3[a][4])
- ☐ 1.19.4. The pharmacy has policies and procedures in compliance with CCR 1714.3; (CCR 1714.3[b])
- ☐ 1.19.5. All impacted pharmacy employees and designated persons have read and signed a copy of the policies and procedures. (CCR 1714.3[c])

☒☐☐ 1.20. The pharmacy has the capability to receive an electronic data transmission prescription on behalf of a patient. (BPC 688[b])

- ☐ 1.20.1. For prescriptions for controlled substances, as defined by BPC section 4021 generation and transmission of the electronic data transmission prescription complies with Parts 1300, 1304, and 1311 of Title 21 of the Code of Federal Regulations. (BPC 688[c])
- ☐ 1.20.2. At the request of the patient or person authorized to make a request on behalf of the patient, the pharmacy immediately transfers or forwards an electronic data transmission prescription, that was received but not dispensed to the patient, to an alternative pharmacy designated by the requester. (BPC 688[g]) Unfulfilled controlled substance prescriptions are transferred or forwarded in compliance with Federal Law.
- ☐ 1.20.3. If the pharmacy, or its staff, is aware that an attempted transmission of an electronic data transmission prescription failed, is incomplete, or is otherwise not appropriately received, pharmacy staff immediately notifies the prescribing health care practitioner. (BPC 688[h])

☐☐☒ 1.21. The pharmacy performs FDA approved or authorized tests that are classified as CLIA waived. (BPC 4119.10)

PIC Initials

☐ 1.21.1. The pharmacy is appropriately licensed as a laboratory under Section 1265 of the Health and Safety Code. (BPC 4119.10[a])

CDPH (CLIA) Registration #:_____ Expiration: _____

☐ 1.21.2. The pharmacy maintains policies and procedures as specified in. (BPC 4119.10[b])

☐ 1.21.3. The tests are authorized to be administered by a pharmacist pursuant to BPC 4052.4(b)(1). (BPC 4119.10[c])

☐ 1.21.4. The pharmacist-in-charge reviews the policies and procedures annually, assesses compliance with its policies, documents corrective actions to be taken when noncompliance is found, and maintains documentation of the annual review and assessment in a readily retrievable format for a period of three years. (BPC 4119.10[d])

☐ 1.21.5. The pharmacy maintains documentation related to performing tests, including the name of the pharmacist performing the test, the results of the test, and communication of results to the patient's primary medical provider, and is maintained in a readily retrievable format for a period of three years. (BPC 4119.10[e])

CORRECTIVE ACTION OR ACTION PLAN: _____

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2. Delivery of Drugs

Yes No N/A

☑ ☐ ☐ 2.1. Dangerous drugs and dangerous devices are only delivered to the licensed premises, and signed for and received by a pharmacist. (BPC 4059.5[a], HSC 1120[a])

☐ ☒ ☐ 2.2. The pharmacy takes delivery of dangerous drugs and dangerous devices when the pharmacy is closed and no pharmacist is on duty only when all of the following requirements are met: (BPC 4059.5[f]):

☐ 2.2.1. The drugs are placed in a secure storage facility in the same building as the pharmacy; (BPC 4059.5[f][1])

☐ 2.2.2. Only the pharmacist-in-charge or a pharmacist designated by the pharmacist-in-charge has access to the secure storage facility after dangerous drugs or dangerous devices have been delivered; (BPC 4059.5[f][2])

☐ 2.2.3. The secure storage facility has a means of indicating whether it has been entered after dangerous drugs or dangerous devices have been delivered; (BPC 4059.5[f][3])

☐ 2.2.4. The pharmacy maintains written policies and procedures for the delivery of dangerous drugs and dangerous devices to a secure storage facility; and (BPC 4059.5[f][4])

PIC Initials

☐ 2.2.5. The agent delivering dangerous drugs and dangerous devices leaves documents indicating the name and amount of each dangerous drug or dangerous device delivered in the secure storage facility. The pharmacy is responsible for the dangerous drugs and dangerous devices delivered to the secure storage facility. The pharmacy is also being responsible for obtaining and maintaining records relating to the delivery of dangerous drugs and dangerous devices to a secure storage facility. (BPC 4059.5[f][5])

☐☐☒ 2.3. Prior to, or at the time of, accepting ownership of a product included in the Drug Supply Chain Security Act from an authorized trading partner, the pharmacy is provided transaction history, transaction information, and a transaction statement. (21 USC 360eee-1[d][1][A][i])

☐☐☒ 2.4. Prior to, or at the time of, each transaction in which the pharmacy transfers ownership of a product included in the Drug Supply Chain Security Act to an authorized trading partner, the subsequent owner is provided transaction history, transaction information, and a transaction statement for the product. This requirement does not apply to sales by a pharmacy to another pharmacy to fulfill a specific patient need. (21 USC 360eee-1[d][1][A][ii])

☑☐☐ 2.5. The pharmacy captures transaction information (including lot level information, if provided), transaction history, and transaction statements, as necessary to investigate a suspect product, and maintains such information, history, and statements for not less than 6 years after the transaction. (21 USC 360eee-1[d][1][A][iii])

CORRECTIVE ACTION OR ACTION PLAN: _____

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3. Drug Stock

Yes No N/A

☒☐☐ 3.1. The drug stock is clean, orderly, properly stored, properly labeled and in-date. (21 USC sections 331, 351, 352, BPC 4342, HSC 111255, 111335, CCR 1714[b], 22 CCR 70263[q])

☒☐☐ 3.2. Dangerous drugs or dangerous devices are purchased, traded, sold, warehoused, distributed or transferred with an entity licensed with the board as a wholesaler, third-party logistics provider, pharmacy, or manufacturer, and provided the dangerous drugs and devices: (BPC 4059.5[b], 4169)

☐ 3.2.1. Are not known or reasonably should not be known to the pharmacy as being adulterated.

☐ 3.2.2. Are not known or reasonably should not be known to the pharmacy as being misbranded.

☐ 3.2.3. Are not expired.

PIC Initials

Yes No N/A

☒☐☐ 3.3. If the pharmacy has reasonable cause to believe a dangerous drug or dangerous device in, or having been in its possession is counterfeit or the subject of a fraudulent transaction, the pharmacy will notify the board within 72 hours of obtaining that knowledge. (BPC 4107.5)

☒☐☐ 3.4. The pharmacy does not furnish dangerous drugs or dangerous devices to an unauthorized person. (BPC 4163)

☒☐☐ 3.5. The pharmacy is aware that pharmacies are required by the Drug Quality and Security Act (DQSA), to have pharmacy lot-level traceability and by November 27, 2023, unit-level traceability. (21 USC 360eee-1[d][2] and 582[g][1])

CORRECTIVE ACTION OR ACTION PLAN: _____

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4. Voluntary Drug Repository and Distribution Program (HSC 150200)

Yes No N/A

☐☒☐ 4.1. Does the pharmacy donate to or operate a county-approved Voluntary Drug Repository and Distribution Program?

(If yes, complete Section 30 [donate drugs] or Section 31 [operate program] of this Self-Assessment.)

CORRECTIVE ACTION OR ACTION PLAN: _____

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5. Pharmacist-In-Charge (PIC)

Yes No N/A

☒☐☐ 5.1. The pharmacy has a PIC that is responsible for the daily operation of the pharmacy. (BPC 4101, 4113, 4305, 4330, CCR 1709, 1709.1)

☒☐☐ 5.2. The PIC has adequate authority to assure the pharmacy's compliance with laws governing the operation of a pharmacy. (BPC 4113[c], CCR 1709.1[b])

☒☐☐ 5.3. The PIC has completed a biennial pharmacy self-assessment before July 1 of each odd numbered year. An additional self-assessment will be completed within 30 days if a new license is issued or a new PIC employed. Each self-assessment will be maintained in the pharmacy for three years. (CCR 1715)

☐☒☐ 5.4. Is the PIC in charge of another pharmacy?

☐☐☒ 5.5. If yes, are the pharmacies within 50 driving miles of each other? (CCR 1709.1[c])

Name of the other pharmacy _____

☒☐☐ 5.6. Any change of PIC is reported by the pharmacy and the departing PIC to the board in writing within 30 days. (BPC 4101[a], 4113[d])

PIC Initials

Yes No N/A
☐☐☒ 5.7. The PIC is responsible for directing and overseeing the performance of waived clinical laboratory tests, if the pharmacy holds a registration from CDPH to conduct such tests. (BPC 1206.6, 1209, 1265)

CORRECTIVE ACTION OR ACTION PLAN: _____

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6. Duties of a Pharmacist

Yes No N/A
☒☐☐ 6.1. Only a pharmacist:

- ☐ transmits a valid prescription to another pharmacist; (BPC 4052[a][2])
- ☐ administers drugs and biological products ordered by the prescriber; (BPC 4052[a][3])
- ☐ manufactures, measures, fits to the patient or sells and repairs dangerous devices or furnishes instructions to the patient or patient representative concerning the use of the dangerous devices; (BPC 4052[a][7])
- ☐ provides consultation, training and education to patients about drug therapy disease management and disease prevention; (BPC 4052[a][8])
- ☐ provides professional information and participates in multidiscipline review of patient progress; (BPC 4052[a][9])
- ☐ furnishes medication including emergency contraception drug therapy, self-administered hormonal contraceptives, nicotine replacement products, naloxone, or prescription medication not requiring a diagnosis recommended by the Centers for Disease Control when traveling outside of the US; administers immunizations, HIV preexposure prophylaxis, HIV postexposure prophylaxis pursuant to a protocol; (BPC 4052 [a][10], 4052[a][11], 4052.01, 4052.3, 4052.8, 4052.9)
- ☐ dispenses aid-in-dying drugs; (HSC 443.5 [b][2])
- ☐ orders and interprets tests for monitoring and managing efficacy and toxicity of drug therapies; (BPC 4052 [a][12])
- ☐ initiate, adjust, or discontinue drug therapy for a patient under a collaborative practice agreement with any health care provider with prescriptive authority; and (BPC 4052 [a][13])
- ☐ provide medication-assisted treatment pursuant to a state protocol, to the extent authorized by federal law. (BPC 4052 [a][14])

PIC Initials

Yes No N/A

☒☐☐ 6.2. In addition, only a pharmacist:

- receives a new prescription order from the prescriber; (CCR 1793.1 [a])
- consults with the patient; (BPC 4052 [a][8], CCR 1707.2, CCR 1793.1[b])
- identifies, evaluates and interprets a prescription; (CCR 1793.1 [c])
- interprets the clinical data in a patient medication record; (CCR 1793.1 [d])
- consults with any prescriber, nurse, health professional or agent thereof; (CCR 1793.1 [e])
- supervises the packaging of drugs; (CCR 1793.1 [f])
- checks the packaging procedure and product upon completion; (CCR 1793.1 [f])
- is responsible for all activities of pharmacy technicians to ensure that all such activities are performed completely, safely and without risk of harm to patients; (CCR 1793.7 [e]) or
- performs any other duty which federal or state law or regulation authorizes only a registered pharmacist to perform and performs all functions which require professional judgment. (BPC 4052, 4052.02, 4052.03, 4052.1, 4052.2, 4052.3, 4052.4, CCR 1793.1 [g])

☐☐☒ 6.3. The pharmacist as part of the care provided by a health care facility, a licensed clinic and a licensed home health agency in which there is physician oversight, or a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, is performing the following functions, in accordance with policies, procedures, or protocols of that facility, licensed clinic, or health care service plan that were developed by health professionals, including physicians and surgeons, pharmacists and registered nurses. The functions are: ordering or performing routine drug therapy related patient assessment procedures; ordering drug therapy related laboratory tests; administering drugs or biologicals by injection; initiating and adjusting the drug regimen of a patient; and performing moderate or waived laboratory tests. (BPC 4052, 4052.1, 4052.2, 4052.3, 4052.4)

☒☐☐ 6.4. Pharmacists have obtained approval to access the CURES Prescription Drug Monitoring Program (PDMP). (HSC 11165.1)

☐☒☒ 6.5. The pharmacist dispenses emergency contraceptive only pursuant to the statewide protocol found in CCR 1746. (BPC 4052.3[b][1])

☐☐☒ 6.6. Only a pharmacist performs blood glucose, hemoglobin A1c, or cholesterol tests that are waived under CLIA. (BPC 1206.6)

☐☐☒ 6.7. Only a pharmacist performs FDA-approved or authorized CLIA waived clinical laboratory tests specified in BPC 4052.4. (BPC 1206.6)

CDPH (CLIA) Registration #: _____ Expiration: _____

☐☐☒ 6.8. The pharmacist who is authorized to issue an order to initiate or adjust a controlled substance therapy is personally registered with the federal Drug Enforcement Administration. (BPC 4052[b])

PIC Initials

Yes No N/A

☐☐☒ 6.9. Effective July 1, 2022, a pharmacist who is authorized to initiate or adjust a Schedule II Controlled substance shall have completed an education course on the risks of addiction associated with the use of Schedule II drugs. (BPC 4232.5[a])

☑☐☐ 6.10. All pharmacists have joined the board's email notification list. (BPC 4013)

CORRECTIVE ACTION OR ACTION PLAN: _____

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7. Duties of an Advanced Practice Pharmacist

Yes No N/A

☐☐☒ 7.1. The advanced practice pharmacist has received an advanced practice pharmacist license from the board and may do the following: (BPC 4016.5, 4210)

- ☐ 7.1.1Perform patient assessments, order and interpret drug therapy-related tests, and refer patients to other health care providers; (BPC 4052.6[a][1]-[3])
- ☐ 7.1.2 Participate in the evaluation and management of diseases and health conditions in collaboration with other health care providers; (BPC 4052.6[a][4])
- ☐ 7.1.3 Initiate drug therapy and promptly transmit written notification to, or enter the appropriate information in to a patient record system shared with the patient's primary care provider or diagnosing provider; (BPC 4052.6[a][5], [b])
- ☐ 7.1.4 Adjust or discontinue drug therapy and promptly transmit written notification to the patient's diagnosing prescriber or enters the appropriate information in a patient's record system shared with the prescriber; (BPC 4052.6[a][5], [b])
- ☐ 7.1.5 Prior to initiating or adjusting a controlled substance therapy, the advance practice pharmacist is personally registered with the federal Drug Enforcement Administration; (BPC 4052.6[d])
- ☐ 7.1.6 Ordering of tests is done in coordination with the patient's primary care provider or diagnosing prescriber, including promptly transmitting written notification to the prescriber or entering information in a patient record system shared with the prescriber. (BPC 4052.6[e])

CORRECTIVE ACTION OR ACTION PLAN: _____

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8. Duties of an Intern Pharmacist

Yes No N/A

☑☐☐ 8.1. The intern pharmacist performs the functions of a pharmacist only under the direct supervision of a pharmacist. The pharmacist supervises no more than **two interns** at any one time. (BPC 4114, 4023.5, CCR 1726)

Yes No N/A

☑ ☐ ☐ 8.2. All prescriptions filled or refilled by an intern are, prior to dispensing, checked for accuracy by a licensed pharmacist and the prescription label initialed by the checking pharmacist. (CCR 1717[b][1], CCR 1712)

☑ ☐ ☐ 8.3. The intern hours affidavits are signed by the pharmacist under whom the experience was earned or the pharmacist-in-charge at the pharmacy while the intern pharmacist obtained the experience, when applicable. (BPC 4209[b], CCR 1726)

☑ ☐ ☐ 8.4. During a temporary absence of a pharmacist or duty free breaks or meal periods, an intern pharmacist may not perform any discretionary duties nor act as a pharmacist. (CCR 1714.1[d])

☑ ☐ ☐ 8.5. All intern pharmacists have joined the board's email notification list. (BPC 4013)

CORRECTIVE ACTION OR ACTION PLAN: _____

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9. Duties of a Pharmacy Technician

Yes No N/A

☑ ☐ ☐ 9.1. Pharmacy technicians only perform packaging, manipulative, repetitive, or other nondiscretionary tasks, while assisting and under the direct supervision and control of a pharmacist. The pharmacist is responsible for the duties performed by the pharmacy technician under the pharmacist's supervision. (BPC 4023.5, 4038, 4115, CCR 1793, 1793.2, 1793.7)

☑ ☐ ☐ 9.2. Pharmacy technician ratio when only one pharmacist is present, is no more than one technician. For each additional pharmacist present, the ratio may not exceed 2 technicians for each additional pharmacist. (BPC 4038, 4115[a], [f][1], CCR 1793.7[f])

☑ ☐ ☐ 9.3. A pharmacy technician or pharmacy technician trainee wears identification, in 18-point type, that identifies them as a pharmacy technician or pharmacy technician trainee. (BPC 680[a], 4115.5[e], CCR 1793.7[c])

☑ ☐ ☐ 9.4. The pharmacy has a job description for the pharmacy technician and written policies and procedures to ensure compliance with technician requirements. (CCR 1793.7[d])

☑ ☐ ☐ 9.5. A pharmacy technician trainee participating in an externship may perform packaging, manipulative, repetitive or other nondiscretionary tasks only under the direct supervision and control of a pharmacist; a pharmacist may only supervise one technician trainee and only for a period of no more than 140 hours. (BPC 4115.5)

☑ ☐ ☐ 9.6. All pharmacy technicians have joined the board's email notification list. (BPC 4013)

CORRECTIVE ACTION OR ACTION PLAN: _____

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PIC Initials

10. Duties of Non-Licensed Personnel

Yes No N/A

☒ ☐ ☐ 10.1. A non-licensed person (clerk/typist) is permitted to type a prescription label or otherwise enter prescription information into a computer record system, and—at the direction of a pharmacist—may request and receive refill authorization. (CCR 1793.3)

☒ ☐ ☐ 10.2. The number of non-licensed personnel supervised by each pharmacist does not interfere with the effective performance of the pharmacist's responsibilities under the Pharmacy Law. (CCR 1793.3[b])

CORRECTIVE ACTION OR ACTION PLAN: _____

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PHARMACY PRACTICE

11. Consultation/Patient Profile/Review of Drug Therapy

Yes No N/A

☒ ☐ ☐ 11.1. Pharmacists provide oral consultation: (BPC 4052[a][8], CCR 1707.2)

- ☑ 11.1.1. whenever the prescription drug has not been previously dispensed to the patient;
- ☑ 11.1.2. whenever a refill prescription drug is dispensed in a different dosage form, strength, or with new written directions;
- ☑ 11.1.3. upon request;
- ☑ 11.1.4. whenever the pharmacist deems it is warranted in the exercise of his or her professional judgment; and
- ☑ 11.1.5. all of the above, unless a patient or patient's agent declines the consultation directly to the pharmacist.

☒ ☐ ☐ 11.2. The pharmacy maintains patient profile information including allergies, date of birth or age, gender and other prescription and nonprescription drugs that the patient takes. (CCR 1707.1)

☒ ☐ ☐ 11.3. The pharmacist reviews a patient's drug therapy and medication record prior to consultation. (CCR 1707.3)

☒ ☐ ☐ 11.4. Consultation is performed in a manner that protects the patient's protected health care information and in an area suitable for confidential patient consultation. (Civil Code 56.10, CCR 1714[a])

☒ ☐ ☐ 11.5. Appropriate drug warnings are provided orally or in writing. (BPC 4074, CCR 1744)

☒ ☐ ☐ 11.6. If prescription medication is mailed or delivered, written notice about the availability of consultation is provided. (CCR 1707.2[b][2])

PIC Initials

CORRECTIVE ACTION OR ACTION PLAN: _____

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12. Prescription Requirements

Yes	No	N/A	
☑	☐	☐	12.1. Prescriptions are complete with all the required information. (BPC 4040, 4070)
☑	☐	☐	12.2. Orally transmitted prescriptions are received and reduced to writing only by a pharmacist or intern pharmacist working under the direct supervision of a pharmacist. (BPC 4070, CCR 1717[c])
☑	☐	☐	12.3. If a prescription is orally or electronically transmitted by the prescriber's agent, the pharmacist makes a reasonable attempt to verify that the prescriber's agent is authorized to do so, and the agent's name is recorded. (BPC 4071)
☑	☐	☐	12.4. If orally transmitted, the pharmacist who received the prescription is identified by initialing the prescription, and if dispensed by another pharmacist, the dispensing pharmacist also initials the prescription. (CCR 1717[c], 1712)
☑	☐	☐	12.5. The security and confidentiality of electronically transmitted prescriptions are maintained. (BPC 4070[c], CCR 1717.4[h])
☑	☐	☐	12.6. Facsimile prescriptions are received only from a prescriber's office. (BPC 4040[c])
☑	☐	☐	12.7. Internet prescriptions for patients (human or animal) in this state are only dispensed or furnished pursuant to a prior good faith examination. (BPC 2290.5, 2242, 2242.1, 4067[a])
☒	☐	☐	12.8. With the exception of those prescriptions written under HSC 11159.2, 11159.3 and 11167.5, all written controlled substances prescriptions (Schedules II – V) are on California Security Prescription forms. (HSC 11164[a], 11167.5, 11162.1)
☑	☐	☐	12.9. All controlled substance prescriptions are valid for six months and are signed and dated by the prescriber. (HSC 11164[a][1], 11166)
☑	☐	☐	12.10. All controlled substance prescriptions that are e-prescribed conform to provisions of federal law. (21 CFR 1300, 1306, 1311)

CORRECTIVE ACTION OR ACTION PLAN: _____

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13. Prescription Labeling, Furnishing and Dispensing

Yes	No	N/A	
☑	☐	☐	13.1. The prescription label contains all the required information. (BPC 4076)
☑	☐	☐	13.2. The prescription label is formatted in accordance with patient centered labeling requirements. (CCR 1707.5)

PIC Initials

Yes No N/A

☑ ☐ ☐ 13.3. The expiration dates of a drug's effectiveness is accurately identified on the label. (BPC 4076[a][9])

☑ ☐ ☐ 13.4. The trade name or generic name and manufacturer of the prescription drug is accurately identified on the label and prescription record and includes the statement "generic for _____" where the brand name is inserted, and the name of the manufacturer. In the professional judgment of the pharmacist, if the brand name is no longer widely used, the label may list only the generic name of the drug and the manufacturer's name may be listed outside the patient-centered area. (BPC 4076[a][1], CCR 1707.5[a][1], 1717[b][2])

☑ ☐ ☐ 13.5. Generic substitution is communicated to the patient. (BPC 4073)

☑ ☐ ☐ 13.6. When a biological product is substituted with an alternative biological product, all the requirements of BPC 4073.5 are met. (BPC 4073.5)

☑ ☐ ☐ 13.7. If the prescription is filled by a pharmacy technician or a pharmacy technician trainee, before dispensing, the prescription is checked for accuracy by a licensed pharmacist and that pharmacist initials the prescription label or the identity of the reviewing pharmacist is recorded in a computer system by a secure means. (BPC 4115, 4115.5[b][3], CCR 1793.7, CCR 1712)

☑ ☐ ☐ 13.8. The federal warning label prohibiting transfer of controlled substances is on the prescription container. (21 CFR 290.5)

☑ ☐ ☐ 13.9. Prescriptions are dispensed in a new and child-resistant container, or senior-adult ease-of-opening tested container, or in a non-complying package only pursuant to the prescriber or when requested by the purchaser. (15 USC 1473[b], 16 CFR 1700.15, CCR 1717[a])

☑ ☐ ☐ 13.10. Patient package inserts are dispensed with all estrogen medications. (21 CFR 310.515)

☑ ☐ ☐ 13.11. The pharmacy provides patients with Black Box Warning Information in conformance with 21 CFR 201.57[c].

☑ ☐ ☐ 13.12. Medication guides are provided on required medications. (21 CFR 208.24[e])

☑ ☐ ☐ 13.13. The pharmacy furnishes dangerous drugs in compliance with:

- ☐ BPC 4119(b) to an approved service provider within an emergency medical services system for storage in a secured emergency pharmaceutical supplies container, in accordance with the policies and procedures of the local emergency medical services agency. (BPC 4119)
- ☐ BPC 4126.5(a) only to a patient pursuant to a prescription, a wholesaler from whom the dangerous drugs were purchased, a manufacturer from whom the drugs were purchased, a licensed wholesaler acting as a reverse distributor, another pharmacy to alleviate a temporary shortage with a quantity sufficient to alleviate the temporary shortage, a health care provider authorized to received drugs, or to another pharmacy of common ownership. (BPC 4126.5[a])

PIC Initials

Yes No N/A

☒ ☐ ☐ 13.14. The label includes a physical description of the dispensed medication, including its color, shape, and any identification code that appears on the tablets or capsules. (BPC 4076[a][11])

☑ ☐ ☐ 13.15. Controlled substance prescriptions are not filled or refilled more than six months from the date written. (HSC 11200[a])

☑ ☐ ☐ 13.16. Refills for Schedule III and IV controlled substance prescriptions are limited to a maximum of 5 times and in an amount, for all refills of that prescription taken together, not exceeding a 120-day supply. (HSC 11200[b])

☑ ☐ ☐ 13.17. The pharmacy dispenses not more than a 90-day supply of a dangerous drug, excluding controlled substances, psychotropic medications and self-administered hormonal contraception, under the following provisions: (BPC 4064.5)

- 13.17.1 Where the prescription specifies an initial quantity of less than a 90-day supply followed by periodic refills; and where: (BPC 4064.5[a])
  - 13.17.1.1 The prescriber has not indicated "no change to quantity" or words of similar meaning; (BPC 4064.5[d])
  - 13.17.1.2. The patient has completed an initial 30 day supply; (BPC 4064.5[a][1]) (This is not required where the prescription continues the same medication as previously dispensed in a 90 day supply. BPC 4064.5[b])
  - 13.17.1.3. The total quantity dispensed does not exceed the total quantity authorized on the prescription, including refills; (BPC 4064.5[a][2])
  - 13.17.1.4. The prescriber has not specified on the prescription that dispensing the prescription in an initial amount, followed by periodic refills, is medically necessary; and (BPC 4064.5[a][3])
  - 13.17.1.5. The pharmacist is exercising his or her professional judgment. (BPC 4064.5[a][4])
  - 13.17.1.6. The pharmacist notifies the prescriber of the increase in quantity dispensed. (BPC 4064.5[c])
- ☐ 13.17.2. The pharmacist notifies the prescriber of the increase in quantity dispensed. (BPC 4064.5[c])
- ☐ 13.17.3. When requested by the patient, the pharmacist dispenses up to a 12-month supply of an FDA-approved, self-administered hormonal contraceptive pursuant to a valid prescription that specifies an initial quantity followed by periodic refills. (BPC 4064.5[f][1])
- ☐ 13.17.4. When a pharmacist furnishes a self-administered hormonal contraceptive pursuant to BPC 4052.3 under protocols developed by the Board of Pharmacy, the pharmacist may furnish, at the patient's request, up to a 12-month supply at one time. (BPC 4064.5[f][2])

☑ ☐ ☐ 13.18. The pharmacist includes a written label on the drug container indicating that the drug may impair a person's ability to operate a vehicle or vessel. The label may be

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printed on an auxiliary label affixed to the prescription container. (BPC 4074[a], [b], 4076.7, CCR 1744)

Yes No N/A

☑☐☐ 13.19. The pharmacist includes a written label on the drug container to alert the patient about possible potentiating effects when taken in combination with alcohol. The label may be printed on an auxiliary label affixed to the prescription container. (BPC 4074[a], CCR 1744[b])

☑☐☐ 13.20. Whenever an opioid prescription drug is dispensed to patient for outpatient use, the pharmacy prominently displays on the label or container or by a flag or other notification to the container, a notice that states, "Caution: Opioid. Risk of overdose and addiction." (BPC 4076.7)

☑☐☐ 13.21. When requested by a patient or patient representative, the pharmacy provides translated directions for use, printed on the prescription container, label, or on a supplemental document. If the translated directions for use appears on the prescription container or label, the English-language version of the directions for use also appears on the container or label, whenever possible, and may appear on other areas of the label outside the patient-centered area. If it is not possible for the English-language directions to appear on the container or label, the English-language directions are provided on a supplemental document. (BPC 4076.6[a])

☒☐☐ 13.22. When a pharmacist furnishes naloxone pursuant to the board of pharmacy's approved protocol, the pharmacist complies with all the requirements listed in CCR 1746.3.

☐☐☑ 13.23. When the pharmacy furnishes naloxone or another opioid antagonist to a school district, county office of education, or charter school pursuant to Section 49414.3 of the Education Code, it is furnished exclusively for use at a school district school site, county office of education school site, or charter school, and a physician or surgeon provides a written order specifying the quantity to be furnished. (BPC 4119.8)

☐☐☑ 13.24. The pharmacy furnishes naloxone hydrochloride or other opioid antagonist to a law enforcement agency exclusively for use by employees of the law enforcement agency, who have completed training provided by the law enforcement agency, in administering naloxone hydrochloride or other opioid antagonists, and the records of acquisition and disposition of naloxone hydrochloride or other opioid antagonists furnished shall be maintained by the law enforcement agency for 3 years. (BPC 4119.9)

☑☐☐ 13.25. For each vaccine administered by a pharmacist, a patient vaccine administration record is maintained in an automated data processing or manual record mode such that the information required under section 300aa-25 of Title 42 of the United States Code is readily retrievable during the pharmacy's normal operating hours. A pharmacist provides each patient with a vaccine administration record, and reports to the immunization registry, in accordance with BPC 4052.8(b)(3), the information described in HSC 120440(c) within 14 days of the administration of any vaccine. A pharmacist informs each patient or patient's guardian of immunization record sharing preferences detailed in HSC 120440(e). (CCR 1746.4[e], [f])

☐☐☑ 13.26. The pharmacy furnishes epinephrine auto-injectors to an authorized entity for the purpose of rendering emergency care in accordance with HSC 1797.197a, and is

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furnished exclusively for use by, or in connection with, an authorized entity and an authorized health care provider provides a prescription specifying the quantity of the epinephrine auto-injectors to be furnished to the authorized entity. A new prescription is obtained for any additional epinephrine auto-injector required for use. The pharmacy complies with the requirements for labeling and records pursuant to BPC 4119.4.

Yes No N/A

☑ ☐ ☐ 13.27. When a pharmacist initiates and furnishes HIV preexposure prophylaxis, the pharmacist does so in compliance with all the requirements of BPC 4052.02. (BPC 4052.02)

☑ ☐ ☐ 13.28. When a pharmacist initiates and furnishes HIV postexposure prophylaxis, the pharmacist does so in compliance with all the requirements of BPC 4052.03. (BPC 4052.03).

☑ ☐ ☐ 13.29. When a pharmacist receives a prescription, which include the words "expedited partner therapy" or the letters "EPT" pursuant to HSC 120582, the pharmacists labels the drug without the name of the individual for whom the drug is intended (BPC 4076 [a], [f]).

☑ ☐ ☐ 13.30. When a pharmacist provides EPT the pharmacist provides written notification that describes the right of an individual who receives EPT to consult with a pharmacist about the medication dispensed and additional information regarding possible drug interactions. (BPC 4076[a], [h]).

CORRECTIVE ACTION OR ACTION PLAN: _____

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14. Refill Authorization

Yes No N/A

☑ ☐ ☐ 14.1. Refill authorization from the prescriber is obtained before refilling a prescription. (BPC 4063)

☑ ☐ ☐ 14.2. Refills are documented. (CCR 1717)

☑ ☐ ☐ 14.3. Prescriptions for dangerous drugs or devices are only filled without the prescriber's authorization if the prescriber is unavailable to authorize the refill and if, in the pharmacist's professional judgment, failure to refill the prescription might interrupt the patient's ongoing care and have a significant adverse effect on the patient's well-being. (BPC 4064[a])

☑ ☐ ☐ 14.4. Refills for Schedule II controlled substances are prohibited. (HSC 11200)

☑ ☐ ☐ 14.5. Refills for Schedule III and IV controlled substance prescriptions are limited to a maximum of 5 times within 6 months, and all refills taken together do not exceed a 120 day supply. (HSC 11200)

CORRECTIVE ACTION OR ACTION PLAN: _____

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15. Auto-Refill Program

Yes No N/A

☑ ☐ ☐ 15.1. The pharmacy offers a program to automatically refill prescriptions (CCR 1717.5). The pharmacy is aware that effective July 1, 2022, the following actions are required:

- ☐ 15.1.1. The pharmacy has policies and procedures describing the program (CCR 1717.5[a][1]).
- ☐ 15.1.2. Before a patient enrolls, the pharmacy provides a written or electronic notice summarizing the program to the patient or patient's agent (CCR 1717.5[a][2]).
- ☐ 15.1.3. The pharmacy obtains an annual renewal of each prescription from the patient or patient's agent for each prescription refilled through the program (CCR 1717.5[a][3]).
- ☐ 15.1.4. The pharmacy maintains a copy of the written or electronic consent to enroll on file for one year from date of dispensing (CCR 1717.5[a][4]).
- ☐ 15.1.5. The pharmacy completes a drug regimen review for each prescription refilled through the program at the time of refill (CCR 1717.5[a][5]).
- ☐ 15.1.6. Each time a prescription is refilled through the program, the pharmacy provides the patient or patient's agent with a written or electronic notice that a prescription was refilled through the program (CCR 1717.5[a][6]).
- ☐ 15.1.7. The pharmacy documents and maintains records of patient withdrawal or disenrollment for one year from the date of withdrawal or disenrollment and provides confirmation to the patient or patient's agent (CCR 1717.5[a][7]).
- ☐ 15.1.8. The pharmacy provides a full refund to the patient, patient's agent or payer for any prescription refilled through the program if the pharmacy was notified that the patient did not want the refill, regardless of the reason, or the pharmacy had been notified of withdrawal or disenrollment from the program prior to dispensing the prescription medication (CCR 1717.5[a][8]).
- ☐ 15.1.9. The pharmacy makes available any written or electronic notification required by this section in alternate languages as required by state or federal law (CCR 1717.5[a][9]).

CORRECTIVE ACTION OR ACTION PLAN: _____

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16. Quality Assurance and Medication Errors

Yes No N/A

☒ ☐ ☐ 16.1. Pharmacy has established quality assurance program that documents medication errors attributable, in whole or in part, to the pharmacy or its personnel. (BPC 4125, CCR 1711)

☑ ☐ ☐ 16.2. Pharmacy quality assurance policies and procedures are maintained in the pharmacy and are immediately retrievable. (CCR 1711[c])

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Yes No N/A

☑ ☐ ☐ 16.3. The pharmacist communicates with the patient or patient's agent that a medication error has occurred and the steps required to avoid injury or mitigate the error. (CCR 1711[c][2][A], [c][3])

☑ ☐ ☐ 16.4. When a medication error has occurred (drug was administered to or by the patient, or resulted in a clinically significant delay in therapy) the pharmacist communicates to the prescriber that a medication error has occurred. (CCR 1711[c][2][B], 1711[c][3])

☑ ☐ ☐ 16.5. Investigation of pharmacy medication errors is initiated within two business days from the date the medication error is discovered. (CCR 1711[d])

☑ ☐ ☐ 16.6. The record for quality assurance review for a medication error contains: (CCR 1711[e])

- ☐ 16.6.1. Date, location, and participants in the quality assurance review;
- ☐ 16.6.2. Pertinent data and other information related to the medication error(s) reviewed;
- ☐ 16.6.3. Findings and determinations; and
- ☐ 16.6.4. Recommended changes to pharmacy policy, procedure, systems or processes, if any.

☑ ☐ ☐ 16.7. The record of the quality assurance review is immediately retrievable in the pharmacy and is maintained in the pharmacy for at least one year from the date it was created. (CCR 1711[f])

☑ ☐ ☐ 16.8. Pharmacists are not deviating from the requirements of a prescription except upon the prior consent of the prescriber, and selection of the drug product is in accordance with BPC 4073 (generic substitution). (CCR 1716)

CORRECTIVE ACTION OR ACTION PLAN: _____

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17. Erroneous or Uncertain Prescriptions / Corresponding Responsibility for Filling Controlled Substance Prescriptions

Yes No N/A

☑ ☐ ☐ 17.1. Before dispensing a prescription that contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration, the pharmacist contacts the prescriber to obtain information needed to validate the prescription. (CCR 1761[a])

☑ ☐ ☐ 17.2. Pharmacists are aware of their corresponding responsibility to determine that a prescription written for a controlled substance was issued for legitimate medical purposes only. (HSC 11153)

☑ ☐ ☐ 17.3. Even after conferring with the prescriber, the pharmacist does not dispense a controlled substance prescription if he or she knows or has objective reason to know

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that the prescription was not issued for a legitimate medical purpose. (CCR 1761[b], HSC 11153)

Yes No N/A
☐☐☒ 17.4. Internet prescriptions for controlled substances are only dispensed if in compliance with the Ryan Haight Online Pharmacy Consumer Protection Act of 2008. (21 USC 829, 21 USC 802.)

CORRECTIVE ACTION OR ACTION PLAN: _____

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18. Prescription Transfer

Yes No N/A
☒☐☐ 18.1. Only pharmacists transfer prescriptions from pharmacy to pharmacy, and records of prescription transfers are kept as required. (CCR 1717 [e])

☒☐☐ 18.2. Complete and accurate transfer records are kept on each prescription and refill when dispensed by pharmacies sharing a common electronic file. (CCR 1717.1)

☒☐☐ 18.3. For electronic data transmission prescriptions, at the request of the patient or person authorized to make a request on behalf of the patient, the pharmacy immediately transfers or forwards an electronic data transmission prescription, that was received but not dispensed to the patient, to an alternative pharmacy designated by the requester (BPC 688 (g). Unfulfilled controlled substance prescriptions received as electronic data transmission prescriptions are transferred or forwarded in compliance with Federal Law (21 CFR 1300, 1304, 1306, and 1311).

a. Schedule III, IV and V Controlled Substance Prescription Transfers

Yes No N/A
☒☐☐ 18.4. For the **transferring pharmacy**: the prescription hard copy is pulled and "void" is written on its face. The name of the pharmacy to which the prescription is transferred is written on the back of the voided prescription and all other information is recorded as required. The prescription can be transferred only once unless the pharmacies electronically share a real-time, on-line database, in which case the prescription is transferred up to the maximum refills permitted by law and the prescriber's authorization. (21 CFR 1306.25, CCR 1717[e])

☒☐☐ 18.5. For the **receiving pharmacy**: the prescription is reduced to writing by the pharmacist and "transfer" is written on the face of the transferred prescription and all other information is recorded as required. (CCR 1717[e], 21 CFR 1306.25)

CORRECTIVE ACTION OR ACTION PLAN: _____

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19. Confidentiality of Prescriptions

Yes No N/A

☑ ☐ ☐ 19.1. Patient information is maintained to safeguard confidentiality. (Civil Code 56.10 et seq.)

☑ ☐ ☐ 19.2. All prescriptions are kept confidential and only disclosed as authorized by law. (CCR 1764)

☑ ☐ ☐ 19.3. The pharmacy ensures electronically transmitted prescriptions are received, maintained and transmitted in a secure and confidential manner. (CCR 1717.4[h])

☒ ☐ ☐ 19.4. If electronically transmitted prescriptions are received by an interim storage device (to allow for retrieval at a later time), the pharmacy maintains the interim storage device in a manner to prevent unauthorized access. (CCR 1717.4[d])

☑ ☐ ☐ 19.5. If the pharmacy has established and utilizes common electronic prescription files to maintain required dispensing information, the system shall not permit disclosure of confidential medical information except as authorized by law. (CCR 1717.1)

☑ ☐ ☐ 19.6. Destruction or disposal of patient records preserves the confidentiality of the information contained therein. (Civil Code 56.101[a])

CORRECTIVE ACTION OR ACTION PLAN: _____

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20. Record Keeping Requirements

Yes No N/A

☑ ☐ ☐ 20.1. All completed pharmacy self–assessments are on file in the pharmacy and maintained for three years. (CCR 1715[d])

☑ ☐ ☐ 20.2. All drug acquisition and disposition records (complete accountability) are maintained for at least three years. Any record maintained electronically, the pharmacist-in-charge or pharmacist on duty is able to produce a hardcopy and electronic copy of all records of acquisition or disposition or other drug or dispensing-related records. These records include (BPC 4081, 4105, 4169, 4333):

- ☐ 20.2.1. Prescription records (BPC 4081[a])
- ☐ 20.2.2. Purchase Invoices for all prescription drugs (BPC 4081[a])
- ☐ 20.2.3. Purchase Invoices and sales records for non-prescription diabetic test devices dispensed pursuant to a prescription (BPC 4081[d])
- ☐ 20.2.4. Biennial controlled substances inventory (21 CFR 1304.11[c], CCR 1718)
- ☐ 20.2.5. U.S. Official Order Forms (DEA Form 222) (21 CFR 1305.13)
- ☐ 20.2.6. Power of Attorney for completion of DEA 222 forms (21 CFR 1305.05)
- ☐ 20.2.7. Theft and Loss Reports (DEA Form 106) (21 CFR 1301.74[c])

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☐ 20.2.8. Record documenting return of drugs to wholesaler or manufacturer (BPC 4081[a])

☐ 20.2.9. Record documenting transfers or sales to other pharmacies, licensees, prescribers, and reverse distributors (BPC 4081, 4105, CCR 1718)

☐ 20.2.10. Records of receipt and shipment (BPC 4081)

Yes No N/A

☑ ☐ ☐ 20.3. A pharmacist may sell hypodermic needles and syringes to a person with a prescription is limited to: (BPC 4145.5)

☐ 20.3.1. Persons known to the pharmacist and when the pharmacist has previously been provided with a prescription or other proof of legitimate medical need; (BPC 4145.5[a])

☐ 20.3.2. Use on animals, provided the person is known to the pharmacist or the person's identity can be properly established. (BPC 4145.5[c])

☐ 20.3.3. For industrial use, as determined by the board. (BPC 4144.5)

☐ 20.3.4. As a public health measure intended to prevent the transmission of HIV, viral hepatitis, and other bloodborne diseases, furnishing of hypodermic needles and syringes for human use to a person 18 years of age or older for personal use. (BPC 4145.5[b])

☑ ☐ ☐ 20.4. When hypodermic needles and syringes are furnished by a pharmacy without a prescription, the pharmacy provides the consumer with written information or verbal counseling on how to access drug treatment, testing and treatment for HIV and hepatitis C and safe disposal of sharps waste; and provide one or more of the following disposal options: (BPC 4145.5[e], [f])

☐ 20.4.1. Onsite, safe, hypodermic needle and syringe collection and disposal program.

☐ 20.4.2. Furnish or make available mail-back sharps containers.

☐ 20.4.3. Furnish or make available sharps containers.

☑ ☐ ☐ 20.5. Records stored off-site (only for pharmacies who have obtained a waiver from the Board of Pharmacy to store records off-site) are secure and retrievable within two business days. Records for non-controlled substances are maintained on the licensed premises for at least one year from the date of dispensing. Controlled substances are maintained on the licensed premises for at least two years from the date of dispensing. (CCR 1707, BPC 4105[e])

Date Waiver Approved _____ Waiver Number _____

Address of offsite storage location: _____

☐ ☐ ☒ 20.6. The pharmacy furnishes an epinephrine auto-injector to a school district, county office of education, or charter school pursuant to Section 49414 of the Education Code if all of the following are met:

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☐ 20.6.1. The epinephrine auto-injectors are furnished exclusively for use at a school district site, county office of education, or charter school (BPC 4119.2 [a][1]).

☐ 20.6.2. A physician and surgeon provide a written order that specifies the quantity of epinephrine auto-injectors to be furnished (BPC 4119.2[a][2]).

Yes No N/A

☐☐☒ 20.7. The pharmacy furnishes an epinephrine auto-injector to an authorized entity ~~a~~ for the purpose of rendering emergency care in accordance with HSC 1797.197(a), provided that: (BPC 4119.3, 4119.4)

☐ 20.7.1. An authorized healthcare provider provides a written order that specifies the quantity of epinephrine auto-injectors to be dispensed; (BPC 4119.3[a][1], 4119.4[a][2])

☐ 20.7.2. The pharmacy labels each epinephrine auto-injector with the name of the person to whom the prescription was issued, the designation "Section 1797.197a responder" and "First Aid Purposes Only", the dosage, use and expiration date; and (BPC 4119.3[a], 4119.4[b])

☐ 20.7.3. Each dispensed prescription includes the manufacturer's product information sheet for epinephrine auto-injectors. (BPC 4119.3[a][2][B], 4119.4[c])

CORRECTIVE ACTION OR ACTION PLAN: _____

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21. DEA Controlled Substances Inventory

Inventory:

Yes No N/A

☒☐☐ 21.1. Is completed biennially (every two years).
Date completed: _____ (21 CFR 1304.11[c])

☒☐☐ 21.2. Schedule II inventory is separate from Schedule III, IV and V. See also Section 22. (21 CFR 1304.04[h][1])

☒☐☐ 21.3. All completed inventories are ~~is~~ available for inspection for three years. (CCR 1718)

☒☐☐ 21.4. Indicates on the inventory record whether the inventory was taken at the "open of business" or at the "close of business." (21 CFR 1304.11[a])

☒☐☐ 21.5. Separate Schedule II records are maintained. This includes Schedule II prescriptions, invoices, US official order forms, and inventory records. (21 CFR 1304.04[h])

☒☐☐ 21.6. Schedule III-V prescriptions are filed separately from all prescription records or are designated with a red "C." However, the red C requirement is waived if the pharmacy uses an automated data processing or other record keeping system for identification of controlled substances by prescription number and the original prescription documents can be retrieved promptly. (21 CFR 1304.04[h][4])

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Yes No N/A

☑ ☐ ☐ 21.7. Inventories and records for Schedule III-V controlled substances are filed separately or are designated in some manner that makes the required information readily retrievable from ordinary business records. (21 CFR 1304.04)

☑ ☐ ☐ 21.8. U.S. Official Order Form (DEA Form222) or electronic equivalent (CSOS) is utilized when ordering all Schedule II controlled substances. When Schedule II controlled substance orders are received by the pharmacy, for each item received, the date and quantity received is indicated on the DEA Form222. (21 CFR 1305.03, 1305.12, 1305.13, 1305.21, 1305.22[g])

☑ ☐ ☐ 21.9. When a pharmacy distributes Schedule II controlled substances to a DEA registrant (pharmacies, wholesales, manufacturers, prescribers) a DEA Form222 is prepared by the purchasing registrant and provided to the pharmacy selling the schedule II controlled substances. (21 CFR 1305.12)

☑ ☐ ☐ 21.10. When the pharmacy distributes Schedule II controlled substances to other DEA registrants, such as those listed above, a copy of the DEA Form222, is properly completed by the pharmacy selling the controlled substances and that copy is submitted at the end of each month to the DEA regional office. (21 CFR 1305.13)

☑ ☐ ☐ 21.11. Sales of controlled substances to other pharmacies or prescribers do not exceed five percent of the total number of controlled substances dosage units dispensed per calendar year; otherwise a wholesaler registration is obtained from DEA and from the board. (21 CFR 1307.11[a][1][iv]], Drug Supply Chain Security Act, BPC 4160)

☑ ☐ ☐ 21.12. When dispensed upon an "oral" order for a true emergency, a Schedule II prescription is provided by the prescriber by the 7th day following the transmission of the oral order. If not received, the pharmacy reports failure to provide prescription document to the California Department of Justice within 144 hours of the failure to provide prescription. (HSC 11167[c], [d])

☑ ☐ ☐ 21.13. The pharmacy generates a controlled substance printout for refills of Schedule III-V prescriptions at least every three days (72 hours) which contains the signature of the dispensing pharmacist, or the pharmacy maintains an alternate system to document the refilling of controlled substance prescriptions that complies with 21 CFR 1306.22.

☑ ☐ ☐ 21.14. Any controlled substances drug loss is reported within one business day of discovery to the DEA and within 30 days of discovery to the Board of Pharmacy. (21 CFR 1301.74[c], CCR 1715.6)

☑ ☐ ☐ 21.15. Do pharmacy staff hand initial prescription records or prescription labels, or (CCR 1712, 1717[b][1])

☑ ☐ ☐ 21.16. Does the pharmacy comply with the requirement for a pharmacist to initial or sign a prescription record or prescription label by recording the identity of the reviewing pharmacist in a computer system by a secure means. This computer does not permit the record to be altered after made and the record of the pharmacist's identity made in the computer system is immediately retrievable in the pharmacy. (CCR 1712, 1717[b][1])

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Yes No N/A

☑ ☐ ☐ 21.17. All Schedule II through IV controlled substance dispensing data is successfully transmitted to CURES within one working day from the date the controlled substance is released to be patient. (HSC 11165[d])

☑ ☐ ☐ 21.18. Furnishing of dangerous drugs and controlled substances for physician office use is done under sales and purchase records that correctly give the date, names and addresses of supplier and buyer, the drug or device and its quantity. The prescription may not be used for obtaining dangerous drugs or controlled substances for supplying a practitioner for the purpose of dispensing to patients. (21 CFR 1306.04[b], HSC 11250, BPC 4059)

☑ ☐ ☐ 21.19. The pharmacy has designed and operates a system to identify suspicious orders and ensures the system complies with applicable Federal and State privacy laws. Upon discovering a suspicious order or series of orders, notify the DEA administration and the Special Agent in charge of DEA in their area. (21 USC 832[a]).

CORRECTIVE ACTION OR ACTION PLAN: _____

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22. Inventory Reconciliation Report of Controlled Substances

Yes No N/A

☑ ☐ ☐ 22.1. The pharmacy performs periodic inventory and inventory reconciliation functions to detect and prevent the loss of controlled substances. (CCR 1715.65 [a])

☑ ☐ ☐ 22.2. The pharmacist-in-charge of the pharmacy reviews all inventory and inventory reconciliation reports taken, and establishes and maintains secure methods to prevent losses of controlled drugs. Written policies and procedures are developed for performing the inventory reconciliation reports required by pharmacy law. (CCR 1715.65 [b])

☑ ☐ ☐ 22.3. A pharmacy compiles an inventory reconciliation report of all federal Schedule II controlled substances at least every three months. This report requires: (CCR 1715.65 [c])

- ☐ 22.3.1. A physical count, not an estimate, of all quantities of federal Schedule II controlled substances. The biennial inventory of controlled substances required by federal law may serve as one of the mandated inventories under this section in the year where the federal biennial inventory is performed, provided the biennial inventory was taken no more than three months from the last inventory required by this section; (CCR 1715.65[c][1])
- ☐ 22.3.2. A review of all acquisitions and dispositions of federal Schedule II controlled substances since the last inventory reconciliation report; (CCR 1715.65[c][2])
- ☐ 22.3.3. A comparison of the two above-mentioned items to determine if there are any variances; (CCR 1715.65[c][3])

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☐ 22.3.4. All records used to compile each inventory reconciliation report shall be maintained in the pharmacy or clinic for at least three years in a readily retrievable form; and (CCR 1715.65[c][4])

☐ 22.3.5. Possible causes of overages shall be identified in writing and incorporated into the inventory reconciliation report. (CCR 1715.65[c][5])

Yes No N/A

☑ ☐ ☐ 22.4. The pharmacy reports in writing identified losses and known causes to the board within 30 days of discovery unless the cause of the loss is theft, diversion, or self-use in which case the report shall be made within 14 days of discovery. If the pharmacy is unable to identify the cause of the loss, further investigation is undertaken to identify the cause and actions necessary to prevent additional losses of controlled substances. (CCR 1715.65 [d])

☑ ☐ ☐ 22.5. The inventory reconciliation report is dated and signed by the individual(s) performing the inventory, and countersigned by the pharmacist-in-charge and be readily retrievable in the pharmacy for three years. A countersignature is not required if the pharmacist-in-charge personally completed the inventory reconciliation report. (CCR 1715.65 [e])

☑ ☐ ☐ 22.6. A new pharmacist-in-charge of the pharmacy completes an inventory reconciliation report as identified in CCR 1715.65 (c) within 30 days of becoming pharmacist-in-charge. When possible, the outgoing pharmacist-in-charge also completes an inventory reconciliation report as required in CCR 1715.65 (c). (CCR 1715.65 [f])

CORRECTIVE ACTION OR ACTION PLAN: _____

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23. Oral/Electronic Transmission and Partial Fill of Schedule II Controlled Substance Prescriptions

Yes No N/A

☐ ☐ ☒ 23.1. A faxed prescription for a Schedule II controlled substance is dispensed only **after** the original written prescription is received from the prescriber. (21 CFR 1306.11[a], HSC 11164)

☐ ☐ ☒ 23.2. An oral or electronically transmitted prescription for a Schedule II controlled substance for a patient in a licensed skilled nursing facility, licensed intermediate care facility, licensed home health agency or a licensed hospice care is dispensed only **after** the pharmacist has reduced the prescription to writing on a pharmacy-generated prescription form, and: (21 CFR 1306.11, 21 CFR 1306.11[f], HSC 11167.5)

☐ 23.2.1. The licensed facility provides the pharmacy with a copy of the prescriber's signed order, when available.

☐ 23.2.2. The prescription is endorsed by the pharmacist with the pharmacy's name, license, and address.

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☐ 23.2.3. The physician has signed the original prescription or provides a facsimile signature on the prescription.

☐ 23.2.4. The signature of the person who received the controlled substance for the licensed skilled nursing facility, licensed intermediate care facility, licensed home health agency or licensed hospice. (21 CFR 1306.11[f], HSC 11167.5)

Yes No N/A

☐☐☑ 23.3. If unable to supply the full quantity, the pharmacist partially fills a Schedule II prescription and is aware that if the remaining portion of the prescription is to be filled, it must be filled within 72 hours. The pharmacist shall notify the prescriber if the remaining portion of the prescription is not filled within 72 hours. (21 CFR 1306.13[a], CCR 1745[d])

☐☐☑ 23.4. The pharmacist maintains records (in a readily retrievable form or on the original prescription) of each partial filling (filled within 60 days from the date of prescription issuance) of an original prescription for a Schedule II controlled substance written for a patient of a skilled nursing facility or a patient diagnosed as "terminally ill." (21 CFR 1306.13[b], CCR 1745)

☐☐☑ 23.5 The pharmacist maintains records of each partial filling (filled within 30 days from the date of prescription issuance) of an original prescription for a Schedule II controlled substance when a partial fill is requested by the patient or practitioner. The pharmacist shall report to CURES only the actual amounts of drug dispensed. The total dispensed shall not exceed the prescribed quantity. (21 USC 829[f], BPC 4052.10)

☐☐☑ 23.6. Controlled substances written with the "11159.2 exemption" for the terminally ill are only dispensed when the original prescription is received, is tendered and partially filled within 60 days and no portion is dispensed more than 60 days from the date issued. (HSC 11159.2, 21 CFR 1306.11[a], CCR 1745)

☐☐☑ 23.7. The pharmacist, in a true emergency dispenses a Schedule II controlled substance from a prescription transmitted orally or electronically by a prescriber. If the order is written by the prescriber, the prescription is in ink, signed and dated by the prescriber. If the prescription is orally or electronically transmitted, it must be reduced to hard copy. The prescriber provides a written prescription on a controlled substance form that meets the requirements of HSC 11162.1 by the seventh day following the transmission of the initial order. (21 CFR 1306.11[d], HSC 11167)

☑☐☐ 23.8. All prescriptions received, maintained or transmitted by the pharmacy, whether new or refill, received orally, in writing or electronically, are handled to ensure their security, integrity, authenticity and confidentiality. (CCR 1717.4[h])

☒☐☐ 23.9. Electronic image transmission prescriptions are either received in hard copy or the pharmacy has the capacity to retrieve a hard copy facsimile of the prescription from the pharmacy's computer memory. (CCR 1717.4[e])

☒☐☐ 23.10. All electronically transmitted prescriptions include the name & address of the prescriber, a telephone number for oral confirmation, date of transmission and the name of identity of the recipient. (CCR 1717.4[c])

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Yes No N/A

☐☐☒ 23.11. Prescriptions received into an interim storage device, in addition to the prescription information, record and maintain the date the prescription is entered into the device, the date the prescription is transmitted out of the device and the recipient of the outgoing transmission. (CCR 1717.4[d])

☒☐☐ 23.12. A computer-generated prescription that is not an e-script and is printed out or faxed by the practitioner to the pharmacy must be manually signed. (21 CFR 1306.05[d])

☒☐☐ 23.13. Electronic prescriptions (e-scripts) for controlled substances that are received from the prescriber meet federal requirements. (21 CFR 1306.08, 21 CFR 1311)

☒☐☐ 23.14. Controlled substance prescriptions with the 11159.3 exemption during a declared local, state, or federal emergency, noticed by the board, may be dispensed if the following are met: (HSC 11159.3)

☐ The prescription contains the information specified in HSC 11164(a), indicates that the patient is affected by a declared emergency with the words "11159.3 exemption" or a similar statement, and is written and dispensed within the first two weeks of notice issued by the board.

☐ When the pharmacist fills the prescription, the pharmacist exercises appropriate professional judgment, including reviewing the patient's activity report from the CURE PDMP before dispensing the medication.

☐ If the prescription is a Schedule II controlled substance, the pharmacist dispenses no greater than the amount needed for a seven-day supply.

☐ The patient first demonstrates, to the satisfaction of the pharmacist, their inability to access medications, which may include, but not limited to, verification of residency within an evacuation area.

CORRECTIVE ACTION OR ACTION PLAN: _____

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24. Automated Drug Delivery Systems

Yes No N/A

☐☒☐ 24.1. Does the pharmacy use an automated drug delivery system, automated patient dispensing system and/or automated unit dose system? (CCR 1713)

If yes, complete the biennial self-assessment for automated drug delivery systems.

Note: An ADDS license is not required for technology installed within the secured licensed premises area of a pharmacy, used in the selecting, counting, packaging, and labeling of dangerous drugs and devices, (BPC 4427.2[j]) or exempt AUDS operated by a licensed hospital pharmacy (BPC 4427.2(i). As a reminder, a self-assessment form is required for an exempt AUDS.

CORRECTIVE ACTION OR ACTION PLAN: _____

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PIC Initials

25. Repackaging by the Pharmacy

Yes No N/A

☐☐☒ 25.1. Drugs are repackaged (precounted or poured) in quantities suitable for dispensing to patients of the pharmacy. Such repackaging is performed according to the Current Good Manufacturing Practice (CGMP), and the drugs are properly labeled with at least the following information: name of drug, strength, dosage form, manufacturer's name and lot number, expiration date, and quantity per repackaged unit. (21 CFR Part 210, 211 [CGMP], BPC 4342, HSC 110105, 111430)

☐☐☒ 25.2. A log is maintained for drugs pre-packed for future dispensing. (CCR 1751.1, 21 CFR Parts 210, 211)

☐☐☒ 25.3. Drugs previously dispensed by another pharmacy are re-packaged at the patient's request and includes the name and address of both pharmacies and complies with the other requirements of BPC 4052.7.

☐☐☒ 25.4. The pharmacy only repackages and furnishes a reasonable quantity of dangerous drugs and devices for prescriber office use. (BPC 4119.5 [b])

CORRECTIVE ACTION OR ACTION PLAN: _____

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26. Refill Pharmacy

Yes No N/A

☐☒☐ 26.1. Pharmacy processes refills for another California licensed pharmacy (CCR 1707.4[a])

If the answer is "yes", name the pharmacy or pharmacies _____

☐☐☒ 26.2. Does the pharmacy employ the use of a common electronic file? If yes, are there policies and procedures in place to prevent unauthorized disclosures? (CCR 1717.1)

☐☐☒ 26.3. Some or all pharmacy refill orders are processed by another California licensed pharmacy. (CCR 1707.4[a])

If the answer is "yes," name of refilling pharmacy(s) _____

If the answer to the three questions above is "no" or "not applicable" go to section

☐☐☒ 26.4. Originating pharmacy and refill pharmacy have a contract outlining the refill arrangement, or the pharmacies have the same owner. (CCR 1707.4[a][1])

☐☐☒ 26.5. Refill prescription label meets requirements of BPC 4076 and CCR 1707.5 and shows the name and address of the refilling and or originating pharmacy. (CCR 1707.4[a][2])

☒☐☐ 26.6. Patient is provided with written information, either on the prescription label or prescription container that describes which pharmacy to contact for questions. (CCR 1707.4[a][3])

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Yes No N/A

☐☐☑ 26.7. Both pharmacies maintain complete and accurate records of refill. (CCR 1707.4[a][4])

☐☐☑ 26.8. Both pharmacies are responsible for accuracy of the refilled prescription. (CCR 1707.4[a][5])

☐☐☑ 26.9. Originating pharmacy is responsible for consultation, maintenance of a medication profile and reviewing the patient's drug therapy before delivery of each prescription. (CCR 1707.4[a][6])

CORRECTIVE ACTION OR ACTION PLAN: _____

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27. Standards of Service for Providers of Blood Clotting Products for Home Use (HSC 125286.10)

Yes No N/A

☐☐☑ 27.1. The pharmacy is a provider of blood clotting products for home use. (HSC 125286.20)

- ☐ 27.1.1. Health system pharmacy. (HSC 125286.20[j][1][B])
- ☐ 27.1.2. Pharmacy affiliated with hemophilia treatment centers. (HSC 125286.20[j][1][C])
- ☐ 27.1.3. Specialty home care pharmacy. (HSC 125286.20[j][1][D])
- ☐ 27.1.4. Retail pharmacy. (HSC 125286.20[j][1][E])

☐☐☑ 27.2. The pharmacy meets the following requirements:

- ☐ 27.2.1. Has sufficient knowledge and understanding of bleeding disorders to accurately follow the instructions of the prescribing physician and ensure high-quality service for the patient. (HSC 125286.25[a])
- ☐ 27.2.2. Has access to a provider with sufficient clinical experience that enables the provider to know when patients have an appropriate supply of clotting factor on hand and about proper storage and refrigeration of clotting factors. (HSC 125286.25[b])
- ☐ 27.2.3. Maintains 24-hour on-call service 7 days a week, screens telephone calls for emergencies, acknowledges all telephone calls within one hour or less, and has access to knowledgeable pharmacy staffing on call 24 hours a day. (HSC 125286.25[c])
- ☐ 27.2.4. Has the ability to obtain all brands of blood clotting products approved by the FDA in multiple assay ranges and vial sizes, including products manufactured from human plasma and those manufactured with recombinant biotechnology techniques, provided manufacturer supply exists and payer authorization is obtained. (HSC 125286.25[d])

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☐ 27.2.5. Supplies all necessary ancillary infusion equipment and supplies with each prescription, as needed. (HSC 125286.25[e])

☐ 27.2.6. Stores and ships, or otherwise delivers, all blood clotting products in conformity with all state and federally mandated standards, including those set forth in the product's approved package insert. (HSC 125286.25[f])

☐ 27.2.7. Upon authorization for a nonemergency prescription, ships the prescribed blood clotting products and ancillary infusion equipment and supplies to the patient within two business days or less. (HSC 125286.25[g])

☐ 27.2.8. Upon approved authorization to dispense a prescription for an emergency situation, provided manufacturer supply exists, delivers prescribed blood products, ancillary infusion equipment and supplies, and medications to the patient within 12 hours for patients living within 100 miles of a major metropolitan airport, and within one day for patients living more than 100 miles from a major metropolitan airport. (HSC 125286.25[h])

☐ 27.2.9. Provides patients who have ordered their products with a designated contact telephone number for reporting problems with a delivery, and responds to calls within a reasonable time period. (HSC 125286.25[i])

☐ 27.2.10. Notifies patients of Class 1 and Class 2 recalls and withdrawals of blood clotting products and ancillary infusion equipment within 24 hours of receiving such notice, and participates in the National Patient Notification System for blood clotting recalls. (HSC 125286.25[j])

☐ 27.2.11. Provides language interpretive services over the telephone or in person, as needed by the patient. (HSC 125286.25[k])

☐ 27.2.12. Has a detailed plan for meeting the requirements of the Standards of Service for Providers of Blood Clotting Products for Home Use Act in the event of a natural or manmade disaster or other disruption of normal business operations. (HSC 125286.25[l])

28. Policies and Procedures

Yes No N/A

☑ ☐ ☐ 28.1. There are written policies and procedures in place for:

☐ 28.1.1. Action to be taken to protect the public when a licensed individual employed by or with the pharmacy is known to be chemically, mentally, or physically impaired to the extent that it affects their ability to practice the profession or occupation authorized by their license, including the reporting to the board within 14 days of receipt or development; (BPC 4104[a], [c])

☐ 28.1.2. Action to be taken to protect the public when a licensed individual employed by or with the pharmacy is known to have engaged in the theft or diversion or self-use of prescription drugs belonging to the pharmacy, including the reporting to the board within 14 days of receipt or development; (BPC 4104[b], [c])

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☐ 28.1.3. Oral consultation for discharge medications to an inpatient of a health care facility licensed pursuant to HSC 1250, or to an inmate of an adult correctional facility or juvenile detention facility; (BPC 4074[a], CCR 1707.2[b][2])

☐ 28.1.4. Operation of the pharmacy during the temporary absence of the pharmacist for breaks and meal periods including authorized duties of personnel, the pharmacist's responsibilities for checking all work performed by ancillary staff, and the pharmacist's responsibility for maintaining the security of the pharmacy; (CCR 1714.1[f])

☐ 28.1.5. Assuring confidentiality of medical information if your pharmacy maintains the required dispensing information for prescriptions, other than controlled substances, in a shared common electronic file; (CCR 1717.1[e])

☐ 28.1.6. The delivery of dangerous drugs and dangerous devices to a secure storage facility, if the pharmacy accepts deliveries when the pharmacy is closed and there is no pharmacist present; (BPC 4059.5[f][1])

☐ 28.1.7. Compliance with Title VII of Public Law 109-177 – Combat Methamphetamine Epidemic Act of 2005;

☐ 28.1.8. A policy to establish how a patient will receive a medication when a pharmacist has a conscientious objection; (BPC 733[b][3])

☐ 28.1.9. Preventing the dispensing of a prescription when the pharmacist determines that the prescribed drug or device would cause a harmful drug interaction or would otherwise adversely affect the patient's medical condition; (BPC 733[b][1])

☐ 28.1.10. Helping patients with limited or no English proficiency understand the information on the prescription container label in the patient's language, including the selected means to identify the patient's language and providing interpretive services in the patient's language; and (CCR 1707.5[d])

☐ 28.1.11. Inventory reconciliation reporting requirements. (CCR 1715.65[b])

Yes No N/A

☑ ☐ ☐ 28.2. Does your pharmacy employ the use of a common electronic file? (CCR 1717.1)

☐ 28.2.1. If yes, are there policies and procedures in place to prevent unauthorized disclosures? (CCR 1717.1[e])

☐ ☑ ☐ 28.3. Does your pharmacy furnish emergency contraceptives pursuant to BPC 4052.3[b][1]? (BPC 4052, CCR 1746)

If yes, does the pharmacy:

☐ 28.3.1. Follow the protocol for pharmacists furnishing Emergency Contraception (EC) approved by the California State Board of Pharmacy and the Medical Board of California? (CCR 1746[b])

☐ 28.3.2. Provide the patient with a copy of the current EC Fact Sheet approved by the Board of Pharmacy? (CCR 1746[b][4])

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☐ 28.3.3. Maintain in the pharmacy EC medications and adjunctive medications (for nausea and vomiting when taken with EC containing estrogens) as listed in the protocol? (CCR 1746[b][8])

☐ 28.3.4. Prior to furnishing EC, the pharmacist has completed a minimum of one hour of continuing education specific to emergency contraception. (BPC 4052.3[b][2], CCR 1746[b][10])

☐ 28.3.5. If no, EC services are not immediately available or any pharmacist declines to furnish pursuant to a conscience clause, does the pharmacist refer the patient to another emergency contraception provider? (BPC 773[b], CCR 1746[b][5])

☐ 28.3.6. Does the pharmacy have a protocol that ensures a patient has timely access to a prescribed drug or device despite a pharmacist's refusal to dispense a prescription or order? (BPC 733[b])

☐ 28.3.7. If a pharmacist declines to dispense a prescription drug or device pursuant to an order or prescription, the pharmacist has previously notified their employer in writing? (BPC 733[b][3], 4052.3)

Yes No N/A

☐☒☐ 28.4. Furnishes naloxone hydrochloride in accordance with standardized procedures or protocols developed and approved by both the Board of Pharmacy and the Medical Board of California. (BPC 4052.01[a], CCR 1746.3)

☐ 28.4.1. Procedures to ensure education of the person to whom the drug is furnished, not limited to opioid prevention, recognition and response, safe administration, potential side effects, or adverse events and the imperative to seek emergency medical care for the patient.

☐ 28.4.2. Procedures for the notification of the patient's primary care provider with patient consent of any drug or device furnished to the patient or entry of appropriate information in a patient record system.

☐☒☐ 28.5. Furnishes nicotine replacement products in accordance with standardized procedures or protocols developed and approved by both the Board of Pharmacy and the Medical Board of California. (BPC 4052.9, CCR 1746.2)

☐☒☐ 28.6. Furnishes hormonal contraception products in accordance with standardized procedures or protocols developed and approved by both the Board of Pharmacy and the Medical Board of California. (BPC 4052.3, CCR 1746.1)

☐☒☐ 28.7. Does your pharmacy furnish travel medications not requiring a diagnosis that are recommended by the federal Center for Disease Control and Prevention (CDC) for individuals traveling outside the 50 states and the District of Columbia pursuant to section BPC 4052(a)(10)(A)(3)? If yes, does the pharmacy do the following: (CCR 1746.5[a], [c])

☐ 28.7.1. Keep documentation on site and available for inspection by the board, pharmacist(s) completion of an immunization training program that meets the requirements on BPC 4052.8(b)(1), completion of a travel medicine training program, consisting of at least 10 hours of training and cover each element of the

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International Society of Travel Medicine's Body of Knowledge for the Practice of Travel Medicine (2012); completion of the CDC Yellow Fever Vaccine Course; and current basic life support certification. (CCR 1746.5[c])

☐ 28.7.2. Pharmacists complete two hours of ongoing continuing education focused on travel medicine, separate from continuing education in immunization and vaccines, from an approved provider once every two years. (CCR 1746.5[d])

☐ 28.7.3. Prior to furnishing travel medications, the pharmacist performs a good faith evaluation of the patient, including evaluation of the patient's travel history using destination-specific travel criteria. The travel history includes all the information necessary for a risk assessment during pre-travel consultation, as identified in the CDC Yellow Book. (CCR 1746.5[e])

☐ 28.7.4. The pharmacist notifies the patient's primary care provider of any drugs or devices furnished to the patient within 14 days of the date of furnishing, or enters the appropriate information in the patient record system shared with the primary care provider, as permitted by the primary care provider. If the patient does not have a primary care provider, or is unable to provide contact information for their primary care provider, the pharmacist provides the patient with a written record of the drugs or devices furnished and advises the patient to consult a physician of the patient's choice. (CCR 1746.5[f])

☐ 28.7.5. A patient medication record is maintained and securely stored in a physical or electronic manner for each travel medication furnished, such that the information required under section 300aa-25 of title 42 of the United States Code is readily retrievable during the pharmacy's or facility's normal operating hours and the pharmacist provides the patient with written documentation that reflects the clinical assessment and travel medication plan. (CCR 1746.5[g])

CORRECTIVE ACTION OR ACTION PLAN: _____

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29. Compounding

Yes No N/A
☐☐☒ 29.1. Prior to allowing any drug product to be compounded in a pharmacy, the pharmacist-in-charge must complete the "Compounding Self-Assessment" required by CCR 1735.2[k].

30. Nuclear Pharmacy

Yes No N/A
☐☐☒ 30.1. All pharmacists handling radioactive drugs are competent in the preparation, handling, storage, receiving, dispensing, disposition and pharmacology of radioactive drugs. (CCR 1708.4)

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Yes No N/A

☐☐☐ 30.2. A pharmacist qualified under CCR 1708.4 to furnish radioactive drugs is in the pharmacy whenever the furnishing of radioactive drugs occurs. All personnel involved in the furnishing of radioactive drugs are under the immediate and direct supervision of such a qualified pharmacist. (CCR 1708.5)

☐☐☐ 30.3. The pharmacy possesses a current Sterile Compounding Permit (BPC 4127) and is compliant with CCR 1751. (Must also complete Compounding Self-Assessment, required by CCR 1735.2[k].

CORRECTIVE ACTION OR ACTION PLAN: _____

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31. Telepharmacy Systems and Remote Dispensing Site Pharmacies

Yes No N/A

☐☐☒ 31.1. Pharmacy provides telepharmacy services and has obtained a remote dispensing site pharmacy license from the board. (BPC 4130[e], 4044.6, 4044.3[a])

If the answer is "yes", name the remote dispensing site pharmacy and license number:

Name:_____ License No.:_____

List the names of all qualified remote dispensing site pharmacy technician:

TCH Name: _____ License No. _____

TCH Name: _____ License No. _____

TCH Name: _____ License No. _____

TCH Name: _____ License No. _____

TCH Name: _____ License No. _____

If the answer to the question above is "no" or "not applicable" go to section ~~26~~32.

☐☐☐ 31.2. The supervising pharmacy uses a telepharmacy system for the dispensing of prescription drugs and providing related drug regimen review and patient counseling services at the remote dispensing site pharmacy. (BPC 4130[a], 4044.7)

☐☐☐ 31.3. The remote dispensing site pharmacy is located in a medically underserved area unless otherwise approved by the board. (BPC 4130[c])

☐☐☐ 31.4. The remote dispensing site pharmacy does not employ any unlicensed personnel. (BPC 4130[d])

☐☐☐ 31.5. The supervising pharmacy has only obtained one remote dispensing site pharmacy license. (BPC 4130[e])

☐☐☐ 31.6. The remote dispensing site pharmacy is not operated by the state and is not located in any state facility, including, but not limited to, correctional facilities, state hospitals, or developmental centers. (BPC 4130[f])

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Yes No N/A

☐☐☐ 31.7. The remote dispensing site pharmacy will cease to be a remote dispensing site pharmacy and will become a full-service pharmacy licensed under Section 4110 with a pharmacist onsite if it meets all the requirements for licensure for a pharmacy, if the remote dispensing pharmacy dispenses more than 225 prescriptions per day, calculated each calendar year. (BPC 4130[h])

☐☐☐ 31.8. The supervising pharmacy provides telepharmacy services for only one remote dispensing site pharmacy. (BPC 4131[a])

☐☐☐ 31.9. The supervising pharmacy is not located greater than 150 road miles from the remote dispensing site pharmacy, unless otherwise approved by the board. (BPC 4131[b])

☐☐☐ 31.10. The supervising pharmacy and the remote dispensing site pharmacy are under common ownership. (BPC 4131[c])

☐☐☐ 31.11. The remote dispensing site pharmacy is staffed by a pharmacist, or at least one registered pharmacy technician meeting the qualifications of BPC section 4132 (BPC 4130[d]).

☐☐☐ 31.12. Pharmacy technicians working at a remote dispensing site pharmacy remain under the direct supervision and control of a pharmacist at the supervising pharmacy at all times that the remote dispensing site pharmacy is operational. (BPC 4131[d])

☐☐☐ 31.13. The supervising pharmacists utilizes a telepharmacy system to supervise operations through audio and visual technology from the supervising pharmacy. (BPC 4131[d])

☐☐☐ 31.14. The designated pharmacist-in-charge of the supervising pharmacy is also the pharmacist-in-charge at the remote dispensing site pharmacy. (BPC 4131[e])

☐☐☐ 31.15. The pharmacist -in-charge of the remote dispensing site pharmacy and the pharmacist-on-duty at the supervising pharmacy are responsible to ensure that both the supervising pharmacy and the remote dispensing site pharmacy are sufficiently staffed to allow for appropriate supervision, which is supervision that would not be reasonably expected to result in an unreasonable risk of harm to public health, safety, or welfare. (BPC 4130[f])

☐☐☐ 31.16. In addition to the requirements of BPC 4202, a pharmacy technician working at the remote dispensing site pharmacy has met the requirements required by BPC 4132. (BPC 4132[a])

- ☐ Possess a pharmacy technician license that is in good standing.
- ☐ Possess and maintain a certification issued by the board-approved pharmacy technician certification program.
- ☐ Possess one of the following: a minimum of an associated degree in pharmacy technology, a minimum of a bachelor's degree in any subject, or a certification of completion from a course of training specified by regulations adopted by the board pursuant to BPC 4202.

☐ Complete a minimum of 2,000 hours of experience working as a pharmacy technician within the two years preceding first commencing work in the remote dispensing site pharmacy.

Yes No N/A

☐☐☐ 31.17. Registered pharmacy technicians may perform order entry, packaging, manipulative, repetitive, and other nondiscretionary tasks at the remote dispensing site pharmacy under the supervision of a pharmacist at the supervising pharmacy using a telepharmacy system. (BPC 4132[b])

☐☐☐ 31.18. Pharmacy technicians at the remote dispensing site pharmacy do not do any of the following:

- ☐ 31.18.1. Receive a new prescription order orally from a prescriber or other person authorized to prescribe by law. (BPC 4132[c][1])
- ☐ 31.18.2. Consult with a patient or their agent regarding a prescription, either prior to or after dispensing, or regarding any medical information contained in a patient medication record system or patient chart. (BPC 4132[c][2])
- ☐ 31.18.3. Identify, evaluate, or interpret a prescription. (BPC 4132[c][3])
- ☐ 31.18.4. Interpret the clinical data in a patient medication record system or patient chart. (BPC 4132[c][4])
- ☐ 31.18.5. Consult with any prescriber, nurse, or other health care professional or authorized agent thereof. (BPC 4132[c][5])
- ☐ 31.18.6. Supervise the packaging of drugs and check the packaging procedures and product upon completion. (BPC 4132[c][6])
- ☐ 31.18.7. Perform any function that requires the professional judgment of a licensed pharmacist. (BPC 4132[c][7])
- ☐ 31.18.8. Compound drug preparations. (BPC 4132[c][8])

☐☐☐ 31.19. A pharmacist at the supervising pharmacy supervises no more than two pharmacy technicians at each remote dispensing site pharmacy. The pharmacist may also supervise pharmacy technicians at the supervising pharmacy. (BPC 4132[d])

☐☐☐ 31.20. The supervising pharmacy's telepharmacy system maintains a video and audio communication system that provides for effective communication between the supervising pharmacy and the remote dispensing site pharmacy's personnel and patients. (BPC 4133[a])

☐☐☐ 31.21. The telepharmacy system facilitates adequate pharmacist supervision and allows the appropriate exchange of visual verbal, and written communications for patient counseling and other matters involved in the lawful dispensing of drugs. (BPC 4133[b])

☐☐☐ 31.22. Patient counseling is provided using audio-visual communication prior to all prescriptions being dispensed from the remote dispensing site pharmacy. (BPC 4133[c])

☐☐☐ 31.23. The telepharmacy system is able to do all of the following:

☐ 31.23.1. Identify and record the pharmacy technician preparing each prescription and the supervising pharmacist who reviewed and authorized the dispensing of the prescription. (BPC 4133[d][1])

☐ 31.23.2. Require a pharmacist to review and compare the electronic image of any new prescription presented at the remote dispensing site pharmacy with the data entry record of the prescription. (BPC 4133[d][2])

☐ 31.23.3. Require the pharmacy technician to use barcode technology to verify the accuracy of the drug to be dispensed. (BPC 4133[d][3])

☐ 31.23.4. Require remote visual confirmation by a pharmacist at the supervising pharmacy of the drug stock bottle and the drug to be dispensed prior to dispensing. (BPC 4133[d][4])

☐ 31.23.5. Ensure that a prescription is not sold or delivered to a patient prior to a pharmacist performing final verification of the accuracy of the prescription and releasing the prescription for sale and delivery. (BPC 4133[d][5])

Yes No N/A

☐☐☐ 31.24. The video and audio communication system used to counsel and interact with each patient or patient's caregiver shall be secure and compliant with the federal Health Insurance Portability and Accountability Act (Public Law 104-191). (BPC 4133[e])

☐☐☐ 31.25. All records of prescriptions dispensed including the records of the actions performed through the telepharmacy system shall be maintained at the remote dispensing site pharmacy and shall be maintained for three years after the filling of the prescription. (BPC 4133[f])

☐☐☐ 31.26. A pharmacist from the supervising pharmacy completes a monthly in-person, self-inspection of each remote dispensing site pharmacy using the form designated by the board and retains all inspection reports. (BPC 4134[a])

☐☐☐ 31.27. A perpetual inventory is kept for all controlled substances stored at the remote dispensing site pharmacy. (BPC 4134[b])

☐☐☐ 31.28. All controlled substances stored at the remote dispensing site pharmacy are stored in a secure cabinet or safe that is locked. (BPC 4134[c])

☐☐☐ 31.29. A pharmacist from the supervising pharmacy performs inventory and inventory reconciliation functions at the remote dispensing site pharmacy to detect and prevent the loss of any controlled substances. (BPC 4134[d])

☐☐☐ 31.30. The pharmacist-in-charge of the remote dispensing site pharmacy reviews all inventory and inventory reconciliation reports taken and establishes and maintains secure methods to prevent losses of any controlled substances. (BPC 4134[e])

☐☐☐ 31.31. A pharmacist from the supervising pharmacy compiles an inventory reconciliation report of all Schedule II controlled substances at the remote dispensing site pharmacy at least once every three months. (BPC 4134[f]) This compilation shall include the following:

☐ 31.31.1. A physical count, not an estimate, of all quantities of federal Schedule II controlled substances. The biennial inventory of controlled substances required

by federal law may serve as one of the mandated inventories under this section in the year where the federal biennial inventory is performed, provided the biennial inventory was taken no more than three months from the last inventory required by this section. (BPC 4134[f][1])

☐ 31.31.2. A review of all acquisitions and dispositions of federal Schedule II controlled substances since the last inventory reconciliation report. (BPC 4134[f][2])

☐ 31.31.3. A comparison of the two above-mentioned items to determine if there are any variances. (BPC 4134[f][3])

☐ 31.31.4. All records used to compile each inventory reconciliation report shall be maintained in the pharmacy or clinic for at least three years in a readily retrievable form. (BPC 4134[f][4])

Yes No N/A

☐☐☐ 31.32. The remote dispensing site pharmacy reports in writing, any identified losses of controlled substances and possible causes of losses to the board within 31 days of discovery unless the cause of the loss is theft, diversion, or self-use in which case the report is made within 14 days of discovery. If the remote dispensing site pharmacy is unable to identify the cause of the loss, further investigation is undertaken to identify the cause and actions necessary to prevent additional losses of controlled substances. (BPC 4134[g])

☐☐☐ 31.33. Possible causes of overages are identified in writing and incorporated into the inventory reconciliation report. (BPC 4134[h])

☐☐☐ 31.34. The inventory reconciliation report is dated and signed by the individual(s) performing the inventory, and countersigned by the pharmacist-in-charge of the remote dispensing site pharmacy, and is readily retrievable in the pharmacy for three years. A countersignature is not required if the pharmacist-in-charge personally completed the inventory reconciliation report. (BPC 4134 [i])

☐☐☐ 31.35. While closed, the remote dispensing site pharmacy utilizes an alarm or other comparable monitoring system. (BPC 4135[a])

☐☐☐ 31.36. The remote dispensing site pharmacy is not open and its employees are not allowed access at times when the supervising pharmacy is closed. (BPC 4135[b])

☐☐☐ 31.37. The remote dispensing site pharmacy's security system tracks entries into the remote dispensing site pharmacy and the pharmacist-in-charge periodically review the record of entries. (BPC 4135[b])

☐☐☐ 31.38. Pharmacy services are not provided at the remote dispensing site pharmacy if the telepharmacy system is unavailable. (BPC 4135[b])

☐☐☐ 31.39. The remote dispensing site pharmacy retains a recording of facility surveillance excluding patient communications, for a minimum of 120 days. (BPC 4135[c])

☐☐☐ 31.40. Dangerous drugs and devices and controlled substances ordered by the remote dispensing site pharmacy are signed for and received by a pharmacist or a registered pharmacy technician, who meets the qualifications of Section 4132. (BPC 4059.5[g])

Yes No N/A

☐☐☐ 31.41. A controlled substance signed for by a pharmacy technician under BPC section 4059.5 is stored separately from existing inventory until the time the controlled substance is reviewed and countersigned by a pharmacist. (BPC 4059.5[g])

☐☐☐ 31.42. Any receipt and storage of a controlled substance by a pharmacy technician pursuant to BPC section 4059.5 is captured on video, and the video is accessible to the supervising pharmacy and maintained by the remote dispensing site pharmacy for 120 days. (BPC 4059.5[g])

CORRECTIVE ACTION OR ACTION PLAN: _____

_____

32. Prescription Drug Take-Back Services

Yes No N/A

☐☒☐ 32.1. Does the pharmacy participate in a Prescription Drug Take-Back Program and adheres to the federal, state and local requirements governing the collection and destruction of dangerous drugs? (CCR 1776, 1776.1)

If yes, check off below the type of prescription drug take-back program the pharmacy offers and complete the sections that applies to the type of program(s):

- ☐ Mail back envelopes or package service. (CCR 1776.2)
- ☐ Collection receptacles in the pharmacy. (CCR 1776.3)
- ☐ Drug take-back services in the Skilled Nursing Facilities. (CCR 1776.4, HSC 1250[c])

If the answer to the question above is "no" or "not applicable" go to section 33.

☐☐☒ 32.2. Only prescription drugs that have been dispensed by any pharmacy or practitioner to a consumer are eligible for collection as part of drug take-back services maintained by the pharmacy. (CCR 1776.1[f])

☐☐☒ 32.3. Dangerous drugs that have not been dispensed to consumers for use (such as outdated drug stock, drug samples provided to medical practitioners or medical waste) are not collected as part of the pharmacy's drug take-back service. (CCR 1776.1[f])

☐☐☒ 32.4. The pharmacy does not accept or possess prescription drugs from skilled nursing facilities, residential care homes, health care practitioners or any other entity as part of its drug take-back services. (CCR 1776.1[g][2])

☐☐☒ 32.5. Quarantined, recalled or outdated prescription drugs from the pharmacy stock are not disposed of as part of the pharmacy's drug take-back services. (CCR 1776.1[g][3])

PIC Initials

Pharmacies Offering Mail Back Envelopes or Package Services (CCR 1776.1, 1776.2)

Yes No N/A

☐☐☑ 32.6. The pharmacy provides prescription drug take-back preaddressed mailing envelopes or packages to consumers to return prescription drugs to an authorized destruction location. (CCR 1776.2[a])

☐☐☑ 32.7. All drug take-back envelopes and packages made available to the public are preaddressed to a location registered with the DEA as a collector. (CCR 1776.2[b])

☐☐☑ 32.8. The preaddressed envelopes and packages are water and spill proof, tamper evident, tear resistant and sealable. The exterior is nondescript and has no markings indicating the envelope or package contains prescription drugs. Postage is prepaid on each envelope or package. (CCR 1776.2[c])

☐☐☑ 32.9. The preaddressed envelope and package contain a unique identification number for each envelope and package, and the instructions for users indicates the process to mail back the drugs. (CCR 1776.2[d])

☐☐☑ 32.10. The pharmacy does not accept any mail back packages or envelopes containing drugs unless the pharmacy is registered as a collector and has an onsite method of destruction that complies with DEA requirements. The consumer is directed to mail the envelopes or packages. (CCR 1776.2[e])

If the answer is no and the pharmacy is registered with DEA as a collector with an onsite method of destruction that complies with DEA requirements, list the following (21 CFR 1317.40):

DEA Collector Registration Number: _____ Expiration Date: _____

☐☐☑ 32.11. Once drugs are deposited into a mail back envelope or package by the consumer, the pharmacy does not remove, count, sort or individually handle any prescription drugs from the consumer. (CCR 1776.1[d], [g][1])

Pharmacies with Collection Receptacles in the Pharmacy (CCR 1776.1, 1776.3)

Yes No N/A

☐☐☑ 32.12. The pharmacy is registered with DEA as a collector for purposes of maintaining a prescription drug take-back collection receptacle. (21 CFR 1317.30, 1317.40, CCR 1776)

☐☐☑ 32.13. The pharmacy notified the board in writing within 30 days of establishing the collection program. (CCR 1776.1[i][1])

Date the board was notified: _____

☐☐☑ 32.14. When the pharmacy renewed its pharmacy license, the pharmacy identified and disclosed to the board all the locations where its collection receptacles are located. (CCR 1776.1[i][2])

☐☐☑ 32.15. The pharmacy is aware, any tampering with a collection receptacle or theft of deposited drugs and any tampering, damage or theft of the removed liner are reported to the board in writing within 14 days. (CCR 1776.1[i][3][4])

PIC Initials

List the dates the board was notified of any tampering or theft from the collection receptacle and/or tampering, damage or theft of the removed liner:

Date reported: _____

Yes No N/A

☒ ☐ ☐ 32.16. The pharmacy is not on probation with the board. (CCR 1776.1[l])

If answered NO, meaning the pharmacy is on probation, the pharmacy cannot maintain a drug take back collection receptacle and must cease and notify the board in writing within 30 days and notify the DEA within 30 days.

☐ ☐ ☒ 32.17. Once drugs are deposited into a collection receptacle by the consumer, the pharmacy does not remove, count, sort or individually handle any prescription drugs from the consumer. (CCR 1776.1[d], 1776.3[e])

☐ ☐ ☒ 32.18. The collection receptacle is substantially constructed with a permanent outer container, removable inner liner, and is locked at all times to prevent access to the inner liner. (CCR 1776.3[a])

☐ ☐ ☒ 32.19. The collection receptacle is securely fastened to a permanent structure so it cannot be removed and is installed in an inside location. (CCR 1776.3[b])

☐ ☐ ☒ 32.20. The receptacle is visible to the pharmacy and DEA registrant employees, but not located in or near emergency areas, nor behind the pharmacy's counter. (CCR 1776.3[b])

☐ ☐ ☒ 32.21. The receptacle includes a small opening that allows deposit of drugs into the inside of the receptacle directly into the inner liner, but does not allow for an individual to reach into the receptacle's contents. When the pharmacy is closed, the collection receptacle is not accessible to the public for deposit of drugs. The pharmacy locks the deposit opening on the collection receptacle. (CCR 1776.3[d])

☐ ☐ ☒ 32.22. The pharmacy directs consumers to directly deposit the drugs into the collection receptacle. (CCR 1776.3[e])

☐ ☐ ☒ 32.23. The inner liner used is made of material that is certified by the manufacturer to meet the ASTM D1709 standard test for impact resistance of 165 grams (drop dart test) and the ASTM D1922 standards for tear resistance of 480 grams in both parallel and perpendicular planes. (CCR 1776.3[f])

- ☐ 32.23.1 The liner is waterproof, tamper evident, tear resistant, and opaque to prevent viewing or removal of any contents once the liner has been removed from the collection receptacle. (CCR 1776.3[f][1], [2])
- ☐ 32.23.2. The liner is clearly marked to display the maximum contents (for example, in gallons). (CCR 1776.3[f][2]
- ☐ 32.23.3. The liner bears a permanent, unique identification number established by the pharmacy or pre-entered onto the liner by the liner's manufacturer or distributor. (CCR 1776.3[f][2])
- ☐ 32.23.4. The liner is removable as specified pursuant to CCR 1776.3.

Yes No N/A

☐☐☒ 32.24. The receptacle allows the public to deposit prescription drugs into the receptacle for containment into the inner liner, without permitting access to or removal of prescription drugs already deposited into the collection receptacle and liner. Once the prescription drugs or any other item is placed in the collection receptacle, the prescription drug or item cannot be removed, counted, sorted, or otherwise individually handled. (CCR 1776.3[g])

☐☐☒ 32.25. If the liner is not already itself rigid or already inside of a rigid container when it is removed from the collection receptacle, the liner is immediately, without interruption, placed in a rigid container for storage, handling, and transport. (CCR 1776.3[h])

☐☐☒ 32.26. The liner is removed from a locked collection receptacle only by or under the supervision of two employees of the pharmacy. Upon removal, the liner is immediately, without interruption, sealed and the pharmacy employees record, in a log, their participation in the removal of each liner from the collection receptacle. Liners and their rigid containers are not opened, x-rayed, analyzed, or penetrated at any time by the pharmacy or pharmacy personnel. (CCR 1776.3[i])

☐☐☒ 32.27. Liners and their rigid containers that are filled and removed from the collection receptacle is stored in a secured, locked location in the pharmacy no longer than 14 days. (CCR 1776.3[j])

☐☐☒ 32.28. The pharmacy maintains records for collected unwanted drugs from consumers for three years, including the records for each liner identified in 1776(a). (CCR 1776.3[k], 1776.6[a])

☐☐☒ 32.29. The pharmacy seals the inner liners and their contents are shipped to a reverse distributor's registered location by common or contract carrier (such as UPS, FEDEX, USPS) or by a licensed reverse distributor pick up at the licensed pharmacy's premises. (CCR 1776.3[l])

☐☐☒ 32.30. The collection receptacle has a signage that includes: (1) the name and phone number of the responsible pharmacy, (2) medical sharps and needles (e.g. insulin syringes) are not to be deposited, and (3) consumers may deposit prescription drugs including Schedule II-V controlled substance. (CCR 1776.1[e], 1776.3[m])

Pharmacies with Drug Take-Back Services in Skilled Nursing Facilities

Yes No N/A

☐☐☒ 32.31. The pharmacy provides mail back envelopes or packages to skilled nursing facility employees or person lawfully entitled to dispose of resident decedent's property of unwanted or unused prescription drugs. (CCR 1776.4[a])

☐☐☒ 32.32. If the pharmacy provides mail back envelopes or packages to skilled nursing facilities, the pharmacy requires the skilled nursing facility employees keeps a record noting the specific quantity of each prescription drug mailed back, the unique identification number of the mail back package and the preaddressed location to which the mail back envelope is sent. (CCR 1776.4[a])

☐☐☒ 32.33. If the pharmacy is onsite at a skilled nursing facility, has the pharmacy established a collection receptacle in the skilled nursing facility for the collection and ultimate disposal of unwanted prescription drugs. (CCR 1776.4[b])

PIC Initials

If no, answer N/A to the remaining questions in this section.

If yes, continue answering the questions in this section.

List the location(s) of the collection receptacle:

_____

_____

_____

Yes No N/A

☐☐☑ 32.34. Was the board notified in writing within 30 days of establishing a collection receptacle? (CCR 1776.4[b][2])

☐☐☑ 32.35. Has there been any tampering of the collection receptacle, theft of the deposited drugs and/or tampering, damage or theft of the removed liner? (CCR 1776.4[b][4], [5])

☐ If yes, was the board notified in writing within 14 days of any tampering of the collection receptacles and/or liner?

☐☐☒ 32.36. When the pharmacy license was renewed, did the pharmacy provide ~~the list~~ a current list of collection receptacles? (CCR 1776.4[b][6])

☐☐☒ 32.37. The skilled nursing facility places patient's unneeded prescription drugs into a collection receptacle within three business days after the permanent discontinuance of use of a medication by a prescriber, as a result of the resident's transfer to another facility or as a result of death. Records of such deposit is made in the patient's records, with the name and signature of the employee discarding the drugs. (CCR 1776.4[d])

☐☐☑ 32.38. The collection receptacle is located in a secured area regularly monitored by the skilled nursing facility employees, securely fastened to a permanent structure so it cannot be removed, have a small opening that allows deposit of drugs into the inside of the collection receptacle and directly into the inner liner, but does not allow for an individual to reach into the receptacle's contents, securely locked and substantially constructed with a permanent outer container and a removable inner liner? (CCR 1776.4[e][f][g])

☐☐☑ 32.39. The liner certified by the manufacturer to meet the American Society for Testing Materials (ASTM) D1709 standard test for impact resistance of 165 grams (drop dart test), the ASTM D1922 standards for tear resistance of 480 grams in both parallel and perpendicular planes, waterproof, tamper evident, tear resistant, opaque to prevent viewing and discourage removal of any contents once the liner is removed from the collection receptacle, marked to display the maximum contents, and bear a permanent, unique identification number. (CCR 1776.4[h])

☐☐☑ 32.40. The receptacle allows the deposit of prescription drugs into the receptacle for containment into the inner liner, without permitting access to or removal of prescription drugs already deposited into the collection receptacle and liner. Once a prescription drug or item is placed in the collection receptacle, the prescription drug or item cannot be removed, sorted, counted, or otherwise individually handled. (CCR 1776.4[g][1])

PIC Initials

Yes No N/A

☐☐☑ 32.41. If the liner is not already itself rigid or already inside a rigid container when it is removed from the collection receptacle, the liner is immediately placed in a rigid container for storage, handling and transport. (CCR 1776.4[g][2])

☐☐☑ 32.42. The rigid container is disposable, reusable, or recyclable. The rigid container is leak resistant, has sealable tight fitting covers and kept clean and in good repair. (CCR 1776.4[g][2])

☐☐☑ 32.43. The collection receptacle contains signage with (1) the name and phone number of the pharmacy, (2) medical sharps and needles (e.g. insulin syringes) cannot be deposited, and (3) consumers may deposit prescription drugs including Schedule II-V controlled substances. (CCR 1776.4[i])

☐☐☑ 32.44. Once deposited, the prescription drugs are not counted, sorted, or otherwise individually handled. (CCR 1776.4[j])

☐☐☑ 32.45. The installation, removal, transfer, and storage of inner liners is performed only by: (1) one employee of the authorized collector pharmacy and one supervisory level employee of the long-term care facility (e.g. charge nurse or supervisor) designated by the authorized collector or (2) by or under the supervision of two employees of the authorized collector pharmacy. (CCR 1776.4[k])

☐☐☑ 32.46. Sealed inner liners placed in a container are stored at the skilled nursing facility up to three business days in a securely locked, substantially constructed cabinet or a securely locked room with controlled access until transfer to a reverse distributor for destruction. (CCR 1776.4[l])

☐☐☑ 32.47. Liners housed in a rigid container are delivered to a reverse distributor for destruction by a common or contract carrier or by a reverse distributor picked up at the skilled nursing facility. (CCR 1776.4[m])

Record Keeping Requirements for Board Licensees Providing Drug Take Back Services

Yes No N/A

☐☐☑ 32.48. Records required for drug take back services are maintained for three years. (CCR 1776.6)

☐☐☑ 32.49. The pharmacy makes and keeps the following records for each liner: (CCR 1776.6[a])

- ☐ 32.49.1. The date each unused liner is acquired, its unique identification number and size (e.g. 5 gallon, 10 gallon). If the liner does not already contain a unique identification number, the pharmacy assigns the unique identification number. (CCR 1776.6[a][1])
- ☐ 32.49.2. The date each liner is installed in a collection receptacle, the address of the location where each liner is installed, the unique identification number and size (e.g., 5 gallon, 10 gallon), the registration number of the collector pharmacy, and the names and signatures of the two employees that witnessed each installation. (CCR 1776.6[a][2])

PIC Initials

☐ 32.49.3. The date each inner liner is removed and sealed, the address of the location from which each inner liner is removed, the unique identification number and size (e.g. 5 gallon, 10 gallon) of each inner liner removed, the registration number of the collector pharmacy, and the names and signatures of the two employees that witnessed the removal and sealing. (CCR 1776.6[a][3])

☐ 32.49.4. The date each sealed inner liner is transferred to storage, the unique identification number and size (e.g., 5 gallon, 10 gallon) of each inner liner stored, and the names and signatures of the two employees that transferred each sealed inner liner to storage. (CCR 1776.6[a][4])

☐ 32.49.5. The date each sealed inner liner is transferred for destruction, the address and registration number of the reverse distributor or distributor to whom each sealer inner liner was transferred, the unique identification number and size (e.g., 5 gallon, 10 gallon) of each liner transferred, and the names and signatures of the two employees who transferred each sealed inner liner to the reverse distributor or distributor, or the common carrier who delivered it, the company used, and any related paperwork (invoice, bill of lading). (CCR 1776.6[a][5])

CORRECTIVE ACTION OR ACTION PLAN: _____

_____

33. Pharmacies That Donate Drugs to a Voluntary County-Approved Drug Repository and Distribution Program

Yes No N/A

☐☐☒ 33.1. The pharmacy donates medications to a county-approved drug repository and distribution program, and meets the following requirements: (HSC 150202.5, 150204, BPC 4169.5)

☐ 33.1.1. The pharmacy is licensed by and is not on probation with the California State Board of Pharmacy, and (HSC 150202.5)

☐ 33.1.2. The pharmacy's primary or sole type of pharmacy practice is limited to skilled nursing facility, home health care, board and care, or mail order. (HSC 150202.5)

☐☐☒ 33.2. If the pharmacy utilizes a surplus medication collection and distribution intermediary, the pharmacy ensures that the intermediary is licensed by the California State Board of Pharmacy. (BPC 4169.5)

☐☐☒ 33.3. No controlled substances shall be donated. (HSC 150204[c][1])

☐☐☒ 33.4. Drugs that are donated are unused, unexpired and meet the following requirements: (HSC 150202.5, 150204[c])

☐ 33.4.1. Have not been adulterated, misbranded, or stored under conditions contrary to standards set by the USP or the product manufacturer. (HSC 150204[c][2])

☐ 33.4.2. Were received directly from a manufacturer or wholesaler. (HSC 150202.5[a])

PIC Initials

☐ 33.4.3. Were returned from a health facility to which the drugs were originally issued, in a manner consistent with state and federal law, and where the drugs were centrally stored; were under the control of a health facility staff member; and that were never in the possession of a patient or individual member of the public. (HSC 150202.5[b], 150204[c][3])

☐ 33.4.4. Are in unopened, tamper-evident packaging or modified unit dose containers with lot numbers and expiration dates affixed. (HSC 105204[d])

☐ 33.4.5. For donated medications that require refrigeration, are medications that are stored, packaged and transported at appropriate temperatures and in accordance with USP standards and pharmacy law. (HSC 150204[m])

34. Pharmacies That Operate a Voluntary County-Approved Drug Repository and Distribution Program

Yes No N/A

☐☐☒ 34.1. The pharmacy conducts a county-approved drug repository and distribution program. (HSC 150201[b][1], 150204)

☐ 34.1.1. The pharmacy is licensed by and is not on probation with the California State Board of Pharmacy, **and:** (HSC 150201[b][1])

☐ 34.1.1.1. Is county owned (HSC 150201[b][1]) or

☐ 34.1.1.2. Contracts with the county to establish a voluntary drug repository and distribution program. (HSC 150201[b][1], 150200, 150204[b][1])

☐ 34.1.2. The pharmacy is owned and operated by a primary care clinic licensed by the California Department of Public Health, and is not on probation with the California State Board of Pharmacy. (HSC 150201[b][2])

☐☐☒ 34.2. The pharmacy has been prohibited by the county board of supervisors, the county public health officer, or the California State Board of Pharmacy from participating in the program because it does not comply with the provisions of the program. (HSC 150204[a][5])

Issued By: _____ Date: _____

☐☐☒ 34.3. Date that the county health department confirmed receipt of the pharmacy's "notice of intent" to participate in the program: _____ (HSC 150204[a][3])

☐☐☒ 34.4. The pharmacy provides the county health department on a quarterly basis the name and location of all sources of donated medication it receives. (HSC 150204[a][4][A])

Date last quarterly report was submitted: _____

☐☐☒ 34.5. The pharmacy complies with the county's established written procedures. (HSC 150204[b])

PIC Initials

Pharmacies That Operate a Voluntary County-Approved Drug Repository and Distribution Program: Drugs and Maintenance of Drug Stock

Yes No N/A

☐☐☑ 34.6. Donated medication are segregated from the participating entity's other drug stock by physical means, for purposes that include inventory, accounting and inspection. (HSC 150204[j])

☐☐☑ 34.7. Records of acquisition and disposition of donated medications are kept separate from the participating entity's other drug acquisition and disposition records. (HSC 150204[k])

☐☐☑ 34.8. The participating entity follows the same procedural drug pedigree requirements for donated drugs as it does for drugs purchased from a wholesaler or directly from a drug manufacturer. (HSC 150204[n])

☐☐☑ 34.9. Donated medication received are unused, unexpired and meet the following requirements: (HSC 150202, 150202.5, 150204[c])

- ☐ 34.9.1. Are received from authorized sources. (HSC 150202, 150203)
- ☐ 34.9.2. No controlled substances are received. (HSC 150204[c][1])
- ☐ 34.9.3. Are not adulterated, misbranded, or stored under conditions contrary to USP standards or the product manufacturer. (HSC 150204[c][2])
- ☐ 34.9.4. Medication received from a health care facility were centrally stored and under the control of a licensed health care professional or trained staff member of facility, and were never in the possession of a patient or member of the public. (HSC 150204[c][3])
- ☐ 34.9.5. Are received in unopened, tamper-evident packaging or modified unit dose containers with lot numbers and expiration dates affixed. (HSC 150204[d])
- ☐ 34.9.6. Are maintained in the donated packaging until dispensed to an eligible patient under the program, who presents a valid prescription. (HSC 150204[i])
- ☐ 34.9.7. For donated medication that require refrigeration, there are specific procedures to ensure that the medications are packaged, transported, stored, and dispensed at appropriate temperatures and in accordance with USP standards and pharmacy law. (HSC 150204[m])

☐☐☑ 34.10. Donated medication received in open containers is not dispensed under the program or transferred to another participating entity; and once identified, is quarantined immediately and disposed of in accordance with the Medical Waste Management Act. (HSC 150204[d][1], 150204[h])

Pharmacies That Operate a Voluntary County-Approved Drug Repository and Distribution Program: Transferring Donated Drugs From One Participating Entity to Another

Yes No N/A

☐☐☑ 34.11. The pharmacy transfers donated medication to another participating county-owned pharmacy within an adjacent county. (HSC 150204[g][4])

Yes No N/A

☐☐☑ 34.12. The pharmacy has a written agreement outlining the protocols and procedures for the transfer of donated medications. (HSC 150204[g][4][A])

Adjacent counties to which donated medication are transferred:

_____

☐☐☑ 34.13. Donated medication is not transferred by any participating entity more than once. (HSC 150204[g][4][B])

☐☐☑ 34.14. When transferring donated medication, documentation accompanies the medication that identifies the drug name, strength, quantity of medication, and the donating facility from where the medication originated. (HSC 150204[g][4][C])

☐☐☒ 34.15. When transferring donated medication, documentation includes a statement that the medication may not be transferred to another participating entity. (HSC 150204[g][4][C])

Pharmacies That Operate a Voluntary County-Approved Drug Repository and Distribution Program: Dispensing to Eligible Patients

Yes No N/A

☐☐☑ 34.16. Donated medications that are dispensed to an eligible patient who presents a valid prescription are dispensed in a new and properly labeled container, specific to the eligible patient. (HSC 150204[i])

☐☐☑ 34.17. The pharmacist adheres to standard pharmacy practices, as required by state and federal law, when dispensing donated medications under this program. (HSC 150204[f])

PIC Initials

PHARMACIST-IN-CHARGE CERTIFICATION:

I, (please print) Laurel Hipszer, RPH # 71499 hereby certify that I have completed the self-assessment of this pharmacy of which I am the pharmacist-in-charge. Any deficiency identified herein will be corrected by _____(date). I understand that all responses are subject to verification by the Board of Pharmacy. I further state under penalty of perjury of the laws of the State of California that the information that I have provided in this self-assessment form is true and correct.

Signature _____ Date 10/28/24
(Pharmacist-in-Charge)

ACKNOWLEDGEMENT BY PHARMACY OWNER OR HOSPITAL ADMINISTRATOR:

I, (please print) _____, hereby certify under penalty of perjury of the laws of the State of California that I have read and reviewed this completed self-assessment. I understand that failure to correct any deficiency identified in this self-assessment in the timeframe identified in the Pharmacist-in-Charge Certification above could result in the revocation of the pharmacy's license issued by the California State Board of Pharmacy.

Signature _____ Date _____
Pharmacy Owner or Hospital Administrator

PIC Initials

The following **Legal References** are used in the self-assessment form. Many of these references can be viewed on the Board of Pharmacy Web site at www.pharmacy.ca.gov (see *Laws and Regulations*), at the California State Law Library, or at other libraries or Internet web sites.

- Business and Professions Code (BPC), Division 1, Chapter 1 – General Provisions
- BPC, Division 2, Chapter 1 – General Provisions
- BPC, Division 2, Chapter 3 – Clinical Laboratory Technology
- BPC, Division 2, Chapter 9 – Pharmacy
- California Code of Regulation (CCR), Title 16, Division 17 – California State Board of Pharmacy
- Civil Code, Division 1, Part 2.6, Chapter 2 – Disclosure of Medical Information by Providers
- Code of Federal Regulations (CFR), Title 16, Chapter II, Subchapter E, Part 1700 – Poison Prevention Packaging
- CFR, Title 21, Chapter I, Subchapter C, Part 201, Subpart B – Labeling Requirements for Prescription Drugs and/or Insulin
- CFR, Title 21, Chapter I, Subchapter C, Part 208 – Medication Guides for Prescription Drug Products
- CFR, Title 21, Chapter I, Subchapter C, Part 210 – Current Good Manufacturing Practice in Manufacturing, Processing, Packaging, or Holding of Drugs; General
- CFR, Title 21, Chapter I, Subchapter C, Part 211 – Current Good Manufacturing Practice for Finished Pharmaceuticals
- CFR, Title 21, Chapter I, Subchapter D, Part 310, Subpart E – Requirements for Specific New Drugs and Devices
- CFR, Title 21, Chapter II - Drug Enforcement Administration, Department of Justice Combat Methamphetamine Epidemic Act of 2005. Pub. L. 109-177. 120 Stat. 256.9 Mar. 2006
- Health and Safety Code (HSC), Division 2, Chapter 1 – Licensing Provisions
- HSC, Division 10 – Uniform Controlled Substances Act
- HSC, Division 104, Part 5 (Sherman Food, Drug, and Cosmetics Law), Chapter 2 – Administration
- HSC, Division 106, Part 5, Chapter 2 – Genetic Disease Services
- HSC, Division 116 – Surplus Medication Collection and Distribution
- United States Code (USC), Title 15, Chapter 39A – Special Packaging of Household Substances for Protection of Children
- USC, Title 21, Chapter 9, Subchapter V, Part H – Pharmaceutical Distribution Supply Chain (Drug Supply Chain Security Act)
- USC, Title 21, Chapter 13 – Drug Abuse Prevention and Control

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 60498

NAME: LUMICERA HEALTH SERVICES LLC

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

4 TECHNOLOGY DR #100
IRVINE CA 92618
ORANGE COUNTY

ISSUANCE DATE

DECEMBER 18, 2024

EXPIRATION DATE

DECEMBER 1, 2025

CURRENT DATE / TIME

JUNE 16, 2025
8:47:22 AM

LICENSE RELATIONSHIPS

NAME: HIPSZER, LAUREL VIRGINIA

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 71499 **PRIMARY STATUS:** CLEAR

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FL5033078	03-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-16-2025

LUMICERA HEALTH SERVICES, LLC
4 TECHNOLOGY DR STE 100
IRVINE, CA 926185314

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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Form DEA-223 (9/2016)

4CCC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☑ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☑ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FP5422441
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00** fee with the application.)	☑ Other: Specialty Pharmacy	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☑ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☑ Other: Specialty Pharmacy

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Pharma Fusion LLC

Physical Address: 2580 Highway 95, Suite 218

City: Bullhead City State: AZ Zip: 86442-7331

Mailing Address (if different from physical address): Same as physical address

City: _____ State: _____ Zip: _____

Telephone: (928) 876-0158 Toll Free # (NAC 639.708, NRS 639.23286): (888) 341-6119

Fax: (928) 543-2082 Contact Email: sroy@pharmafusionrx.com

Website: www.pharmafusionrx.com

Nevada Business License # (if applicable) Applied for

Supervising/Managing Pharmacist Name (NRS 639.220): Sajal K.Roy, Pharm.D.

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): AZ Lic # S021767 // NV 19175

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328 (Use a separate piece of paper if additional space is needed.)

Name: Sajal K. Roy, Pharm.D.	NV Pharmacist Registration #: 19175
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232 (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Louisiana

Parent Company (if any): N/A

Corporation/Organization Name: Pharma Fusion LLC

Mailing Address: 518 Pujo Street

City: Lake Charles State: LA Zip: 70601-4365

Telephone: (337) 761-5397 Email: sroy@pharmafusionrx.com

Contact Person Name: Sajal K. Roy, Pharm.D.

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO & Sole Member (title) for Pharma Fusion LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Sajal K. Roy, Pharm.D.
Print Name of Authorized Person

Sajal Roy
Original signature of Authorized Person (copies or stamps not accepted)

05-28-2025
Date

Sajal K. Roy, Pharm.D.

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Sajal K. Roy, Pharm.D. hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO & Sole Member (title) for Pharma Fusion LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Sajal Roy
Signature Sajal K. Roy, Pharm.D.

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29th day of May, 2025

Amy E. Donovan
Notary Public

STATE OF LOUISIANA
UNION · JUSTICE · CONFIDENCE

OFFICIAL SEAL
AMY E. DONOVAN
NOTARY ID # 68333
STATE OF LOUISIANA
PARISH OF CALCASIEU
My Commission is for Life

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sajal K. Roy, Pharm.D.

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Sajal Roy

Original signature of Authorized Person (copies or stamps not accepted)

05-28-2025

Date

Sajal K. Roy, Pharm.D.

Board Use Only	Date Received: _____	Amount: 500.00 / V#00096

Pharma Fusion LLC

2580 Highway 95, Suite 218
Bullhead City, AZ 86442-7331
Lic #Y010106
Iss: 04/18/2025 Exp: 10/31/2026

Ownership

Pharma Fusion LLC
A Louisiana Limited Liability Company
EIN: 99-3557834
518 Pujo Street
Lake Charles, LA 70601

Sajal K. Roy, Pharm.D.,
CEO & Sole Member
(100%)

[redacted]

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF REGISTRATION

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

PHARMA FUSION LLC

ACC file number: 23793411

a foreign limited liability company organized under the laws of Louisiana, has been granted authority to transact business in Arizona as of 02/28/2025.

This Certificate relates only to the legal authority of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 03/31/2025.

SEAL OF THE ARIZONA CORPORATION COMMISSION
DITAT DEUS
1912

Douglas Clark, Executive Director

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Pharma Fusion LLC

Pharmacy/Wholesaler License # (if applicable): Applied for

Physical Address: 2580 Highway 95, Suite 218

City: Bullhead City State: AZ Zip: 86442-7331

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: (928) 876-0158 Website: http://www.pharmafusionrx.com

Licensing Company Email: sroy@pharmafusionrx.com

Section 2: Personal Information

First: Sajal Middle: K Last: Roy

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Bullhead City State: AZ Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wissahickon High School		1994-1998	
Address	**City**	**State**	**Zip**
521 Houston Road	Ambler	PA	19002
Diploma/Degree obtained, if any			
DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
University of the Sciences		1998-2004	
Address	**City**	**State**	**Zip**
600 S 43rd Street	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/2018-Present	[redacted]			
3/2016-7/2018				
2/2012-2/2016				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
PHARMA FUSION, LLC			6/2024-Present
Business Address	**City**	**State**	**Zip**
518 Pujo Street	Lake Charles	LA	70601
Phone	**Title**	**Number of Employed Hours**	
(337) 761-5397	Pharmacist-in-Charge/CEO	40/week	

Description of Duties

Oversight for all company operations and dispensing activiteis

Business Name			From - To (MM/YY – MM/YY)
InfuCare RX Inc/Factor One Source/FAST Pharmacy			1/2019-1/2021
Business Address	**City**	**State**	**Zip**
2400 Veterans Memorial Blvd, Suite 480	Kenner	LA	70062
Phone	**Title**	**Number of Employed Hours**	
(877) 327-8881	VP of Operations/Owner	40/week	

Description of Duties

Oversight of all company operations and dispensing activities

Business Name			From - To (MM/YY – MM/YY)
Factor One Source/FAST Pharmacy			3/2014-12/2018
Business Address	**City**	**State**	**Zip**
300 Glenn Street	Cumberland	MD	21502
Phone	**Title**	**Number of Employed Hours**	
(844) 733-6779	Chief Executive Officer/Owner	40/week	

Description of Duties

Oversight of all company operations and dispensing activities

Business Name			From - To (MM/YY – MM/YY)
Western Maryland Health System (WMHS)			2014-2015
Business Address	**City**	**State**	**Zip**
12500 Willowbrook Road	Cumberland	MD	21502
Phone	**Title**	**Number of Employed Hours**	
(240) 964-1399	Executive Dir of Clinics & Practices/Pharmacy Services	40/week	

Description of Duties

Oversight & development of 20 primary, urgent & specialty care offices
Formation of ACO with 10,000 lives

Business Name			From - To (MM/YY – MM/YY)
Western Maryland Health System (WMHS)			2012-2014
Business Address	**City**	**State**	**Zip**
12500 Willowbrook Road	Cumberland	MD	21502
Phone	**Title**	**Number of Employed Hours**	
(240) 964-1399	Director of Pharmacy Services/Director of Quality/Compliance	40/week	

Description of Duties

Oversight of inpatient pharmacy, clinical pharmacy programs & outpatient pharmacy services
Joint development/monitoring of all quality initiatives for 3 Health Systems; compliance oversight on TJC, State and Federal levels

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, SAJAL K. ROY, **certify that as the designated representative for**

PHARMA FUSION LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SR I am at least 21 years of age;
3. SR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

SAJAL K. ROY
Print Name (First, Last)

Sajal Roy
Original Signature (electronic, copies or stamps not accepted)

5/29/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SAJAL K. ROY
Print Name (First, Last)

Sajal Roy — 5/29/25
Original Signature (electronic, copies or stamps not accepted) — Date

SAJAL K. ROY

Please have this section completed in the presence of a Notary Public.

State of LOUISIANA, ss. County of Calcasieu

I, SAJAL K. ROY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Sajal Roy — 5/29/25
Original Signature SAJAL K. ROY — **Date**

Subscribed and Sworn to before me this 29th day of May, 2025

Amy E. Donovan
Notary Public Signature

OFFICIAL SEAL
AMY E. DONOVAN
NOTARY ID # 68333
STATE OF LOUISIANA
PARISH OF CALCASIEU
My Commission is for Life

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site PHARMA FUSION LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) APPLIED FOR

Physical Address 2580 HWY 95, STE 218

City BULLHEAD CITY State AZ Zip 86442-7331

Mailing Address (if different from physical address) SAME AS PHYSICAL ADDRESS

City _____ State _____ Zip _____

Telephone (928) 876-0158 Website HTTP://WWW.PHARMAFUSIONRX.COM

Licensing Company Email SROY@PHARMAFUSIONRX.COM

Section 2: Personal Information

First SAJAL Middle K Last ROY

Alias(es, nicknames, name changes, etc.) NONE

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City MADISONVILLE State LA Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

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Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wissahickon High School		1994-1998	
Address	**City**	**State**	**Zip**
521 Houston Road	Ambler	PA	19002
Diploma/Degree obtained, if any			
DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
University of the Sciences		1988-2004	
Address	**City**	**State**	**Zip**
600 S 43rd Street	Philadelphia	PA	19104
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/2018-Presence	[redacted]			
3/2016-7/2018				
2/2012-2/2026				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
PHARMA FUSION LLC			6/2024-PRESENT
Business Address	**City**	**State**	**Zip**
518 PUJO STREET	LAKE CHARLES	LA	70601
Phone	**Title**		
(337) 761-5397	PHARMACIST-IN-CHARGE/CEO		

Description of Duties
Responsible for oversight of all company operations and dispensing activities

Business Name			From - To (MM/YY – MM/YY)
InfuCare RX Inc/Factor One Source/FAST Pharmacy			1/2019-1/2021
Business Address	**City**	**State**	**Zip**
2400 Veterans Memorial Blvd, Ste 480	Kenner	LA	70062
Phone	**Title**		
(877) 327-8881	VP of Operations/Owner		

Description of Duties
Oversight of all company operatios and dispensing activities

Business Name			From - To (MM/YY – MM/YY)
Factor One Source/FAST Pharmacy			3/2014-12/2018
Business Address	**City**	**State**	**Zip**
300 Glenn Street	Cumberland	MD	21502
Phone	**Title**		
(844) 733-6779	Chief Executive Officer/Owner		

Description of Duties
Oversight of all company operations and dispensing activities

Business Name			From - To (MM/YY – MM/YY)
Western Maryland Health System (WMHS)			2014-2015
Business Address	**City**	**State**	**Zip**
12500 Willowbrook Road	Cumberland	MD	21502
Phone	**Title**		
(240) 964-1399	Exec Dir of Clinics & Practices/Pharmacy Services		

Description of Duties
Oversight & development of 20 primary, urgent & specialty care offices
Formation of ACO with 10,000 lives

Business Name			From - To (MM/YY – MM/YY)
Western Maryland Health Systems (WMHS)			202-2014
Business Address	**City**	**State**	**Zip**
12500 Willowbrook Road	Cumberland	MD	21502
Phone	**Title**		
(240) 964-1399	Dir of Pharmacy Services/Director of Quality/Compliance		

Description of Duties
Oversight of inpatient pharmacy, clinical pharmacy programs & outpatient pharmacy services
Joint development/monitoring of all quality initiatives for 3 Health Systems; compliance oversight on TJC, State and Federal levels

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SAJAL K. ROY
Print Name (First, Last)

Sajal Roy
Original Signature (electronic, copies or stamps not accepted)

5/29/25
Date

Please have this section completed in the presence of a Notary Public.

State of LOUISIANA, ss. County of Calcasieu

I, SAJAL K. ROY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Sajal Roy
Original Signature SAJAL K. ROY

5/29/25
Date

Subscribed and Sworn to before me this 29th day of May, 2025.

Amy E. Donovan
Notary Public Signature

OFFICIAL SEAL
AMY E. DONOVAN
NOTARY ID # 68333
STATE OF LOUISIANA
PARISH OF CALCASIEU
My Commission is for Life

(Seal)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

DEMOGRAPHICS

Permit #	AZ Permit Expiration	Business Name
7010106	10/31/2026	Pharma Fusion, LLC

Address

2580 Hwy 95

Zip	City	State
86442	Bullhead City	AZ

Phone	Fax	Email
(928) 876-0185	(928) 543-3082	snow@pharmafusionrx.com

Inspection Date	PIC	PIC License Exp Date
05/22/2025	Sajal Roy	10/31/2025

DEA #	DEA # Exp Date	Inspection Reviewed With
FP5423441	03/31/2028	Sajal Roy

Reviewers License #	Inspection Type
9021787	Opening

Inspection Conducted By

Chirag Patel

ACTIVITIES

1	Nonsterile Compounding	☐ YES	☑ NO
2	Nonsterile Hazardous Compounding	☐ YES	☑ NO
3	Sterile Compounding	☐ YES	☑ NO
4	Sterile Hazardous Compounding	☐ YES	☑ NO

Hospital Facility Data

Pharmacist Rep	DHS License #
N/A	N/A

PHARMACY DEPARTMENT

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

1	Size/Personnel 313 sq ft. Has more room to expand (within the same facility) in the future if needed.	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-609(A); R4-23-655(B)(C); R4-23-670 to 675
2	Shelves	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-609(A); R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Design-efficient, safe pharmacy practice	☑ S ☐ C/P ☐ U ☐ N/A	R4-22-609(A); R4-23-655(C); R4-23-672(A); R4-23-673(A)(B); R4-23-674(A)(3); R4-23-675(A)
4	Counter	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-609(B); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Aisles	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-609(C); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
6	Consultation area	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-609(D)
7	Enclosed (barrier)	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-609(F); R4-23-655(D); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675
8	Entry doors	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-609(F); R4-23-610(B); R4-23-655(D); R4-23-657(A)(2); R4-23-672(A)(F)(2); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
9	Lighting	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-609(G); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
10	Temperature controlled/Ventilation	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-609(G); R4-23-655(E); R4-23-656(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Working counter barrier	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-609(H)

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12	Receiving/checking area	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-610(E); R4-23-655(E); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
13	Opening for Rx receipt when closed	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-610(F)
14	Walls	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
15	Ceilings	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
16	Windows	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
17	Floors	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
18	Restroom	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-611(A)(4)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	Sink (hot and cold running water)	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-611(A)(9); R4-23-656(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
20	Nonsterile compounding area	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-410(E) No plans for compounding.

SECURITY

1	Controlled substances	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-609(E); R4-23-657(A)(1); R4-23-658(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A) No plans to stock any controlled substances in the near future.

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2	Pharmacist access R4-23-609(F); R4-23-610(B); R4-23-657(A)(1); R4-23-671(B)(1); R4-23-672(A)(B)(F); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	☑ S ☐ C/P ☐ U ☐ N/A	
3	Additional pharmacy drug storage areas R4-23-609(G)(2); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	☐ S ☐ C/P ☐ U ☑ N/A	
4	Filled Rx medication storage R4-23-610(G); R4-23-673(E); R4-23-674(C); R4-23-675(C)	☑ S ☐ C/P ☐ U ☐ N/A	
5	Remote drug storage (hospitals) R4-23-654(D); R4-23-672(C)	☐ S ☐ C/P ☐ U ☑ N/A	

PHARMACY LIBRARY

1	Pharmacology or Toxicology reference R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	☑ S ☐ C/P ☐ U ☐ N/A	
2	Therapeutics reference R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	☑ S ☐ C/P ☐ U ☐ N/A	
3	Drug compatibility reference R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	☑ S ☐ C/P ☐ U ☐ N/A	
4	Drug product equivalency reference R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)	☑ S ☐ C/P ☐ U ☐ N/A	
5	Sterile products reference R4-23-612(A)(9); R4-23-656(1); R4-23-670(B)(6); R4-23-672(A); R4-23-673(C); R4-23-675(A)	☑ S ☐ C/P ☐ U ☐ N/A	
6	Policy and procedure manual-pharmacy operations R4-23-610(A); R4-23-653(A); R4-23-658(A); R4-23-671(E); R4-23-672(A)(G); R4-23-673(G); R4-23-674(F); R4-23-675(D)	☑ S ☐ C/P ☐ U ☐ N/A	
7	Policy and procedure manual-technicians R4-23-610(A); R4-23-653; R4-23-672(A)(G); R4-23-673(C); R4-23-674(F); R4-23-675(D)	☑ S ☐ C/P ☐ U ☐ N/A	

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8	Policy and procedure manual-automation	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-614; R4-23-615; R4-23-616; R4-23-654(D); R4-23-701.02; R4-23-701.04
9	Policy and procedure manual-compounding	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-410; R4-23-670
10	Arizona statutes/rules	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-612(A)(8); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Current antidote/drug interaction information	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-612(A)(12); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
12	Poison Control # displayed	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-612(A)(13); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

PHARMACY EQUIPMENT/FORMS

1	Refrigerator	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670; R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Freezer	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670(B)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Computer-security/data storage	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-408
4	Computer-patient profiles	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-408(B)(3)
5	Computer-single drug usage report	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-408(B)(4)
6	Computer-pharmacist log book/hard copy print out	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-40B(C)(4)

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7	Prescription label ARS 32-1963.01; ARS 32-1968; R4-23-612(A)(10); R4-23-658(D)(1)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)(D); R4-23-701.01(2); R4-23-703(C)	☑ S	☐ C/P	☐ U	☐ N/A	
8	Federal transfer labels R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)	☐ S	☐ C/P	☐ U	☑ N/A	
9	Warning labels R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)	☑ S	☐ C/P	☐ U	☐ N/A	
10	Written patient information R4-23-402(C)(4); R4-23-402(I)	☑ S	☐ C/P	☐ U	☐ N/A	
11	Consultation log R4-23-402(G)	☑ S	☐ C/P	☐ U	☐ N/A	
12	Federal medication guides 21 CFR part 208	☑ S	☐ C/P	☐ U	☐ N/A	
13	Hospital IV label R4-23-658	☐ S	☐ C/P	☐ U	☑ N/A	
14	Generic Rx blanks R4-23-402(A); R4-23-407(D)	☑ S	☐ C/P	☐ U	☐ N/A	
15	Immunization administration recordkeeping R4-23-411(F) No plans for immunizations in the near future.	☐ S	☐ C/P	☐ U	☑ N/A	
16	Schedule V register R4-23-612(A)(2)	☐ S	☐ C/P	☐ U	☑ N/A	
17	Methamphetamine precursor sales log ARS 32-1977	☐ S	☐ C/P	☐ U	☑ N/A	

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18	Red C stamp	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-612(A)(11); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	CSPMP reporting PIC will be setting up account with PMP department.	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-502
20	Graduates	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-612(A)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
21	Mortar & Pestle	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-612(A)(4); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
22	Steel spatulas	☑ S ☐ C/P ☐ U ☐ N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
23	Rubber (nonmetallic) spatula	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
24	Approved Rx balance	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
25	Weights for Rx balance	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
26	Ointment tile	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-612(A)(7); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
27	Automated storage and distribution system (patient access)	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-614(A)(B)(1)(2)
28	Automated storage and distribution system (hospital)	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-614(A)(B)(1)(3); R4-23-654(D)

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29	Mechanical storage and counting device	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-615
30	Mechanical counting device	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-616
31	Emergency drug supply units (LTC)	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-701.02
32	Automated emergency drug supply units (LTC)	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-701.02(E)
33	Automated dispensing system (LTC)	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-701.04

STERILE PRODUCT COMPOUNDING AREA/EQUIPMENT:

1	Size No plans for sterile compounding.	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-670(A)
2	Dedicated to compounding sterile products	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-670(A)(1); R4-23-656(5)
3	Isolated from other pharmacy functions	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-670(A)(2)
4	Restricts entry/access	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-670(A)(3)
5	Free from unnecessary disturbances airflow	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-670(A)(4)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

6	Nonporous and cleanable floor	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-670(A)(5)
7	Nonporous and cleanable walls	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-670(A)(5)
8	Nonporous and cleanable ceiling	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-670(A)(5)
9	Environment ISO 7	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-670(A)(6)
10	Hood ISO 5	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-670(B)
11	Prep area ISO 7/ISO 8	☐ S ☐ C/P ☐ U ☑ N/A	R4-23-110; R4-23-670(E)(F)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

NOTES

-Open door pharmacy mainly mailing out patient specific injectable drugs used for infusions, to practitioner's office and patient's home for infusion servic
es
administered by trained medical personnel.
-No sterile or non-sterile compounding is anticipated at this location:
-No controlled substances are anticipated to be dispensed from this location.
-Pharmacy has a current DEA registration and will perform ACSI every year on May 1st as required.

-Pharmacy hours will be M-F 9a-5:30pm. Closed on weekends.

-Opening Inspection Rating: Satisfactory.

Handouts Provided:
- All licensees must update contact Information (ARS 32-1926).
- Continuing Education AUDIT Information.
- Continuing Education Requirements.
- Prescriptive Authority Chart.
- Prescription Requirements for Immunizations.
- Controlled substance loss/DEA 106 reporting reminder.
- Arizona Standing Order for Naloxone. (2024-2025).
- Ephedrine Letter.
- Practice of Flavoring.
- 2020-2024 Statute/Rule Changes Summary.
- Pharmacy reporting for two or more anti-tuberculosis medications.
- Prescription Monitoring Program.
- Protecting yourself from SCAMS.

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 03/15/2025
Receipt Number: 2025196106
Receipt Amount $: 480.00

Pharmacy - Independent

PERMIT NO	EXPIRES
Y010106	10/31/2026

Issued to : Pharma Fusion, LLC
Sajal Roy
2580 HWY 95 SUITE 218 BULLHEAD CITY, AZ 86442

Pharma Fusion, LLC
2580 HWY 95 SUITE 218
BULLHEAD CITY, AZ 86442

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Pharma Fusion, LLC
LICENSE NUMBER : Y010106
EXPIRES : 10/31/2026
http://www.azpharmacy.gov

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

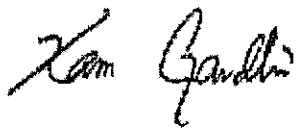
Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260,
Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/registration/permit but serves as the primary source of verification.

Name :	Pharma Fusion, LLC
Address :	2580 Hwy 95 Suite 218 Bullhead City AZ 86442
Registration No :	Y010106
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	05/22/2025
Expiration Date :	10/31/2026
Status :	OPEN
Discipline :	No



Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 05/29/2025

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260,
Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

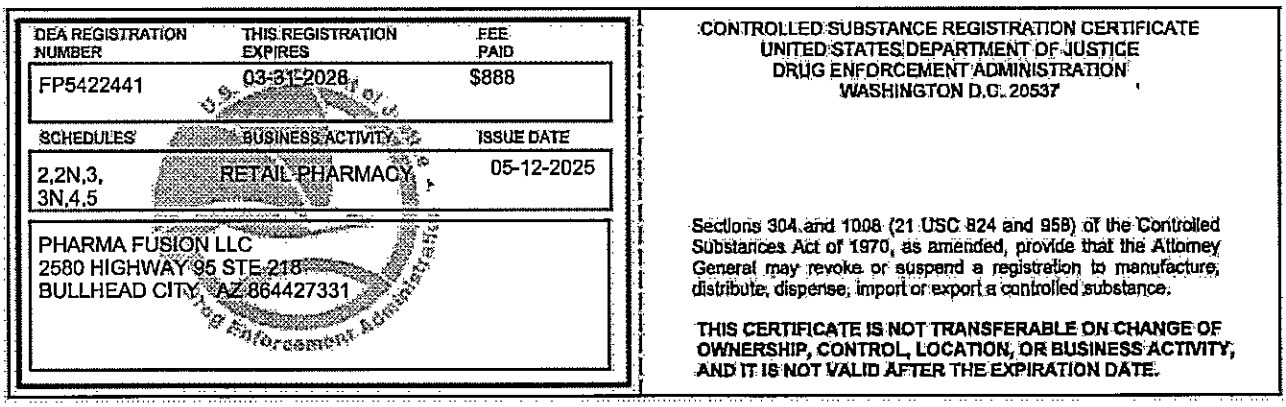
CERTIFICATION OF ARIZONA PHARMACIST LICENSE FOR THE INDIVIDUAL LISTED BELOW :

This document is not a license/registration/permit but serves as the primary source of verification.

Name :	Sajal Roy
Registration No :	S021767
Date Issued :	02/11/2016
Expiration Date :	10/31/2025
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP5422441	03-31-2028	$888

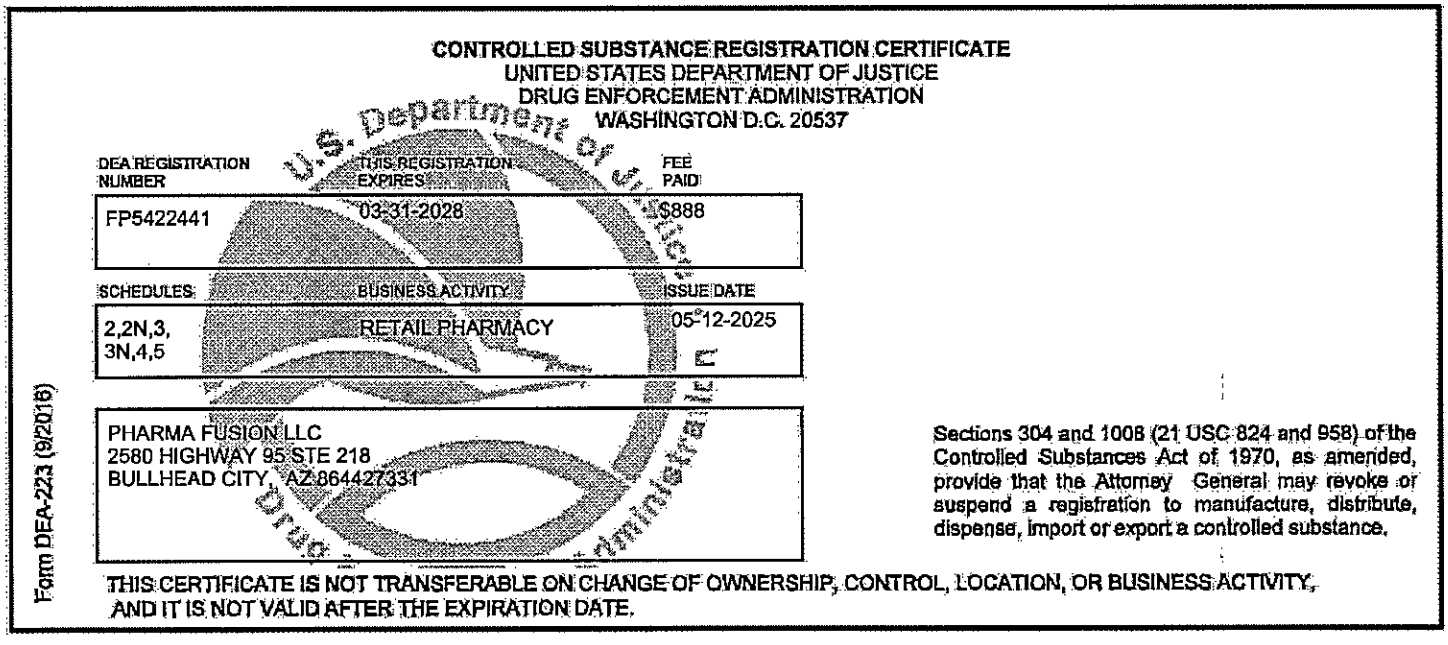
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	05-12-2025

PHARMA FUSION LLC
2580 HIGHWAY 95 STE 218
BULLHEAD CITY, AZ 864427331

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.



CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP5422441	03-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	05-12-2025

PHARMA FUSION LLC
2580 HIGHWAY 95 STE 218
BULLHEAD CITY, AZ 864427331

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

UNITED STATES OF AMERICA

State of Louisiana

Nancy Landry

SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

PHARMA FUSION LLC

A limited liability company domiciled in LAKE CHARLES, LOUISIANA,

Filed charter and qualified to do business in this State on June 12, 2024,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 23, 2025

STATE OF LOUISIANA · UNION · JUSTICE · CONFIDENCE · SECRETARY OF STATE

Nancy Landry

Secretary of State

Web 45975900K

Certificate ID: 12026190#SWM73

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate,** then follow the instructions displayed.
www.sos.la.gov

4DDD

Docusign Envelope ID: 0797C3B5-1585-43FF-974E-EE0DB20C5AF2

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-Nevada	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH 02006	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other: Mail order, specialty	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Prime Therapeutics Pharmacy LLC

Physical Address: 6870 Shadowridge Drive, Ste 11

City: Orlando State: FL Zip: 32812

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 866-554-2673 Toll Free # (NAC 639.708, NRS 639.23286): 866-554-2673

Fax: 866-364-2673 Contact Email: paige.johns@primetherapeutics.com

Website: primetherapeutics.com/specialtypharmacy & primetherapeutics.com/homedelivery

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Isaac McGee

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21902

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Maureen Jackson	NV Pharmacist Registration #: 22164
Name: Paras Priyadarshi	NV Pharmacist Registration #: 21758
Name: Isaac McGee	NV Pharmacist Registration #: 21902
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Prime Health Holdings LLC (direct owner of Prime Pharmacy Holdings LLC)

Corporation/Organization Name: Prime Pharmacy Holdings LLC (f/k/a Morocco Acquisition LLC)

Mailing Address: 2900 Ames Crossing Road

City: Eagan State: MN Zip: 55121

Telephone: _____ Email: paige.johns@primetherapeutics.com

Contact Person Name: Paige Johns

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the VP, Pharmacy Operations (title) for Prime Therapeutics Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Andrew Glover

Print Name of Authorized Person

DocuSigned by:

0E19F6DDD1B7468...

Original signature of Authorized Person (copies or stamps not accepted)

6/13/2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Andrew Glover hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the VP, Pharmacy Operations (title) for Prime Therapeutics Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

DocuSigned by:
6E19F0DDD1B7488...
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 13th day of June, 20 25

DocuSigned by:
Nadine Hogan
E6E1F3E717854A7...
Notary Public

NADINE RAE HOGAN
Notary Public
Minnesota
My Commission Expires 1/31/2027

NADINE RAE HOGAN
COMM. #20143522
Notary Public
State of Minnesota

I, Nadine Rae Hogan, remote eNotary authorized by the State of Minnesota to perform remote online notarizations, hereby certifies that this record was signed / attested to by use of communication technology by Andrew Glover, personally known by me and declared that he is located in Orange Beach Alabama at the time of the notary authorization and signing.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Glover

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

DocuSigned by:

6E19F6DDD1B7488...

Original signature of Authorized Person (copies or stamps not accepted)

6/13/2025

Date

Board Use Only	Date Received: 6/16/25	Amount: $500 CK 558094

Docusign Envelope ID: 65F5CE54-0E5C-4BB4-B5B3-81A38C9F219C

Prime Therapeutics Pharmacy LLC (f/k/a Magellan Rx Pharmacy, LLC)[1]
Explanation of Disciplinary History

Prime Therapeutics Pharmacy LLC's (f/k/a Magellan Rx Pharmacy, LLC, f/k/a ICORE Healthcare, LLC) facility located at 6870 Shadowridge Drive, Suite 111, Orlando, FL 32812 has been subject to the following discipline:

Date	Licensee	Regulating Agency	Description of Alleged Conduct	Action Taken
September 2010	ICORE Healthcare, LLC (Orlando, FL Facility)	Colorado Board of Pharmacy	Failure to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program	Stipulation and Final Agency Order; $5,000 fine with $500 surcharge
March 2012	ICORE Healthcare, LLC (Orlando, FL Facility)	Maine Board of Pharmacy	Failure to report the 2010 Colorado Board of Pharmacy disciplinary action with renewal application	Reprimand; Consent Agreement; $500 fine
October 2013	ICORE Healthcare, LLC (Orlando, FL Facility)	Michigan Board of Pharmacy	2010 Colorado Board of Pharmacy, and 2012 Maine Board of Pharmacy, disciplinary actions constitute statutory violations	Consent Order and Stipulation; $500 fine
March 2015	ICORE Healthcare, LLC (Orlando, FL Facility)[2]	Maine Board of Pharmacy	Failure to report a change in the pharmacist in charge within the statutory timeframe	Consent Agreement; Reprimand; $500 fine
April 2015	Magellan Rx Pharmacy, LLC (Orlando, FL Facility)	Texas Board of Pharmacy	Agreed to a formal reprimand of its Texas pharmacy license as a result of the 2012 Maine Board of Pharmacy disciplinary action (taken due to a failure to report the 2010 Colorado Board of Pharmacy disciplinary action). No fine was assessed with the reprimand.	Consent Agreement; Reprimand; no fine
November 2015 *(Final approval January 2016)*	Magellan Rx Pharmacy, LLC (Orlando, FL Facility)	Hawaii Department of Commerce & Consumer Affairs	2010 Colorado Board of Pharmacy, 2012 Maine Board of Pharmacy, and 2013 Michigan Board of Pharmacy disciplinary actions constitute statutory violations; failure to timely report the 2010 Colorado Board of Pharmacy disciplinary action	Settlement Agreement; $2,000 fine

DocuSigned by:
6E19F6DDD1B7488...
Signature
Name: Andrew Glover
Title: VP of Pharmacy Operations, Prime Therapeutics Pharmacy LLC
Date: 6/12/2025 | 1:15:54 PM PDT

[1] Name change effective September 16, 2024.
[2] The entity name was changed to Magellan Rx Pharmacy, LLC prior to the date of this fine; however, the state assessed the fine to ICORE Healthcare, LLC as that was the entity name at the time of the action that prompted the fine.

Docusign Envelope ID: 65F5CE54-0E5C-4BB4-B5B3-81A38C9F219C

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000747

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF ICORE HEALTHCARE, LLC, REGISTRATION NO. OSP 5519,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Icore Healthcare, LLC ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000747 as follows:

1. On July 12, 2004, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5519 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 855 SW 78th Ave., Ste.110, Plantation, FL 33324.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of August 16 through August 25, 2010, and did not submit a "zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy admits that the conduct described above constitutes a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Steven J. Gale

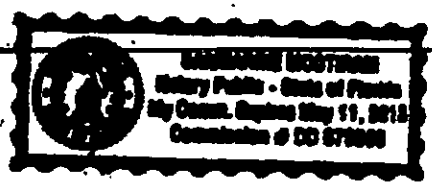
Authorized Agent of Respondent Pharmacy

Dated: 9/28/2010

Subscribed and sworn to before me in the County of Broward, State of Florida, this 28th day of September, 2010 by Steven J. Gale, in his/her capacity as an authorized agent of Icore Healthcare, LLC.

My commission expires: May 11th 2013

Notary Public



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FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 4th DAY OF November, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

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STATE OF MAINE
BOARD OF PHARMACY

In re:	)	CONSENT
ICORE Healthcare, LLC	)	AGREEMENT
Complaint No. 2012-PHA-7991	)	

PARTIES

This document is a Consent Agreement regarding the pending application for renewal of licensure as a Mail Order Pharmacy for ICORE Healthcare, LLC. The parties to the Consent Agreement are: ICORE Healthcare, LLC (ICORE); the Maine Board of Pharmacy ("the Board"); and the State of Maine Office of Attorney General ("the Attorney General"). The Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A)(C).

STATEMENT OF FACTS

1. ICORE has been licensed by the Board as a Mail Order Pharmacy, license number MO40000761.

2. On or about November 4, 2010, ICORE was disciplined by the Colorado Board of Pharmacy.

3. On December 7, 2010, ICORE submitted an application for renewal of license number MO40000761 without disclosing the disciplinary action that occurred in Colorado.

4. At its meeting on February 2, 2012, the Board reviewed the above-mentioned information. Based on this information, the Board voted to preliminarily deny ICORE's application for renewal as a Mail Order Pharmacy.

5. In lieu of the denial, the Board also voted to offer ICORE this Consent Agreement. Absent requesting, in writing, a hearing regarding the appeal of the preliminary denial within thirty days of receipt of the Notice of Preliminary Denial, and absent acceptance of this Consent Agreement by signing and dating it and returning it to Debra Thompson, Professional Licensing Coordinator, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333 by March 27, 2012, the preliminary denial of ICORE's application for renewal of licensure as a Mail Order Pharmacy will become final.

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COVENANTS

6. ICORE admits to failure to disclose disciplinary action to the Board for the renewal application submitted on December 10, 2010 when renewing license number MO40000761, in violation of 32 M.R.S. § 13742-A and that such violation constitutes grounds for the denial of the renewal application as a Mail Order Pharmacy pursuant to 10 M.R.S. § 8003(5-A)(A)(4).

7. As a condition of licensure and for conduct admitted in paragraph 6 above, ICORE agrees to:

A. Accept a REPRIMAND from the Board as sanction for that violation; and

B. Pay a CIVIL PENALTY in the amount of five hundred dollars ($500.00).

8. Upon receipt of this executed Consent Agreement, the Board will not deny ICORE's application on the basis of the conduct admitted to in paragraph 6 and will approve the application consistent with the provisions of Board Rules chapter 11.

9. The Attorney General and the Board agree that no further agency or legal action will be taken against ICORE's license based on the specific violations admitted to herein, except in the event that ICORE does not comply fully with the terms of the Consent Agreement. Any violation of the Consent Agreement will be a ground for discipline by the Board.

10. The Consent Agreement is not subject to appeal.

11. The Consent Agreement is not subject to amendment except by written agreement of all parties.

12. The Consent Agreement is a public document within the meaning of 1 M.R.S. § 402, et seq.

13. ICORE understands that the execution of the Consent Agreement is completely voluntary and that it has the right to consult with an attorney before signing the Consent Agreement.

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14. ICORE acknowledges by signature hereto of an authorized representative that il has read this Consent Agreement, that is has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executed this Consent Agreement of its own free will, and that it agrees to abide by all terms and conditions set forth herein.,

For ICORE Healthcare, LLC

Dated: 3-6-2012

Signature of Authorized Representative

JOHN LAFRENIERE
Print Name and Title
VICE PRESIDENT PHARMACY OPERATIONS

Dated: 3/30/2012

JOSEPH BRUNO, R.PH., President
Maine Board of Pharmacy

Dated: 4-5-12

CARRIE L. CARNEY
Assistant Attorney General

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STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ICORE HEALTHCARE, L.L.C.
License Number: 53-01-008731

File Number: 53-12-126455
CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on August 7, 2013, charging Icore Healthcare, L.L.C., hereafter Respondent Pharmacy, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated August 7, 2013, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true of purposes of this Consent Order, which findings shall have the same force and effect as if evidence and argument were presented in support of the allegations; and

WHEREAS, the Disciplinary Subcommittee has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now therefore,

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IT IS HEREBY FOUND that the facts alleged in the Complaint are true, for the purposes of this Consent Order, and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS HEREBY ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED in the amount of $500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Bureau of Health Care Services, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909.** The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number **53-12-126455.**

IT IS FURTHER ORDERED that in the event Respondent Pharmacy violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACS, R 338.1632 and section 16221(h) of the Public Health Code, supra.

CONTINUED ON NEXT PAGE

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IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 12/11/13

MICHIGAN BOARD OF PHARMACY

By: _____
Chairperson, Disciplinary Subcommittee

STIPULATION

1. Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated August 7, 2013, but agrees that the Disciplinary Subcommittee shall treat the allegations as true for purposes of this Consent Order, which findings shall have the same force and effect as if evidence and argument were presented in support thereof.

2. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waiving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to said charges.

3. Dhafer Almaklani, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

4. The foregoing Consent Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in said cause.

5. The foregoing proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

10-15-13

Carole H. Engle, Director
Bureau of Health Care Services
Department of Licensing and
Regulatory Affairs

Dated: Carole H. Engle

AGREED TO BY:

John LaFreniere, Vice President
Pharmacy Operations
Authorized Representative for
Icore Healthcare, L.L.C.
Respondent Pharmacy

Dated: 10-4-13

This is the final page of a Consent Order and Stipulation in the matter of Icore Healthcare, L.L.C., File Number 53-12-126455, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included

KRS

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STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the matter of

ICORE HEALTHCARE, L.L.C.
License Number: 53-01-008731

File Number: 53-12-126455

ADMINISTRATIVE COMPLAINT

NOW COMES the Michigan Department of Licensing and Regulatory Affairs, hereafter Complainant, by Carole H. Engle, Director, Bureau of Health Care Services, and files this complaint against Icore Healthcare, L.L.C., hereafter Respondent Pharmacy, alleging upon information and belief as follows:

1. The Michigan Board of Pharmacy, hereafter Board, is an administrative agency established by the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq. Pursuant to section 16226 of the Public Health Code, supra, the Board's Disciplinary Subcommittee is empowered to discipline licensees for violations of the Public Health Code.

2. Section 17768(2)(d) of the Public Health Code, supra, authorizes the Board's Disciplinary Subcommittee to impose sanctions if a pharmacy has had its license or federal registration, limited, suspended, or revoked, or been subject to any other criminal, civil, or administrative penalty.

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3. Respondent Pharmacy is currently licensed to practice as a pharmacy in the state of Michigan, holds a current facility controlled substance license, and has an address of record with Complainant of Plantation, Florida.

4. On November 4, 2010, the Colorado State Board of Pharmacy issued a Stipulation and Final Agency Order, hereafter Final Agency Order, which issued a fine and surcharge to Respondent Pharmacy in the amount of $5,500.00. The disciplinary action was a result of Respondent Pharmacy failing to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program. A copy of the Final Agency Order, marked Exhibit A, is attached and incorporated.

5. On April 5, 2012, the Maine Board of Pharmacy issued a Consent Agreement, which reprimanded Respondent Pharmacy and assessed a civil penalty in the amount of $500.00. The disciplinary action was a result of Respondent Pharmacy failing to disclose on their Maine license renewal application the November 2010 disciplinary action in the state of Colorado. A copy of the Consent Agreement, marked Exhibit B, is attached and incorporated.

COUNT I

The foregoing actions in the states of Colorado and Maine, as set forth above, constitute violations of section 17768(2)(d) of the Public Health Code, supra.

WHEREFORE, Complainant requests that the within complaint be served upon Respondent Pharmacy and that Respondent Pharmacy be offered an opportunity

to show compliance with all lawful requirements for retention of the license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq.

RESPONDENT PHARMACY IS HEREBY NOTIFIED that, pursuant to section 16231(7) of the Public Health Code, supra, Respondent Pharmacy has 30 days from the date of receipt of this complaint to submit a written response to the allegations contained herein. The written response shall be submitted to Complainant, Carole H. Engle, Director, Bureau of Health Care Services, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

RESPONDENT PHARMACY IS FURTHER NOTIFIED that, pursuant to section 16231(8) of the Public Health Code, supra, Respondent Pharmacy's failure to submit a written response within 30 days, as noted above, shall be treated as an admission of the allegations contained herein and shall result in transmittal of this complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

DATED: 8-7-13

Carole H. Engle, Director
Bureau of Health Care Services

Attachments

This is the final page of an Administrative Complaint in the matter of Icore Healthcare, L.L.C., File Number 53-12-126455, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of three pages, this page included.

KS

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STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
ICORE HEALTHCARE, LLC	)	CONSENT AGREEMENT
Complaint No. 2015 PHA 10772	)	
	)	

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of ICORE Healthcare, LLC in the State of Maine. The parties to this Consent Agreement are: ICORE Healthcare, LLC ("ICORE"), the State of Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, ICORE was licensed by the Board as a mail order pharmacy, license no. MO40001469, located at 6870 Shadowridge Drive, Suite 111, Orlando, Florida.
2. The Board received a change in Pharmacist in Charge application from ICORE on December 2, 2014, which indicated that on November 19, 2014, Scott Richard Grigas took over as the Pharmacist in Charge of ICORE.
3. Board Investigator Thomas Avery filed a complaint with the Board alleging that ICORE had failed to timely notify the Board of the change in the Pharmacist in Charge as required, which the Board docketed as Complaint No. 2015 PHA 10772.

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4. In its response dated January 23, 2015, ICORE explained that there were extenuating circumstances that led to the delay in notification including a termination of the prior pharmacist in charge due to a compliance concern, the need for the forms to be transmitted between Florida and Maryland for signature, the need to send the application back to Mr. Grigas so that he could initial each page as required, and the Thanksgiving holiday. ICORE apologized and stated that it takes compliance seriously and strives to comply with all rules of pharmacy.
5. Title 32 M.R.S. § 13753(I)(C) provides that change of a Pharmacist in Charge requires notice to the Board no later than seven (7) days after the change. In addition, upon a change in Pharmacist in Charge, a mail order pharmacy shall file a new application with the Board no later than seven (7) days after the change. Board Rule Chapter 11, § 3.
6. On March 5, 2015, following a presentation of the complaint, the Board voted to offer ICORE this Consent Agreement in order to finally resolve Complaint No. 2015 PHA 10772.
7. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Kelly McLaughlin, Senior Consumer Assistance Specialist, 35 State House Station, Augusta, Maine 04333-0035 by April 20, 2015, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

8. ICORE admits the facts stated above and that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. §§ 8003(5-A)(A)(4),(5), 32 M.R.S. § 13753(1)(C), and Board Rule Chapter 11, § 3, for its failure to notify the Board of the change in Pharmacist in Charge and file the required application within seven (7) days of the change.

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9. ICORE agrees to accept the following discipline:

    a. A REPRIMAND; and

    b. A CIVIL PENALTY in the amount of five hundred dollars ($500.00), payment which shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to Kelly McLaughlin, Senior Consumer Assistance Specialist, Maine Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, within thirty (30) days of the execution of this Consent Agreement.

10. This Consent Agreement is not appealable and is effective until modified or rescinded by the parties hereto.

11. Violation of any of the terms or conditions of this Consent Agreement by ICORE shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

12. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

13. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.

14. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

15. ICORE acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all

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terms and conditions set forth herein.

ICORE HEALTHCARE, LLC

DATED: 3/27/15

BY: _____
Authorized Representative

John D. Bernardi, Jr.
Printed Name

DATED: 4/2/2015

_____
JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: April 2, 2015

_____
MICHAEL MILLER
Assistant Attorney General

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AGREED BOARD ORDER #L-15-005

RE: IN THE MATTER OF
MAGELLAN RX PHARMACY, LLC
(PHARMACY LICENSE #23922)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 23922 issued to Magellan Rx Pharmacy, LLC (Respondent), 6870 Shadowridge Drive, Suite 111, Orlando, Florida 32812.

By letter dated March 24, 2015, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Sections 565.002(a)(3) and (13); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013), as alleged in the Count below.

The conduct described in the Consent Agreement of the Maine Board of Pharmacy is substantially similar to conduct described in:

> Section 565.002(a)(10) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2011); and
>
> Section 281.8(c) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2012).

COUNT

On or about April 5, 2012, the State of Maine Board of Pharmacy entered a Consent Agreement against the Maine pharmacy license number MO40000761 held by ICORE Healthcare, LLC, which is licensed by the Texas State Board of Pharmacy as Magellan Rx Pharmacy, LLC. The Agreement was based on findings of fact that ICORE Healthcare, LLC failed to disclose a disciplinary action by the Colorado Board of Pharmacy, entered on November 4, 2010, on its license renewal application submitted to the State of Maine Board of Pharmacy on December 7, 2010. The Order imposed a reprimand and civil penalty in the amount of $500.

By letter dated March 24, 2015, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Robert Field, Chief Executive Officer, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this

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Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that Respondent's license is reprimanded.

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And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 5th day of May, 2015.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Robert Field, Chief Executive Officer
For and on behalf of Magellan Rx Pharmacy, LLC

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

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November 2015 (Final Approval January 2016) – Hawaii Department of Commerce & Consumer Affairs

Docusign Envelope ID: 65F5CE54-0E5C-4BB4-B5B3-81A38C9F219C

DAVID Y. IGE
GOVERNOR

SHAN S. TSUTSUI
LIEUTENANT GOVERNOR

CATHERINE P. AWAKUNI COLÓN
DIRECTOR

CELIA C. SUZUKI
LICENSING ADMINISTRATOR

STATE OF HAWAII
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
P.O. BOX 3469
HONOLULU, HAWAII 96801
http://cca.hawaii.gov/pvl

RECEIVED
JAN 28 2016

January 22, 2016

Magellan Rx Pharmacy, LLC
fka ICore Healthcare, LLC
c/o John DiBernardi, Asst. Secretary
6950 Columbia Gateway, No. 400
Columbia, Maryland 21046

Daria A. Loy-Goto, Staff Attorney
John T. Hassler, Staff Attorney
Regulated Industries Complaints Office
Department of Commerce & Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813

Re: In the Matter of the Miscellaneous Permit of Magellan Rx Pharmacy, LLC, formerly known as ICore Healthcare, LLC; PHA 2015-51-L

Dear Mr. DiBernardi, Ms. Loy-Goto and Mr. Hassler:

The Board of Pharmacy, at its meeting on January 21, 2016, approved the above-referenced Settlement Agreement.

Very truly yours,

Lei S. Fukumura

LEI S. FUKUMURA
Special Deputy Attorney General

LSF:jaf

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DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS

2016 JAN 21 P 3:07

HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of MAGELLAN RX PHARMACY, LLC, formerly known as ICORE HEALTHCARE, LLC, Respondent.	PHA 2015-51-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "4"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent MAGELLAN RX PHARMACY, LLC, formerly known as ICORE HEALTHCARE, LLC (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under license number PMP 560. The

I HEREBY CERTIFY THAT THE ATTACHED
IS A TRUE AND CORRECT COPY OF THE
ORIGINAL ON FILE IN THE DEPARTMENT
OF COMMERCE & CONSUMER AFFAIRS.

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license was issued on or about April 11, 2008. The license will expire or forfeit on or about December 31, 2015.

2. Respondent's mailing address for purposes of this action is 6950 Columbia Gateway Drive, No. 400, Columbia, Maryland 21046.

3. On or about December 30, 2013, Respondent submitted a letter indicating that disciplinary action had been taken by the States of Colorado, Maine, and Michigan.

4. Respondent attached a copy of a November 4, 2010 Stipulation and Final Agency Order by the State of Colorado Board of Pharmacy in In the Matter of the Disciplinary Proceeding Regarding the Non-Resident Prescription Drug Outlet Registration of Icore Healthcare, LLC, Registration No. OSP 5519 (hereinafter "the November 4, 2010 Colorado action) (Exhibit "1"); a copy of an April 5, 2012 Consent Agreement by the State of Maine Board of Pharmacy in In re: Icore Healthcare, LLC / Complaint No. 2012-PHA-7991 (hereinafter "the April 5, 2012 Maine action") (Exhibit "2"); and a copy of a December 11, 2013 Consent Order and Stipulation by the State of Michigan Department of Licensing and Regulatory Affairs Bureau of Healthcare Services Board of Pharmacy Disciplinary Subcommittee in In the Matter of Icore Healthcare, L.L.C. / License Number 53-01-008731 / File Number: 53-12-126455 (hereinafter "the December 13, 2013 Michigan action") (Exhibit "3").

5. Respondent was notified of the April 5, 2012 Maine action in a letter from a representative of the Maine Board dated April 10, 2012 (Exhibit "4").

6. The November 4, 2010 Colorado action alleged Respondent failed to timely file controlled substance report(s) in violation of Colorado licensing laws, and assessed a $5,000 fine.

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7. The April 5, 2102 Maine action alleged Respondent failed to report the Colorado action in violation of Maine licensing laws, and assessed a $500.00 fine.

8. The December 11, 2013 Michigan action alleged Respondent failed to report the November 4, 2010 Colorado action and the April 5, 2012 Maine action in violation of Michigan licensing laws, and assessed a $500.00 fine.

9. Respondent has provided RICO with documentation demonstrating that Respondent received Exhibit "4" on or about April 17, 2012.

10. Respondent reported the Colorado and Maine actions to the Board in a May 14, 2012 letter.

11. Respondent reported the December 11, 2013 Michigan action to the Board in a December 30, 2013 letter.

12. RICO alleges that disciplinary actions were taken against Respondent by the States of Colorado, Maine and Michigan and that Respondent failed to timely report the Colorado action.

13. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 436B-19(15) (failure to report).

14. The Board has jurisdiction over the subject matter herein and over the parties hereto.

//

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B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of the November 4, 2010 Stipulation and Final Agency Order by the State of Colorado Board of Pharmacy in In the Matter of the Disciplinary Proceeding Regarding the Non-Resident Prescription Drug Outlet Registration of Icore Healthcare, LLC, Registration No. OSP 5519; that Exhibit "2" is a true and correct copy of the April 5, 2012 Consent Agreement by the State of Maine Board of Pharmacy in In re: Icore Healthcare, LLC / Complaint No. 2012-PHA-7991; that Exhibit "3" is a true and correct copy of the December 11, 2013 Consent Order and Stipulation by the State of Michigan Department of Licensing and Regulatory Affairs Bureau of Healthcare Services Board of Pharmacy Disciplinary Subcommittee in In the Matter of Icore Healthcare, L.L.C. / License

Number 53-01-008731 / File Number: 53-12-126455; and that Exhibit "4" is a true and correct copy of an April 10, 2012 letter from Kelly L. McLaughlin, Senior Consumer Assistant Specialist with the State of Maine Department of Professional and Financial Regulation, Board of Pharmacy to Respondent.

6. Respondent represents that it was notified of the Maine action on or about April 17, 2012 and reported the action to the Board on May 14, 2012.

7. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

8. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

9. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

10. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2015-51-L.

11. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

12. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of TWO THOUSAND AND NO/100 DOLLARS ($2,000.00). Payment shall be made by **cashier's check**

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or money order made payable to **"DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

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5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

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IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: 11/10/15, _____, _____.

MAGELLAN RX PHARMACY, LLC formally known as ICORE HEALTHCARE, LLC, Respondent

By: _____
Its Asst Secy

DATED: Honolulu, Hawaii, November 17, 2015.

_____
DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

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BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of)	PHA 2015-51-L
MAGELLAN RX PHARMACY, LLC, formerly known as ICORE HEALTHCARE, LLC,)	DECLARATION OF John DiBernardi [Name]
Respondent.)	

DECLARATION OF John DiBernardi
[Name]

I, [Name] John DiBernardi, do declare under penalty of law that I am authorized to sign this Settlement Agreement on behalf of Respondent MAGELLAN RX PHARMACY, LLC as its [Position and/or title] Assistant Secretary and that the foregoing is true and correct.

DATED: Columbia (CITY), MD (STATE), 11/17/15 (DATE).

[Name]

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IN THE MATTER OF THE MISCELLANEOUS PERMIT OF MAGELLAN RX PHARMACY, LLC, FORMERLY KNOWN AS ICORE HEALTHCARE, LLC; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; CASE NO(S). PHA 2015-51-L; EXHIBITS "1" – "4"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

Kerri Okamura
KERRI OKAMURA
Chairperson

1/21/16
DATE

GARRETT A. LAU
Vice Chairperson

Marcella Sr Chock
MARCELLA CHOCK

Mary Jo Keefe
MARY JO KEEFE

Carolyn S.J. Ma
CAROLYN S.J. MA

PVL 07/01/15

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BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000747

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF ICORE HEALTHCARE, LLC, REGISTRATION NO. OSP 5519,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Icore Healthcare, LLC ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000747 as follows:

1. On July 12, 2004, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5519 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 855 SW 78th Ave., Ste.110, Plantation, FL 33324.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of August 16 through August 25, 2010, and did not submit a "zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

EXHIBIT "1"

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7. Respondent Pharmacy admits that the conduct described above constitutes a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

2012 MAR 18 P 1:47

ACCEPTED AND AGREED BY

Steven J. Gale

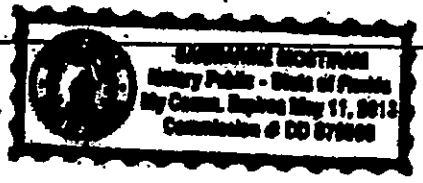
Authorized Agent of Respondent Pharmacy

Dated: 9/28/2010

Subscribed and sworn to before me in the County of Broward, State of Florida, this 28th day of September, 2010 by Steven J. Gale, in his/her capacity as an authorized agent of Icore Healthcare, LLC.

My commission expires: May 11th 2013

Notary Public



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FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 9th DAY OF November, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

'12 MAY 18 P1:48

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CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 15th day of September 2010, addressed as follows:

Icore Healthcare, LLC
Attn: Steven Gale, RPH
855 SW 78th Ave., Ste. 110
Plantation, FL 33324

John C Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 4th day of November 2010, addressed as follows:

Icore Healthcare, LLC
Attn: Steven Gale, RPH
855 SW 78th Ave., Ste. 110
Plantation, FL 33324

Agent of the Board

Docusign Envelope ID: 65F5CE54-0E5C-4BB4-B5B3-81A38C9F219C

STATE OF MAINE
BOARD OF PHARMACY

In re: ICORE Healthcare, LLC Complaint No. 2012-PHA-7991	)))	CONSENT AGREEMENT

PARTIES

This document is a Consent Agreement regarding the pending application for renewal of licensure as a Mail Order Pharmacy for ICORE Healthcare, LLC. The parties to the Consent Agreement are: ICORE Healthcare, LLC (ICORE); the Maine Board of Pharmacy ("the Board"); and the State of Maine Office of Attorney General ("the Attorney General"). The Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A)(C).

STATEMENT OF FACTS

1. ICORE has been licensed by the Board as a Mail Order Pharmacy license number MO40000761

2. On or about November 4, 2010, ICORE was disciplined by the Colorado Board of Pharmacy.

3. On December 7, 2010, ICORE submitted an application for renewal of license number MO40000761 without disclosing the disciplinary action that occurred in Colorado.

4. At its meeting on February 2, 2012, the Board reviewed the above-mentioned information. Based on this information, the Board voted to preliminarily deny ICORE's application for renewal as a Mail Order Pharmacy.

5. In lieu of the denial, the Board also voted to offer ICORE this Consent Agreement. Absent requesting, in writing, a hearing regarding the appeal of the preliminary denial within thirty days of receipt of the Notice of Preliminary Denial, and absent acceptance of this Consent Agreement by signing and dating it and returning it to Debra Thompson, Professional Licensing Coordinator, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333 by March 27, 2012, the preliminary denial of ICORE's application for renewal of licensure as a Mail Order Pharmacy will become final.

EXHIBIT #2

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COVENANTS

6. ICORE admits to failure to disclose disciplinary action to the Board for the renewal application submitted on December 10, 2010 when renewing license number MO40000761, in violation of 32 M.R.S. § 13742-A and that such violation constitutes grounds for the denial of the renewal application as a Mail Order Pharmacy pursuant to 10 M.R.S. § 8003(5-A)(A)(4).

7. As a condition of licensure and for conduct admitted in paragraph 6 above, ICORE agrees to:

A. Accept a REPRIMAND from the Board as sanction for that violation; and

B. Pay a CIVIL PENALTY in the amount of five hundred dollars ($500.00).

8. Upon receipt of this executed Consent Agreement, the Board will not deny ICORE's application on the basis of the conduct admitted to in paragraph 6 and will approve the application consistent with the provisions of Board Rules chapter 4.

9. The Attorney General and the Board agree that no further agency or legal action will be taken against ICORE's license based on the specific violations admitted to herein, except in the event that ICORE does not comply fully with the terms of the Consent Agreement. Any violation of the Consent Agreement will be a ground for discipline by the Board.

10. The Consent Agreement is not subject to appeal.

11. The Consent Agreement is not subject to amendment except by written agreement of all parties.

12. The Consent Agreement is a public document within the meaning of 1 M.R.S. § 402, et seq.

13. ICORE understands that the execution of the Consent Agreement is completely voluntary and that it has the right to consult with an attorney before signing the Consent Agreement.

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14. ICORE acknowledges by signature hereto of an authorized representative that it has read this Consent Agreement, that is has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executed this Consent Agreement of its own free will, and that it agrees to abide by all terms and conditions set forth herein.

For ICORE Healthcare, LLC

Dated: 3-6-2012

Signature of Authorized Representative

JOHN LAFRENIERE
Print Name and Title
VICE PRESIDENT PHARMACY OPERATIONS

Dated: 3/30/2012

JOSEPH BRUNO, R.PH., President
Maine Board of Pharmacy

Dated: 4-5-12

CARRIE L. CARNEY
Assistant Attorney General

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STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ICORE HEALTHCARE, L.L.C.
License Number: 53-01-008731

File Number: 53-12-126455
CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on August 7, 2013 charging Icore Healthcare. L L C , hereafter Respondent Pharmacy, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated August 7, 2013, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true of purposes of this Consent Order, which findings shall have the same force and effect as if evidence and argument were presented in support of the allegations; and

WHEREAS, the Disciplinary Subcommittee has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now therefore,

EXHIBIT 3

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IT IS HEREBY FOUND that the facts alleged in the Complaint are true, for the purposes of this Consent Order, and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS HEREBY ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED in the amount of $500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Bureau of Health Care Services, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number **53-12-126455**.

IT IS FURTHER ORDERED that in the event Respondent Pharmacy violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACS, R 338.1632 and section 16221(h) of the Public Health Code, supra.

CONTINUED ON NEXT PAGE

Docusign Envelope ID: 65F5CE54-0E5C-4BB4-B5B3-81A38C9F219C

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 12/11/13

MICHIGAN BOARD OF PHARMACY

By: _____
Chairperson, Disciplinary Subcommittee

STIPULATION

1 Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated August 7, 2013, but agrees that the Disciplinary Subcommittee shall treat the allegations as true for purposes of this Consent Order, which findings shall have the same force and effect as if evidence and argument were presented in support thereof.

2. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waiving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to said charges.

3. Dhafer Almaklani, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

4. The foregoing Consent Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in said cause.

5 The foregoing proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

10-15-13

Carole H. Engle, Director
Bureau of Health Care Services
Department of Licensing and
Regulatory Affairs

Dated: Carole H. Engle

AGREED TO BY:

John LaFreniere, Vice President
Pharmacy Operations
Authorized Representative for
Icore Healthcare, L.L.C.
Respondent Pharmacy

Dated: 10-4-13

This is the final page of a Consent Order and Stipulation in the matter of Icore Healthcare, L.L.C., File Number 53-12-126455, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included.

KRS

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STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
BOARD OF PHARMACY
COMPLAINTS AND INVESTIGATION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Paul R. LePage
Governor

Anne L. Head, Esq
Commissioner

Geraldine L. Betts
Administrator

April 10, 2012

John LaFreniere, Vice President
ICORE Healthcare, LLC
855 SW 78th Ave, Suite 110
Plantation, FL 33324-3223

RE: 2012-PHA-7991

Dear Mr. LaFreniere:

Please find enclosed a copy of the fully-executed consent agreement made by you, the Board of Pharmacy, and the Department of Attorney General in this matter.

This is to acknowledge receipt of your fine payment of $500.00 (check # 1623668), your fine is paid in full.

As all conditions of the Consent Agreement have been met; the above-mentioned complaint file is now closed.

If you have any questions, please feel free to contact this office.

Sincerely,

Kelly L. McLaughlin, Sr. Consumer Assistant Specialist
(email:kelly.l.mclaughlin@maine.gov)

Enclosure

c: Carrie Carney, Assistant Attorney General
Geraldine L. Betts, Board Administrator
Thomas Avery, Chief Field Investigator
Jeffrey Frankel, OLR Staff Attorney

Licensing (207)624-8579
Main Receptionist (207)624-8603
Hearing Impaired/TTY 1-888-577-6690

PRINTED ON RECYCLED PAPER
www.maine.gov/professionallicensing

Geraldine.L.Betts@maine.gov
Direct Line: (207)624-8625
Fax: (207)624-8637

OFFICE LOCATION: GARDINER ANNEX
76 NORTHERN AVENUE, GARDINER, MAINE

EXHIBIT "4"

Prime Therapeutics Pharmacy LLC
(f/k/a Magellan Rx Pharmacy, LLC)
Information on Owners, Officers, and Board of Managers

Ownership

Prime Therapeutics Pharmacy LLC is a wholly owned subsidiary of Morocco Acquisition LLC.

Board of Managers (effective September 16, 2024)

Mostafa Kamal	Manager	[redacted]
Alicia Dessner	Manager	

Officers (effective September 16, 2024)

Mostafa Kamal	President and Chief Executive Officer	[redacted]
Andrew Glover	Vice President, Pharmacy Operations	
Alicia Dessner	Secretary	
Kenneth Bodmer	Chief Financial Officer and Treasurer	

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIME THERAPEUTICS PHARMACY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

3617243 8300

5R# 20252955189

Authentication: 203855530

Date: 06-04-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Prime Therapeutics Pharmacy LLC

Pharmacy/Wholesaler License # (if applicable): PH02006

Physical Address: 6870 Shadowridge Drive, Suite 111

City: Orlando State: FL Zip: 32812

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 866-554-2673 Website: primetherapeutics.com/specialtypharmacy

Licensing Company Email: paige.johns@primetherapeutics.com

Section 2: Personal Information

First: Isaac Middle: Samuel Last: Mcgee

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Melbourne State: FL Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✔	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✔	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Nova Southeastern		08/2005 - 05/2009	
Address	City	State	Zip
3301 College Avenue	Ft Lauderdale	FL	33314
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Palm Beach Atlantic University		01/2003 - 05/2005	
Address	City	State	Zip
901 S Flagler Drive	West Palm Beach	FL	33401
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Xavier University		08/2009 - 12/2000	
Address	City	State	Zip
1 Drexel Drive	New Orleans	LA	70125
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
St. Augustine High School		08/1995 - 05/1999	
Address	City	State	Zip
2600 A P Tureaud Avenue	New Orleans	LA	70119
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
10/24 - Present				
From - To (MM/YY – MM/YY)				
06/15 - 10/24				
From - To (MM/YY – MM/YY)				
05/11 - 05/15				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Prime Therapeutics Pharmacy LLC			From - To (MM/YY – MM/YY): 01/15 - Present
Business Address: 6870 Shadowridge Dr Ste 111	City: Orlando	State: FL	Zip: 32812
Phone: 321-398-9944	Title: Sr. Director, Clinical Pharmacy Operations, PIC		Number of Employed Hours: 23,620
Description of Duties: Ensure compliance with all status and rules governing the practice of pharmacy. Including security of all drugs and records of the prescription department.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Isaac McGee **, certify that as the designated representative for**

Prime Therapeutics Pharmacy LLC ,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Isaac McGree

Print Name (First, Last)

Signed by: Isaac McGee 0A05AE90C9F6498...

Original Signature (electronic, copies or stamps not accepted)

6/12/2025

Date

Initial IM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Isaac McGee

Print Name (First, Last)

Signed by: Isaac McGee 8A05AE90C9F8498...

Original Signature (electronic, copies or stamps not accepted)

6/12/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Minnesota, ss. County of Washington

I, Isaac McGee, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Signed by: Isaac McGee 8A05AE90C9F8498...

Original Signature

6/12/2025

Date

Subscribed and Sworn to before me this 12 day of June, 2025.

DocuSigned by: Nadine Hogan E6E1F3E717854A7...

Notary Public Signature

NADINE RAE HOGAN
COMM. #20143522
Notary Public
State of Minnesota

I, Nadine Rae Hogan, remote eNotary authorized by the State of Minnesota to perform remote online notarizations, hereby certifies that this record was signed / attested to by use of communication technology by Isaac McGee, personally known by me and declared that they are located in FL at the time of the notary authorization and signing.

NADINE RAE HOGAN Notary Public Minnesota My Commission Expires 01/2027

(Seal)

Initial: IM

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 11667
Insp # 189445

NAME	PERMIT NUMBER	DATE OF INSPECTION
Prime Therapeutics Pharmacy LLC.	19541	09/12/2024
DOING BUSINESS AS		
STREET ADDRESS 6870 SHADOWRIDGE DRIVE SUITE 111	**TELEPHONE #** 866-364-2673	**EXT**
CITY ORLANDO	**COUNTY** ORANGE	**STATE/ZIP** FL/32812

Additional Information

Business Operation Hours

Monday Y	Monday Hours 8:00 A.M. - 7:00 P.M.
Tuesday Y	Tuesday Hours 8:00 A.M. - 7:00 P.M.
Wednesday Y	Wednesday Hours 8:00 A.M. - 7:00 P.M.
Thursday Y	Thursday Hours 8:00 A.M. - 7:00 P.M.
Friday Y	Friday Hours 8:00 A.M. - 7:00 P.M.

Registered Pharmacist / Intern / Tech

License # 45245	Licensee Name Isaac McGee
License Type Registered Pharmacists	
License # 30758	Licensee Name Paras Priyadarshi
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # BI8515047	

License Relations

Pharmacy Affiliate

MCGEE, ISAAC SAMUEL	License # 45245

RX DPT MGR/COR/POR

MCGEE, ISAAC SAMUEL	License # 45245

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081(2), F.A.C.]	Yes
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109, F.A.C.]	N/A
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.]	Yes

Community Requirements General Section

Outdated medications removed from active stock. [64B16-28.110, F.A.C.] [64B16-28.1191, F.A.C.]	Yes
Prescription Department is open for a minimum of 20 hours per week. [64B16-28.1081(1), F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c), F.S.] [21CFR1306.05]	Yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)] [64B16-28.140(3)(d), F.A.C.]	Yes

Insp # 189445

INV359 - Community Requirements
Prime Therapeutics Pharmacy LLC

File # 11667

Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102(5)(a), F.A.C.]	Yes
Technicians properly identified. [64B16-27.100(2), F.A.C.] [64B16-27.4001, F.A.C.] [64B16-27.410, F.A.C.] [64B16-27.420, F.A.C.]	Yes
Legend drugs properly stored within confines of pharmacy department and maintained at appropriate temperature to preserve therapeutic activity. [64B16-28.118, F.A.C.]; [64B16-28.120, F.A.C.]; [64B16-28.102, F.A.C.]	Yes
Documentation of destruction or return of controlled substances. [64B16-28.303, F.A.C.] *Uses Pharma Link*	Yes
Generic equivalent sign is posted. [465.025(7), F.S.]	Yes

Additional Community Requirements

Prescription department is operating under clean, sanitary, and uncrowded health conditions. [64B16-28.102, F.A.C.]	Yes
Prescription department has a sink with running water easily accessible to the prescription counter. [64B16-28.102, F.A.C.]	Yes
Pharmacist is on the premises and on duty when the prescription department is open. [64B16-28.109, F.A.C.]	Yes
Pharmacy maintains a written policy and procedure manual regarding the number of registered pharmacy technician positions and the pharmacy operates within the established ratio as defined by rule. [64B16-27.410(2)(a), F.A.C.]	Yes
Pharmacists, technicians, and interns are licensed in the State of Florida. [465.015(1)(a), F.S.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.] *Call center is available for patients & pharmacists. Printed materials are also provided to patients.*	Yes
Medication is properly labeled for dispensing to patient. [64B16-28.108, F.A.C.]	Yes
Unclaimed prescriptions are maintained in stock for no more than one year past dispensing date. [64B16-28.1191, F.A.C.]	Yes
Manufacturer containers are properly labeled. [499.003(26), F.S.]	Yes
Customized medication packages are labeled properly with beyond use date of not more than 120 days from the date of preparation but not later than the beyond use date for any of the medications in the package. [64B16-28.108(6)9., F.A.C.]	N/A
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality-Related Events are available for inspection. [64B16-27.300, F.A.C.] [766.101(1)(a)(l), F.S.]	Yes
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]	Yes
Compounding records include compounding date, lot number, expiration date, name and manufacturer of ingredients, package size, number of units, technician compounding and pharmacist verifying the final compound. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005, F.S.] [61N-1.012, F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005(14), F.S.]	Yes
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility. [64B16-27.700(3)(g), F.A.C.]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up cere from his or her primary care physician. [465.1895(9), F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S.]	Yes

Requirements for Dispensing Controlled Substances

Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11] *Reviewed inspection dated 9/3/2024*	Yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2), F.S.] [21CFR 1305.13(e)] [21CFR1305.22(g)]	Yes
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [465.022(12)(a), F.S.] [64B16-28.140, F.A.C.] [21CFR1306.22] [21CFR1304.04]	Yes
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b), F.S.] [465.022(11)(b), F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4)(3)(a), F.S.]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes
Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Pharmacy engages in Centralized Prescription Filling [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communiceting orders, procedures for securely transporting the filled prescriptions.	

Insp # 189445

INV359 - Community Requirements

Prime Therapeutics Pharmacy LLC

File # 11667

The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197(3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

HIV Infection Prevention Drugs

Pharmacists are screening, ordering or dispensing HIV postexposure prophylaxis drugs under a written Collaborative Practice Agreement. [465.1861, F.S.]	
An access-to-care plan has been submitted to the board office and is in place to assist patients in gaining access to appropriate care settings when they present to a pharmacist for HIV screening and indicate that they lack regular access to primary care. [465.1861, F.S.]	

Remarks:

Conducted inspection with pharmacist Isaac.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

BLAKE, ELLEN

Date:9/12/2024

Representative:

Isaac McGee

Date:9/12/2024

Your license number is PH 19541.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
DECEMBER 20, 2024	**PH 19541**	**146554**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

EXPIRATION DATE: **FEBRUARY 28, 2027**

PRIME THERAPEUTICS PHARMACY LLC
6870 SHADOWRIDGE DRIVE
SUITE 111
ORLANDO, FL - 32812

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
DECEMBER 20, 2024	**PH 19541**	**146554**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

PRIME THERAPEUTICS PHARMACY LLC Expiration Date: **FEBRUARY 28, 2027**

REGISTRANT SIGNATURE

Department of Health

Prime Therapeutics Pharmacy LLC

License Number: PH19541

Data As Of 6/4/2025

Profession	Pharmacy
License	PH19541
License Status	CLEAR/
Qualifications	Community Pharmacy Schedule II & III
License Expiration Date	2/28/2027
License Original Issue Date	09/25/2003
Address of Record	6870 SHADOWRIDGE DRIVE SUITE 111 ORLANDO, FL 32812
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
MCGEE, ISAAC SAMUEL	PHARMACY AFFILIATE	PHARMACIST	45245	03/09/2022
MCGEE, ISAAC SAMUEL	RX DPT MGR/COR/POR	PHARMACIST	45245	09/01/2016

Click on the License Number to view License Details for that Practitioner

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BI8515047	03-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	02-04-2025

PRIME THERAPEUTICS PHARMACY LLC
6870 SHADOWRIDGE DR STE 111
ORLANDO, FL 328129002

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BI8515047	03-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	02-04-2025

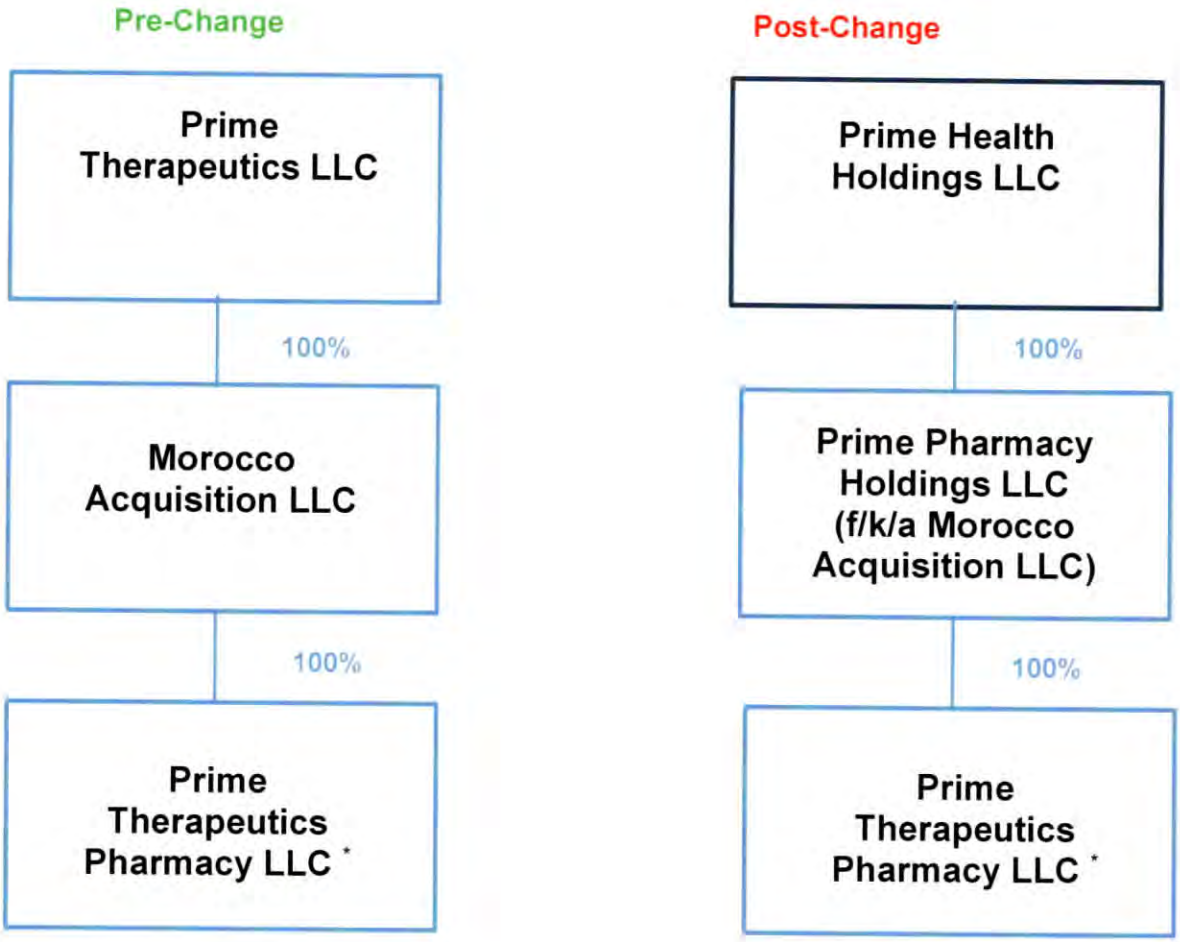
PRIME THERAPEUTICS PHARMACY LLC
6870 SHADOWRIDGE DR STE 111
ORLANDO, FL 328129002

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Prime Therapeutics Pharmacy LLC
Pre- and Post-Change Organizational Structure Chart



* Note that Prime Therapeutics Pharmacy LLC underwent a name change in 2024 and was previously known as "Magellan Rx Pharmacy, LLC"

4EEE

Docusign Envelope ID: 0797C3B5-1585-43FF-974E-EE0DB20C5AF2

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH 03639	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Mail order, specialty	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Prime Therapeutics Pharmacy LLC

Physical Address: 2256 S 3600 West, Suite A

City: West Valley City State: UT Zip: 84119

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 855-271-4810 Toll Free # (NAC 639.708, NRS 639.23286): 855-271-4810

Fax: 888-656-7762 Contact Email: paige.johns@primetherapeutics.com

Website: primetherapeutics.com/specialtypharmacy & primetherapeutics.com/homedelivery

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Phi Tran

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22789

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Camille Blank	NV Pharmacist Registration #: 23003
Name: Phi Tran	NV Pharmacist Registration #: 22789
Name: Scott Stephens	NV Pharmacist Registration #: 22981
Name: Crystal Tomlinson	NV Pharmacist Registration #: 23841
Name: Marci Kimball	NV Pharmacist Registration #: 24279
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Prime Health Holdings LLC (direct owner of Prime Pharmacy Holdings LLC)

Corporation/Organization Name: Prime Pharmacy Holdings LLC (f/k/a Morocco Acquisition LLC)

Mailing Address: 2900 Ames Crossing Road

City: Eagan State: MN Zip: 55121

Telephone: _____ Email: paige.johns@primetherapeutics.com

Contact Person Name: Paige Johns

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the VP, Pharmacy Operations (title) for Prime Therapeutics Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Andrew Glover

Print Name of Authorized Person

DocuSigned by:

Original signature of Authorized Person (copies or stamps not accepted)

6/13/2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Andrew Glover hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the VP, Pharmacy Operations (title) for Prime Therapeutics Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

DocuSigned by:
6E19F0DDD1B7488...
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 13th day of June, 20 25

DocuSigned by:
Nadine Hogan
E0E1F3E717854A7...
Notary Public
NADINE RAE HOGAN
COMM. #20143522
Notary Public
State of Minnesota

I, Nadine Rae Hogan, remote eNotary authorized by the State of Minnesota to perform remote online notarizations, hereby certifies that this record was signed / attested to by use of communication technology by Andrew Glover, personally known by me and declared that he is located in Orange Beach Alabama at the time of the notary authorization and signing.



I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Glover

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

DocuSigned by:

6E10F6DDD1B7488...

Original signature of Authorized Person (copies or stamps not accepted)

6/13/2025

Date

Board Use Only	Date Received: 6/16/25	Amount: $500-ck 558093

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Prime Therapeutics Pharmacy LLC (f/k/a Magellan Rx Pharmacy, LLC)[1]
Explanation of Disciplinary History

Prime Therapeutics Pharmacy LLC's (f/k/a Magellan Rx Pharmacy, LLC, f/k/a ICORE Healthcare, LLC) facility located at 6870 Shadowridge Drive, Suite 111, Orlando, FL 32812 has been subject to the following discipline:

Date	Licensee	Regulating Agency	Description of Alleged Conduct	Action Taken
September 2010	ICORE Healthcare, LLC (Orlando, FL Facility)	Colorado Board of Pharmacy	Failure to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program	Stipulation and Final Agency Order; $5,000 fine with $500 surcharge
March 2012	ICORE Healthcare, LLC (Orlando, FL Facility)	Maine Board of Pharmacy	Failure to report the 2010 Colorado Board of Pharmacy disciplinary action with renewal application	Reprimand; Consent Agreement; $500 fine
October 2013	ICORE Healthcare, LLC (Orlando, FL Facility)	Michigan Board of Pharmacy	2010 Colorado Board of Pharmacy, and 2012 Maine Board of Pharmacy, disciplinary actions constitute statutory violations	Consent Order and Stipulation; $500 fine
March 2015	ICORE Healthcare, LLC (Orlando, FL Facility)[2]	Maine Board of Pharmacy	Failure to report a change in the pharmacist in charge within the statutory timeframe	Consent Agreement; Reprimand; $500 fine
April 2015	Magellan Rx Pharmacy, LLC (Orlando, FL Facility)	Texas Board of Pharmacy	Agreed to a formal reprimand of its Texas pharmacy license as a result of the 2012 Maine Board of Pharmacy disciplinary action (taken due to a failure to report the 2010 Colorado Board of Pharmacy disciplinary action). No fine was assessed with the reprimand.	Consent Agreement; Reprimand; no fine
November 2015 *(Final approval January 2016)*	Magellan Rx Pharmacy, LLC (Orlando, FL Facility)	Hawaii Department of Commerce & Consumer Affairs	2010 Colorado Board of Pharmacy, 2012 Maine Board of Pharmacy, and 2013 Michigan Board of Pharmacy disciplinary actions constitute statutory violations; failure to timely report the 2010 Colorado Board of Pharmacy disciplinary action	Settlement Agreement; $2,000 fine

DocuSigned by:
6E19F6DDD1B7488...
Signature
Name: Andrew Glover
Title: VP of Pharmacy Operations, Prime Therapeutics Pharmacy LLC
Date: 6/12/2025 | 1:15:54 PM PDT

[1] Name change effective September 16, 2024.
[2] The entity name was changed to Magellan Rx Pharmacy, LLC prior to the date of this fine; however, the state assessed the fine to ICORE Healthcare, LLC as that was the entity name at the time of the action that prompted the fine.

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BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000747

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF ICORE HEALTHCARE, LLC, REGISTRATION NO. OSP 5519,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Icore Healthcare, LLC ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000747 as follows:

1. On July 12, 2004, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5519 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 855 SW 78th Ave., Ste.110, Plantation, FL 33324.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of August 16 through August 25, 2010, and did not submit a "zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy admits that the conduct described above constitutes a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

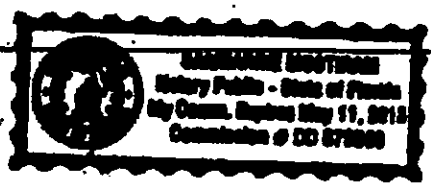
Dated: 9/28/2010

Authorized Agent of Respondent Pharmacy

Subscribed and sworn to before me in the County of BROWARD, State of FLORIDA, this 28th day of SEPTEMBER, 2010 by STEVEN J. GALE, in his/her capacity as an authorized agent of Icore Healthcare, LLC.

My commission expires: MAY 11TH 2013

Notary Public



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FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 4th DAY OF November, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

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STATE OF MAINE
BOARD OF PHARMACY

In re:	)	CONSENT
ICORE Healthcare, LLC	)	AGREEMENT
Complaint No. 2012-PHA-7991	)	

PARTIES

This document is a Consent Agreement regarding the pending application for renewal of licensure as a Mail Order Pharmacy for ICORE Healthcare, LLC. The parties to the Consent Agreement are: ICORE Healthcare, LLC (ICORE); the Maine Board of Pharmacy ("the Board"); and the State of Maine Office of Attorney General ("the Attorney General"). The Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A)(C).

STATEMENT OF FACTS

1. ICORE has been licensed by the Board as a Mail Order Pharmacy, license number MO40000761.

2. On or about November 4, 2010, ICORE was disciplined by the Colorado Board of Pharmacy.

3. On December 7, 2010, ICORE submitted an application for renewal of license number MO40000761 without disclosing the disciplinary action that occurred in Colorado.

4. At its meeting on February 2, 2012, the Board reviewed the above-mentioned information. Based on this information, the Board voted to preliminarily deny ICORE's application for renewal as a Mail Order Pharmacy.

5. In lieu of the denial, the Board also voted to offer ICORE this Consent Agreement. Absent requesting, in writing, a hearing regarding the appeal of the preliminary denial within thirty days of receipt of the Notice of Preliminary Denial, and absent acceptance of this Consent Agreement by signing and dating it and returning it to Debra Thompson, Professional Licensing Coordinator, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333 by March 27, 2012, the preliminary denial of ICORE's application for renewal of licensure as a Mail Order Pharmacy will become final.

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COVENANTS

6. ICORE admits to failure to disclose disciplinary action to the Board for the renewal application submitted on December 10, 2010 when renewing license number MO40000761, in violation of 32 M.R.S. § 13742-A and that such violation constitutes grounds for the denial of the renewal application as a Mail Order Pharmacy pursuant to 10 M.R.S. § 8003(5-A)(A)(4).

7. As a condition of licensure and for conduct admitted in paragraph 6 above, ICORE agrees to:

A. Accept a REPRIMAND from the Board as sanction for that violation; and

B. Pay a CIVIL PENALTY in the amount of five hundred dollars ($500.00).

8. Upon receipt of this executed Consent Agreement, the Board will not deny ICORE's application on the basis of the conduct admitted to in paragraph 6 and will approve the application consistent with the provisions of Board Rules chapter 11.

9. The Attorney General and the Board agree that no further agency or legal action will be taken against ICORE's license based on the specific violations admitted to herein, except in the event that ICORE does not comply fully with the terms of the Consent Agreement. Any violation of the Consent Agreement will be a ground for discipline by the Board.

10. The Consent Agreement is not subject to appeal.

11. The Consent Agreement is not subject to amendment except by written agreement of all parties.

12. The Consent Agreement is a public document within the meaning of 1 M.R.S. § 402, et seq.

13. ICORE understands that the execution of the Consent Agreement is completely voluntary and that it has the right to consult with an attorney before signing the Consent Agreement.

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14. ICORE acknowledges by signature hereto of an authorized representative that it has read this Consent Agreement, that is has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executed this Consent Agreement of its own free will, and that it agrees to abide by all terms and conditions set forth herein.

For ICORE Healthcare, LLC

Dated: 3-6-2012

Signature of Authorized Representative

JOHN LAFRENIERE
Print Name and Title
VICE PRESIDENT PHARMACY OPERATIONS

Dated: 3/30/2012

JOSEPH BRUNO, R.PH., President
Maine Board of Pharmacy

Dated: 4-5-12

CARRIE L. CARNEY
Assistant Attorney General

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STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ICORE HEALTHCARE, L.L.C.
License Number: 53-01-008731

File Number: 53-12-126455
CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on August 7, 2013, charging Icore Healthcare, L.L.C., hereafter Respondent Pharmacy, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated August 7, 2013, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true of purposes of this Consent Order, which findings shall have the same force and effect as if evidence and argument were presented in support of the allegations; and

WHEREAS, the Disciplinary Subcommittee has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now therefore,

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IT IS HEREBY FOUND that the facts alleged in the Complaint are true, for the purposes of this Consent Order, and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS HEREBY ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED in the amount of $500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Bureau of Health Care Services, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909.** The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number **53-12-126455.**

IT IS FURTHER ORDERED that in the event Respondent Pharmacy violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACS, R 338.1632 and section 16221(h) of the Public Health Code, supra.

CONTINUED ON NEXT PAGE

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IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 12/11/13

MICHIGAN BOARD OF PHARMACY

By: _____
Chairperson, Disciplinary Subcommittee

STIPULATION

1. Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated August 7, 2013, but agrees that the Disciplinary Subcommittee shall treat the allegations as true for purposes of this Consent Order, which findings shall have the same force and effect as if evidence and argument were presented in support thereof.

2. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waiving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to said charges.

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3. Dhafer Almaklani, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

4. The foregoing Consent Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in said cause.

5. The foregoing proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

10-15-13

Carole H. Engle, Director
Bureau of Health Care Services
Department of Licensing and
Regulatory Affairs

Dated: Carole H. Engle

AGREED TO BY:

John LaFreniere, Vice President
Pharmacy Operations
Authorized Representative for
Icore Healthcare, L.L.C.
Respondent Pharmacy

Dated: 10-4-13

This is the final page of a Consent Order and Stipulation in the matter of Icore Healthcare, L.L.C., File Number 53-12-126455, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included

KRS

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STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the matter of

ICORE HEALTHCARE, L.L.C.
License Number: 53-01-008731 File Number: 53-12-126455

ADMINISTRATIVE COMPLAINT

NOW COMES the Michigan Department of Licensing and Regulatory Affairs, hereafter Complainant, by Carole H. Engle, Director, Bureau of Health Care Services, and files this complaint against Icore Healthcare, L.L.C., hereafter Respondent Pharmacy, alleging upon information and belief as follows:

1. The Michigan Board of Pharmacy, hereafter Board, is an administrative agency established by the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq. Pursuant to section 16226 of the Public Health Code, supra, the Board's Disciplinary Subcommittee is empowered to discipline licensees for violations of the Public Health Code.

2. Section 17768(2)(d) of the Public Health Code, supra, authorizes the Board's Disciplinary Subcommittee to impose sanctions if a pharmacy has had its license or federal registration, limited, suspended, or revoked, or been subject to any other criminal, civil, or administrative penalty.

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3. Respondent Pharmacy is currently licensed to practice as a pharmacy in the state of Michigan, holds a current facility controlled substance license, and has an address of record with Complainant of Plantation, Florida.

4. On November 4, 2010, the Colorado State Board of Pharmacy issued a Stipulation and Final Agency Order, hereafter Final Agency Order, which issued a fine and surcharge to Respondent Pharmacy in the amount of $5,500.00. The disciplinary action was a result of Respondent Pharmacy failing to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program. A copy of the Final Agency Order, marked Exhibit A, is attached and incorporated.

5. On April 5, 2012, the Maine Board of Pharmacy issued a Consent Agreement, which reprimanded Respondent Pharmacy and assessed a civil penalty in the amount of $500.00. The disciplinary action was a result of Respondent Pharmacy failing to disclose on their Maine license renewal application the November 2010 disciplinary action in the state of Colorado. A copy of the Consent Agreement, marked Exhibit B, is attached and incorporated.

COUNT I

The foregoing actions in the states of Colorado and Maine, as set forth above, constitute violations of section 17768(2)(d) of the Public Health Code, supra.

WHEREFORE, Complainant requests that the within complaint be served upon Respondent Pharmacy and that Respondent Pharmacy be offered an opportunity

to show compliance with all lawful requirements for retention of the license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq.

RESPONDENT PHARMACY IS HEREBY NOTIFIED that, pursuant to section 16231(7) of the Public Health Code, supra, Respondent Pharmacy has 30 days from the date of receipt of this complaint to submit a written response to the allegations contained herein. The written response shall be submitted to Complainant, Carole H. Engle, Director, Bureau of Health Care Services, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

RESPONDENT PHARMACY IS FURTHER NOTIFIED that, pursuant to section 16231(8) of the Public Health Code, supra, Respondent Pharmacy's failure to submit a written response within 30 days, as noted above, shall be treated as an admission of the allegations contained herein and shall result in transmittal of this complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

DATED: 8-7-13

Carole H. Engle, Director
Bureau of Health Care Services

Attachments

This is the final page of an Administrative Complaint in the matter of Icore Healthcare, L.L.C., File Number 53-12-126455, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of three pages, this page included.

KS

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STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
ICORE HEALTHCARE, LLC	)	CONSENT AGREEMENT
Complaint No. 2015 PHA 10772	)	
	)	
	)	

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of ICORE Healthcare, LLC in the State of Maine. The parties to this Consent Agreement are: ICORE Healthcare, LLC ("ICORE"), the State of Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, ICORE was licensed by the Board as a mail order pharmacy, license no. MO40001469, located at 6870 Shadowridge Drive, Suite 111, Orlando, Florida.
2. The Board received a change in Pharmacist in Charge application from ICORE on December 2, 2014, which indicated that on November 19, 2014, Scott Richard Grigas took over as the Pharmacist in Charge of ICORE.
3. Board Investigator Thomas Avery filed a complaint with the Board alleging that ICORE had failed to timely notify the Board of the change in the Pharmacist in Charge as required, which the Board docketed as Complaint No. 2015 PHA 10772.

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4. In its response dated January 23, 2015, ICORE explained that there were extenuating circumstances that led to the delay in notification including a termination of the prior pharmacist in charge due to a compliance concern, the need for the forms to be transmitted between Florida and Maryland for signature, the need to send the application back to Mr. Grigas so that he could initial each page as required, and the Thanksgiving holiday. ICORE apologized and stated that it takes compliance seriously and strives to comply with all rules of pharmacy.
5. Title 32 M.R.S. § 13753(1)(C) provides that change of a Pharmacist in Charge requires notice to the Board no later than seven (7) days after the change. In addition, upon a change in Pharmacist in Charge, a mail order pharmacy shall file a new application with the Board no later than seven (7) days after the change. Board Rule Chapter 11, § 3.
6. On March 5, 2015, following a presentation of the complaint, the Board voted to offer ICORE this Consent Agreement in order to finally resolve Complaint No. 2015 PHA 10772.
7. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Kelly McLaughlin, Senior Consumer Assistance Specialist, 35 State House Station, Augusta, Maine 04333-0035 by April 20, 2015, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

8. ICORE admits the facts stated above and that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. §§ 8003(5-A)(A)(4),(5), 32 M.R.S. § 13753(1)(C), and Board Rule Chapter 11, § 3, for its failure to notify the Board of the change in Pharmacist in Charge and file the required application within seven (7) days of the change.

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9. ICORE agrees to accept the following discipline:

    a. A REPRIMAND; and

    b. A CIVIL PENALTY in the amount of five hundred dollars ($500.00), payment which shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to Kelly McLaughlin, Senior Consumer Assistance Specialist, Maine Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, within thirty (30) days of the execution of this Consent Agreement.

10. This Consent Agreement is not appealable and is effective until modified or rescinded by the parties hereto.

11. Violation of any of the terms or conditions of this Consent Agreement by ICORE shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

12. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

13. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.

14. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

15. ICORE acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all

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terms and conditions set forth herein.

ICORE HEALTHCARE, LLC

DATED: 3/27/15

BY: _____
Authorized Representative

John D. Bernardi, Jr.
Printed Name

DATED: 4/2/2015

_____
JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: April 2, 2015

_____
MICHAEL MILLER
Assistant Attorney General

Docusign Envelope ID: 65F5CE54-0E5C-4BB4-B5B3-81A38C9F219C

AGREED BOARD ORDER #L-15-005

RE: IN THE MATTER OF
MAGELLAN RX PHARMACY, LLC
(PHARMACY LICENSE #23922)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 23922 issued to Magellan Rx Pharmacy, LLC (Respondent), 6870 Shadowridge Drive, Suite 111, Orlando, Florida 32812.

By letter dated March 24, 2015, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Sections 565.002(a)(3) and (13); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013), as alleged in the Count below.

The conduct described in the Consent Agreement of the Maine Board of Pharmacy is substantially similar to conduct described in:

> Section 565.002(a)(10) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2011); and
>
> Section 281.8(c) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2012).

COUNT

On or about April 5, 2012, the State of Maine Board of Pharmacy entered a Consent Agreement against the Maine pharmacy license number MO40000761 held by ICORE Healthcare, LLC, which is licensed by the Texas State Board of Pharmacy as Magellan Rx Pharmacy, LLC. The Agreement was based on findings of fact that ICORE Healthcare, LLC failed to disclose a disciplinary action by the Colorado Board of Pharmacy, entered on November 4, 2010, on its license renewal application submitted to the State of Maine Board of Pharmacy on December 7, 2010. The Order imposed a reprimand and civil penalty in the amount of $500.

By letter dated March 24, 2015, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Robert Field, Chief Executive Officer, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this

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Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that Respondent's license is reprimanded.

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And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 5th day of May, 2015.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Robert Field, Chief Executive Officer
For and on behalf of Magellan Rx Pharmacy, LLC

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

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November 2015 (Final Approval January 2016) – Hawaii Department of Commerce & Consumer Affairs

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DAVID Y. IGE
GOVERNOR

SHAN S. TSUTSUI
LIEUTENANT GOVERNOR

CATHERINE P. AWAKUNI COLÓN
DIRECTOR

CELIA C. SUZUKI
LICENSING ADMINISTRATOR

STATE OF HAWAII
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
P.O. BOX 3469
HONOLULU, HAWAII 96801
http://cca.hawaii.gov/pvl

RECEIVED
JAN 28 2016

January 22, 2016

Magellan Rx Pharmacy, LLC
fka ICore Healthcare, LLC
c/o John DiBernardi, Asst. Secretary
6950 Columbia Gateway, No. 400
Columbia, Maryland 21046

Daria A. Loy-Goto, Staff Attorney
John T. Hassler, Staff Attorney
Regulated Industries Complaints Office
Department of Commerce & Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813

Re: In the Matter of the Miscellaneous Permit of Magellan Rx Pharmacy, LLC, formerly known as ICore Healthcare, LLC; PHA 2015-51-L

Dear Mr. DiBernardi, Ms. Loy-Goto and Mr. Hassler:

The Board of Pharmacy, at its meeting on January 21, 2016, approved the above-referenced Settlement Agreement.

Very truly yours,

Lei S. Fukumura

LEI S. FUKUMURA
Special Deputy Attorney General

LSF:jaf

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LICENSING DIVISION

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DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS
2016 JAN 21 P 3:07
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of MAGELLAN RX PHARMACY, LLC, formerly known as ICORE HEALTHCARE, LLC, Respondent.	PHA 2015-51-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "4"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent MAGELLAN RX PHARMACY, LLC, formerly known as ICORE HEALTHCARE, LLC (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under license number PMP 560. The

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

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license was issued on or about April 11, 2008. The license will expire or forfeit on or about December 31, 2015.

2. Respondent's mailing address for purposes of this action is 6950 Columbia Gateway Drive, No. 400, Columbia, Maryland 21046.

3. On or about December 30, 2013, Respondent submitted a letter indicating that disciplinary action had been taken by the States of Colorado, Maine, and Michigan.

4. Respondent attached a copy of a November 4, 2010 Stipulation and Final Agency Order by the State of Colorado Board of Pharmacy in In the Matter of the Disciplinary Proceeding Regarding the Non-Resident Prescription Drug Outlet Registration of Icore Healthcare, LLC, Registration No. OSP 5519 (hereinafter "the November 4, 2010 Colorado action) (Exhibit "1"); a copy of an April 5, 2012 Consent Agreement by the State of Maine Board of Pharmacy in In re: Icore Healthcare, LLC / Complaint No. 2012-PHA-7991 (hereinafter "the April 5, 2012 Maine action") (Exhibit "2"); and a copy of a December 11, 2013 Consent Order and Stipulation by the State of Michigan Department of Licensing and Regulatory Affairs Bureau of Healthcare Services Board of Pharmacy Disciplinary Subcommittee in In the Matter of Icore Healthcare, L.L.C. / License Number 53-01-008731 / File Number: 53-12-126455 (hereinafter "the December 13, 2013 Michigan action") (Exhibit "3").

5. Respondent was notified of the April 5, 2012 Maine action in a letter from a representative of the Maine Board dated April 10, 2012 (Exhibit "4").

6. The November 4, 2010 Colorado action alleged Respondent failed to timely file controlled substance report(s) in violation of Colorado licensing laws, and assessed a $5,000 fine.

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7. The April 5, 2102 Maine action alleged Respondent failed to report the Colorado action in violation of Maine licensing laws, and assessed a $500.00 fine.

8. The December 11, 2013 Michigan action alleged Respondent failed to report the November 4, 2010 Colorado action and the April 5, 2012 Maine action in violation of Michigan licensing laws, and assessed a $500.00 fine.

9. Respondent has provided RICO with documentation demonstrating that Respondent received Exhibit "4" on or about April 17, 2012.

10. Respondent reported the Colorado and Maine actions to the Board in a May 14, 2012 letter.

11. Respondent reported the December 11, 2013 Michigan action to the Board in a December 30, 2013 letter.

12. RICO alleges that disciplinary actions were taken against Respondent by the States of Colorado, Maine and Michigan and that Respondent failed to timely report the Colorado action.

13. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 436B-19(15) (failure to report).

14. The Board has jurisdiction over the subject matter herein and over the parties hereto.

//

//

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of the November 4, 2010 Stipulation and Final Agency Order by the State of Colorado Board of Pharmacy in In the Matter of the Disciplinary Proceeding Regarding the Non-Resident Prescription Drug Outlet Registration of Icore Healthcare, LLC, Registration No. OSP 5519; that Exhibit "2" is a true and correct copy of the April 5, 2012 Consent Agreement by the State of Maine Board of Pharmacy in In re: Icore Healthcare, LLC / Complaint No. 2012-PHA-7991; that Exhibit "3" is a true and correct copy of the December 11, 2013 Consent Order and Stipulation by the State of Michigan Department of Licensing and Regulatory Affairs Bureau of Healthcare Services Board of Pharmacy Disciplinary Subcommittee in In the Matter of Icore Healthcare, L.L.C. / License

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Number 53-01-008731 / File Number: 53-12-126455; and that Exhibit "4" is a true and correct copy of an April 10, 2012 letter from Kelly L. McLaughlin, Senior Consumer Assistant Specialist with the State of Maine Department of Professional and Financial Regulation, Board of Pharmacy to Respondent.

6. Respondent represents that it was notified of the Maine action on or about April 17, 2012 and reported the action to the Board on May 14, 2012.

7. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

8. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

9. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

10. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2015-51-L.

11. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

12. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of TWO THOUSAND AND NO/100 DOLLARS ($2,000.00). Payment shall be made by **cashier's check**

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or money order made payable to "DCCA - Compliance Resolution Fund" and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

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5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

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IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: 11/18/15, _____, _____.

MAGELLAN RX PHARMACY, LLC formally known as ICORE HEALTHCARE, LLC, Respondent

By: _____

Its Assist Secy

DATED: Honolulu, Hawaii, November 17, 2015.

_____

DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

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BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of)	PHA 2015-51-L
MAGELLAN RX PHARMACY, LLC, formerly known as ICORE HEALTHCARE, LLC,)	DECLARATION OF John DiBernardi [Name]
Respondent.)	

DECLARATION OF John DiBernardi
[Name]

I, [Name] John DiBernardi, do declare under penalty of law that I am authorized to sign this Settlement Agreement on behalf of Respondent MAGELLAN RX PHARMACY, LLC as its [Position and/or title] Assistant Secretary and that the foregoing is true and correct.

DATED: Columbia (CITY), MD (STATE), 11/17/15 (DATE).

[Name]

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IN THE MATTER OF THE MISCELLANEOUS PERMIT OF MAGELLAN RX PHARMACY, LLC, FORMERLY KNOWN AS ICORE HEALTHCARE, LLC; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; CASE NO(S). PHA 2015-51-L; EXHIBITS "1" – "4"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

Kerri Okamura
KERRI OKAMURA
Chairperson

1/21/16
DATE

GARRETT A. LAU
Vice Chairperson

Marcella Chock
MARCELLA CHOCK

Mary Jo Keefe
MARY JO KEEFE

Carolyn S.J. Ma
CAROLYN S.J. MA

PVL 07/01/15

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BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000747

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF ICORE HEALTHCARE, LLC, REGISTRATION NO. OSP 5519,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Icore Healthcare, LLC ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000747 as follows:

1. On July 12, 2004, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5519 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 855 SW 78th Ave., Ste.110, Plantation, FL 33324.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of August 16 through August 25, 2010, and did not submit a "zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

EXHIBIT "1"

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7. Respondent Pharmacy admits that the conduct described above constitutes a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondeht Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

2010 NOV 18 P 1:47

ACCEPTED AND AGREED BY

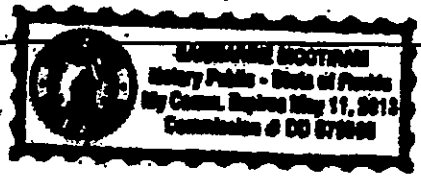
Steven J. Gale
Authorized Agent of Respondent Pharmacy

Dated: 9/28/2010

Subscribed and sworn to before me in the County of BROWARD, State of FLORIDA, this 28th day of SEPTEMBER, 2010 by STEVEN J. GALE, in his/her capacity as an authorized agent of Icore Healthcare, LLC.

My commission expires: MAY 11TH 2013.

Notary Public



Docusign Envelope ID: 65F5CE54-0E5C-4BB4-B5B3-81A38C9F219C

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 9th DAY OF November, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

'12 MAY 18 P1:48

Docusign Envelope ID: 65F5CE54-0E5C-4BB4-B5B3-81A38C9F219C

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 15th day of September 2010, addressed as follows:

Icore Healthcare, LLC
Attn: Steven Gale, RPH
855 SW 78th Ave., Ste. 110
Plantation, FL 33324

John Steele
John C Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 4th day of November 2010, addressed as follows:

Icore Healthcare, LLC
Attn: Steven Gale, RPH
855 SW 78th Ave., Ste. 110
Plantation, FL 33324

Agent of the Board

Docusign Envelope ID: 65F5CE54-0E5C-4BB4-B5B3-81A38C9F219C

STATE OF MAINE
BOARD OF PHARMACY

In re: ICORE Healthcare, LLC Complaint No. 2012-PHA-7991	)))	CONSENT AGREEMENT

PARTIES

This document is a Consent Agreement regarding the pending application for renewal of licensure as a Mail Order Pharmacy for ICORE Healthcare, LLC. The parties to the Consent Agreement are: ICORE Healthcare, LLC (ICORE); the Maine Board of Pharmacy ("the Board"); and the State of Maine Office of Attorney General ("the Attorney General"). The Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A)(C).

STATEMENT OF FACTS

1. ICORE has been licensed by the Board as a Mail Order Pharmacy license number MO40000761

2. On or about November 4, 2010, ICORE was disciplined by the Colorado Board of Pharmacy.

3. On December 7, 2010, ICORE submitted an application for renewal of license number MO40000761 without disclosing the disciplinary action that occurred in Colorado.

4. At its meeting on February 2, 2012, the Board reviewed the above-mentioned information. Based on this information, the Board voted to preliminarily deny ICORE's application for renewal as a Mail Order Pharmacy.

5. In lieu of the denial, the Board also voted to offer ICORE this Consent Agreement. Absent requesting, in writing, a hearing regarding the appeal of the preliminary denial within thirty days of receipt of the Notice of Preliminary Denial, and absent acceptance of this Consent Agreement by signing and dating it and returning it to Debra Thompson, Professional Licensing Coordinator, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333 by March 27, 2012, the preliminary denial of ICORE's application for renewal of licensure as a Mail Order Pharmacy will become final.

EXHIBIT A-2 11

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COVENANTS

6. ICORE admits to failure to disclose disciplinary action to the Board for the renewal application submitted on December 10, 2010 when renewing license number MO40000761, in violation of 32 M.R.S. § 13742-A and that such violation constitutes grounds for the denial of the renewal application as a Mail Order Pharmacy pursuant to 10 M.R.S. § 8003(5-A)(A)(4).

7. As a condition of licensure and for conduct admitted in paragraph 6 above, ICORE agrees to:

A. Accept a REPRIMAND from the Board as sanction for that violation; and

B. Pay a CIVIL PENALTY in the amount of five hundred dollars ($500.00).

8. Upon receipt of this executed Consent Agreement, the Board will not deny ICORE's application on the basis of the conduct admitted to in paragraph 6 and will approve the application consistent with the provisions of Board Rules chapter 1.

9. The Attorney General and the Board agree that no further agency or legal action will be taken against ICORE's license based on the specific violations admitted to herein, except in the event that ICORE does not comply fully with the terms of the Consent Agreement. Any violation of the Consent Agreement will be a ground for discipline by the Board.

10. The Consent Agreement is not subject to appeal.

11. The Consent Agreement is not subject to amendment except by written agreement of all parties.

12. The Consent Agreement is a public document within the meaning of 1 M.R.S. § 402, et seq.

13. ICORE understands that the execution of the Consent Agreement is completely voluntary and that it has the right to consult with an attorney before signing the Consent Agreement.

Docusign Envelope ID: 65F5CE54-0E5C-4BB4-B5B3-81A38C9F219C

14. ICORE acknowledges by signature hereto of an authorized representative that it has read this Consent Agreement, that is has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executed this Consent Agreement of its own free will, and that it agrees to abide by all terms and conditions set forth herein.

For ICORE Healthcare, LLC

Dated: 3-6-2012

Signature of Authorized Representative

JOHN LAFRENIERE
Print Name and Title
VICE PRESIDENT PHARMACY OPERATIONS

Dated: 3/30/2012

JOSEPH BRUNO, R.PH., President
Maine Board of Pharmacy

Dated: 4-5-12

CARRIE L. CARNEY
Assistant Attorney General

Docusign Envelope ID: 65F5CE54-0E5C-4BB4-B5B3-81A38C9F219C

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ICORE HEALTHCARE, L.L.C.
License Number: 53-01-008731

File Number: 53-12-126455
CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on August 7, 2013 charging Icore Healthcare, L L.C , hereafter Respondent Pharmacy, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated August 7, 2013, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true of purposes of this Consent Order, which findings shall have the same force and effect as if evidence and argument were presented in support of the allegations; and

WHEREAS, the Disciplinary Subcommittee has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now therefore,

1 EXHIBIT "3"

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IT IS HEREBY FOUND that the facts alleged in the Complaint are true, for the purposes of this Consent Order, and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS HEREBY ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED in the amount of $500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Bureau of Health Care Services, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number **53-12-126455**.

IT IS FURTHER ORDERED that in the event Respondent Pharmacy violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACS, R 338.1632 and section 16221(h) of the Public Health Code, supra.

CONTINUED ON NEXT PAGE

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 12/11/13

MICHIGAN BOARD OF PHARMACY

By: _____
Chairperson, Disciplinary Subcommittee

STIPULATION

1 Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated August 7, 2013, but agrees that the Disciplinary Subcommittee shall treat the allegations as true for purposes of this Consent Order, which findings shall have the same force and effect as if evidence and argument were presented in support thereof.

2. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waiving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to said charges.

3. Dhafer Almaklani, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

4. The foregoing Consent Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in said cause.

5. The foregoing proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

10-15-13

Carole H. Engle, Director
Bureau of Health Care Services
Department of Licensing and
Regulatory Affairs

Dated: Carole H. Engle

AGREED TO BY:

John LaFreniere, Vice President
Pharmacy Operations
Authorized Representative for
Icore Healthcare, L.L.C.
Respondent Pharmacy

Dated: 10-4-13

This is the final page of a Consent Order and Stipulation in the matter of Icore Healthcare, L.L.C., File Number 53-12-126455, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included.

KRS

Docusign Envelope ID: 65F5CE54-0E5C-4BB4-B5B3-81A38C9F219C

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
BOARD OF PHARMACY
COMPLAINTS AND INVESTIGATION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Paul R. LePage
Governor

Anne L. Head, Esq
Commissioner

Geraldine L. Betts
Administrator

April 10, 2012

John LaFreniere, Vice President
ICORE Healthcare, LLC
855 SW 78th Ave, Suite 110
Plantation, FL 33324-3223

RE: 2012-PHA-7991

Dear Mr. LaFreniere:

Please find enclosed a copy of the fully-executed consent agreement made by you, the Board of Pharmacy, and the Department of Attorney General in this matter.

This is to acknowledge receipt of your fine payment of $500.00 (check # 1623668), your fine is paid in full.

As all conditions of the Consent Agreement have been met; the above-mentioned complaint file is now closed.

If you have any questions, please feel free to contact this office.

Sincerely,

Kelly L. McLaughlin, Sr. Consumer Assistant Specialist
(email:kelly.l.mclaughlin@maine.gov)

Enclosure

c: Carrie Carney, Assistant Attorney General
Geraldine L. Betts, Board Administrator
Thomas Avery, Chief Field Investigator
Jeffrey Frankel, OLR Staff Attorney

Licensing (207)624-8579
Main Receptionist (207)624-8603
Hearing Impaired/TTY 1-888-577-6690

PRINTED ON RECYCLED PAPER
www.maine.gov/professionallicensing

OFFICE LOCATION: GARDINER ANNEX
76 NORTHERN AVENUE, GARDINER, MAINE

Geraldine.L.Betts@maine.gov
Direct Line: (207)624-8628
Fax: (207)624-8637

EXHIBIT "4"

Prime Therapeutics Pharmacy LLC
(f/k/a Magellan Rx Pharmacy, LLC)
Information on Owners, Officers, and Board of Managers

Ownership

Prime Therapeutics Pharmacy LLC is a wholly owned subsidiary of Morocco Acquisition LLC.

Board of Managers (effective September 16, 2024)

Mostafa Kamal	Manager	[redacted]
Alicia Dessner	Manager	

Officers (effective September 16, 2024)

Mostafa Kamal	President and Chief Executive Officer	[redacted]
Andrew Glover	Vice President, Pharmacy Operations	
Alicia Dessner	Secretary	
Kenneth Bodmer	Chief Financial Officer and Treasurer	

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIME THERAPEUTICS PHARMACY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203855530

Date: 06-04-25

3617243 8300

SR# 20252955189

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Prime Therapeutics Pharmacy LLC

Pharmacy/Wholesaler License # (if applicable): PH03639

Physical Address: 2256 S 3600 West, Suite A

City: West Valley City State: UT Zip: 84119

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 855-271-4810 Website: primetherapeutics.com/specialtypharmacy & primetherapeutics.com/hom

Licensing Company Email: paige.johns@primetherapeutics.com

Section 2: Personal Information

First: Phi Middle: Thuc Last: Tran

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: South Jordan State: UT Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences		08/2014- 05/2017	
Address	**City**	**State**	**Zip**
10920 South River Front Parkway	South Jordan	UT	84095
Diploma/Degree obtained, if any			
Doctorate Degree (PharmD)			

School Name		From - To (MM/YY – MM/YY)	
University of Utah		08/2006 - 05/2008	
Address	**City**	**State**	**Zip**
201 Presidents' Cir	Salt Lake City	UT	84112
Diploma/Degree obtained, if any			
Bachelors Degree			

School Name		From - To (MM/YY – MM/YY)	
Salt Lake Community College		08/2004 - 05/2006	
Address	**City**	**State**	**Zip**
4600 South Redwood Road	Salt Lake City	UT	84123
Diploma/Degree obtained, if any			
Associates Degree			

School Name		From - To (MM/YY – MM/YY)	
Kearns High School		08/2000 - 01/2003	
Address	**City**	**State**	**Zip**
5525 Cougar Lane	Kearns	UT	84118
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2014 - present	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Prime Therapeutics Pharmacy LLC (fka Magellan Rx Pharmacy LLC)			01/2022 - Present	
Business Address		City	State	Zip
2256 S 3600 West, Suite A		West Valley City	UT	84119
Phone	Title		Number of Employed Hours	
855-271-4810	Pharmacist in Charge		8,480	
Description of Duties				
Oversees production of the entire facility. Ensures adherence to SOP and policies, state and federal regulations,quality and compliance, as well as the duties listed below.				

Business Name			From - To (MM/YY – MM/YY)	
Magellan Rx Pharmacy LLC			08/2017 - 01/2022	
Business Address		City	State	Zip
2256 S 3600 West, Suite A		West Valley City	UT	84119
Phone	Title		Number of Employed Hours	
855-271-4810	Staff Pharmacy		9,360	
Description of Duties				
Responsible for all prescription verifications, head of inventory, patient counseling, escalations and returns, training and IT.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Phi Tran, **certify that as the designated representative for**

Prime Therapeutics Pharmacy LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. x I am at least 21 years of age;
3. x I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. x I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. x I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. x I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. x I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Phi Tran

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/12/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Phi Tran

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/12/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Virginia, ss. County of Prince William

I, Phi Tran, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06/12/2025

Date

Subscribed and Sworn to before me this 12th day of Jun.

Atm Nurul Alam

Notary Public Signature Electronic Notary Public

Notarized remotely online using communication technology via Proof.

COMMONWEALTH OF VIRGINIA · ELECTRONIC NOTARY PUBLIC · N

Atm Nurul Alam

REGISTRATION NUMBER
283777
COMMISSION EXPIRES
June 30, 2028

(Seal)

UTAH DEPARTMENT OF COMMERCE
Division of Professional Licensing

CLASS B
CLOSED DOOR
INSPECTION

160 E 300 S
P.O. Box 16741
Salt Lake City, UT 84114-6741

Phone: (801) 530-6628
Toll Free: (866) 275-3675
Online: DOPL.utah.gov
Email: DOPLInvestigations@utah.gov

☑ Opening ☐ Random

INFORMATION

Pharmacy Name: Magellan Rx Pharmacy LLC Date: 1-10-2023

License Number: 13082113-1704 Exp Date: 05/02/2023

C.S. License Number: 13082113-8913 Exp Date: 05/02/2023

DEA Registration: FM2379469 Exp Date: 1-31-2026

Pharmacy FEIN # (Tax ID): 02-0676924

Pharmacy Email: ptran@magellanhealth.com

Pharmacy Phone: 855-271-4810 Fax: 888-656-7762

Toll Free Number: 855-271-4810

Affiliated Websites: magellanrx.com

Pharmacy Hours: Monday-Friday: 8-6 Saturday: 9-1 consultation Sunday: closed

Pharmacy Address: 2256 S 3600 W Suite A

City: Salt Lake City State: UT Zip: 84119

Pharmacist In Charge (PIC): Phi Thuc Tran

PIC License # 6421032-1701 Expiration Date: 09/30/2023

Personnel

List ALL pharmacists, interns, pharmacy technicians and techs-in-training (attach a separate sheet, if necessary):

Name:	License #	Exp:
	See list	
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:

CLASS B CLOSED DOOR INSPECTION

Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:

INSPECTION

	YES	NO	
1	☑	☐	Class B pharmacy means a pharmacy located in Utah that is authorized to provide pharmaceutical care for patients in an institutional setting; and whose primary purpose is to provide a physical environment for patients to obtain health care services; and includes closed-door, hospital, clinic, nuclear, and branch pharmacies; and pharmaceutical administration and sterile product preparation facilities. [UCA 58-17b-102 (11)(a)(i-ii)(b)(i-ii)]
2	☑	☐	The facility shall maintain a current list of licensed employees involved in the practice of pharmacy at the facility. The list shall include individual licensee names, license classifications, license numbers, and license expiration dates. The list shall be readily retrievable. The list may be maintained in paper or electronic form. [UAC R156-17b-614a (5)]
3	☑	☐	Notification has been provided to the Division in regards to the unique email address used in self audits or alerts for the pharmacy. The pharmacy will notify the Division of any change in the email address within seven days of the change. [UAC R156-17b-603(3)(t) (i-ii)]
4	☑	☐	Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. The Division is notified of a change in PIC within 30 days of the change. [UAC R156-17b-603 (3) (s)]
5	☐	☐	If the facility has a pharmacy technician training program, the program and curriculum of education and training, meets standards established by Division rule made in collaboration with the Board. [UAC R156-17b-303a (3)] ☑ N/A
6	☑	☐	A pharmacy technician trainee shall practice only under the direct supervision of a pharmacist, and in a ratio not to exceed one pharmacy technician trainee to one pharmacist. [UAC R156-17b-601(4)(a)]
7	☑	☐	Pharmacy technicians shall have general supervision by a pharmacist. [UCA 58-17b-102 (56)]
8	☑	☐	The operating standards for a Pharmacist acting as a preceptor includes meeting the following criteria by providing direct, on-site supervision to no more than two pharmacy interns during a working shift. [UAC R156-17b-606(1)(d)(i)]
9	☐	☐	In accordance with Subsecton 58-17b-102(71)(b) all supportive personnel shall be under the supervision of a licensed pharmacist or DMP. The licensed pharmacist or DMP shall be present in the area where the person being supervised is performing services and shall be immediately available to assist the person being supervised in the serivces being performed except for the delivery of pre-filled prescriptions as provided in Subsection (1)(g) above. [UAC R156-17b-607 (3)] n/a
10	☐	☐	In accordance with Subsection 58-17b-102(71)(a), supportive personnel may assist in any tasks not related to drug preparation or processing including: stock ordering and restocking; cashiering; billing; filing; receiving a written prescription and delivering it to the pharmacist, pharmacy intern, pharmacy technician, pharmacy technician trainee, DMP, or DMP desigenee; housekeeping; and delivering a pre-filled prescription to a patient. [UAC R156-17b-607 (1)(a-g)] n/a

11 ☑ ☐ The pharmacist-in-charge (PIC) is responsible for assuring that no pharmacy or pharmacist operates the pharmacy or allows operation of the pharmacy with a ratio of pharmacist to pharmacy personnel which, under the circumstances of the particular practice setting, results in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare. [UAC R156-17b-603 (3) (r)]

12 ☑ ☐ All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility does wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)]

13 ☑ ☐ When communicating by any means, written, verbal, or electronic, pharmacy personnel do identify themselves as to licensure classification. [UCA 58-17b-603 (2)]

14 ☑ ☐ The facility or parent company does maintain a record for not less than five years of the initials or identification codes that identify each dispensing pharmacist by name. The initials or identification codes shall be unique to ensure that each pharmacist can be identified; therefore identical initials or identification codes shall not be used. [UAC R156-17b-614a (8)]

15 ☑ ☐ The facility does have current and retrievable editions of the following reference publications in print or electronic format and readily available and retrievable to facility personnel: [UAC R156-17b-614a (4) (a-k)]

- ☑ UCA 58-1 (DOPL Licensing Act)
- ☑ UCA 58-17b (Pharmacy Practice Act)
- ☑ UCA 58-37 (Controlled Substance Act)
- ☑ UCA 58-37f (Controlled Substance Database Act)
- ☑ Code of Federal Regulations Title 21 parts 1300 to end
- ☑ General Drug References
- ☑ UAC R156-1 (General Rules of DOPL)
- ☑ UAC R156-17b (Pharmacy Practice Act Rules)
- ☑ UAC R156-37 (Controlled Substance Act Rules)
- ☑ UAC R156-37f (Controlled Substance Database Act Rule)
- ☑ FDA Approved Drug Product (Orange Book)

16 ☑ ☐ The facility is well lighted, ventilated, clean and sanitary. [UAC R156-17b-614a (1) (a)]

17 ☑ ☐ If transferring a drug from a manufacturer's or distributor's original container to another container, the dispensing area, shall have a sink with hot and cold culinary water separate and apart from restroom facilities. All required equipment shall be clean and in good operating condition. [UAC R156-17b-614a (1) (b)]

18 ☑ ☐ The facility is equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [UAC R156-17b-614a (1) (c)]

19 ☑ ☐ The facility is equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [UAC R156-17b-614a (1) (d)]

20 ☑ ☐ All out of date legend drugs and controlled substances shall be removed from the inventory at regular intervals and in correlation to the beyond use date imprinted on the label. [UAC R156-17b-605 (1)]

21 ☑ ☐ The facility is stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public health, safety and welfare. [UAC R156-17b-614a (1) (e)]

22 ☑ ☐ If dispensing controlled substances, the facility is equipped with a security system to permit detection of entry at all times when the facility is closed, and provide notice of unauthorized entry to an individual, and be equipped with a lock on any entrances to the facility where drugs are stored. [UAC R156-17b-614a (1) (f)(i-ii)(g)]

23 ☐ ☐ If the pharmacy does not store drugs in a locked cabinet and has a drop/false ceiling, the pharmacy's perimeter walls shall extend to the hard deck, or other measures shall be taken to prevent unauthorized entry into the pharmacy. [UAC R156-17b-614a (15)] ☑ N/A

24 ☑ ☐ Only a licensed Utah pharmacist or authorized pharmacy personnel does have access to the pharmacy when the pharmacy is closed. [UAC R156-17b-614a (7)]

25 ☑ ☐ A pharmacy shall not dispense a prescription drug or device to a patient unless a pharmacist is physically present and immediately available in the facility. [UAC R156-17b-614a(6)]

26 ☑ ☐ The temperature of the pharmacy is maintained within a range compatible with the proper storage of the drugs. [UAC R156-17b-614a (2)]

27 ☑ ☐ The temperature of the refrigerator and freezer is maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. The pharmacy shall keep a daily written or electronic log of the temperature of the refrigerator or freezer on days of operation. The pharmacy shall retain the log entry for three years. [UAC R156-17b-614a (2)]

28 ☑ ☐ For the purpose of promoting therapeutic appropriateness, a pharmacist shall at the time of dispensing a prescription, or a prescription drug order, review the patient's medication record. Such review shall at a minimum identify clinically significant conditions, situations or items, such as: [UAC R156-17b-611 (2) (a-g)]

- ☑ Inappropriate drug utilization
- ☑ Drug-disease contraindications
- ☑ Incorrect drug dosage
- ☑ Drug-allergy interactions
- ☑ Therapeutic duplications
- ☑ Drug-drug interactions
- ☑ Incorrect duration of drug treatment
- ☑ Clinical abuse or misuse

29 ☐ n/a ☐ Patient counseling shall not be required for inpatients of a hospital or institution where other licensed health care professionals are authorized to administer the patient's drugs. [R156-17b-610 (7)]

30 ☑ ☐ Every pharmacy shall verbally offer to counsel a patient or a patient's agent in a personal face-to-face discussion regarding each prescription drug dispensed. If the patient's agent delivers the prescription in person to the pharmacist or pharmacy intern; or receives the drug in person at the time it is dispensed at the facility. [UCA 58-17b-613 (1)]

31 ☑ ☐ A pharmacist or pharmacy intern that receives a prescription from a patient by means other than personal delivery, and that dispenses prescription drugs to the patient by means other than personal delivery shall provide patient counseling to a patient regarding each prescription drug the pharmacy dispenses and provide each patient with a toll-free telephone number by which the patient can contact the pharmacist or pharmacy intern at the pharmacy for counseling. [UCA 58-17b-613(2)]

32 ☑ ☐ If a prescription drug order is delivered to the patient or the patient's agent at the patient's or other designated location, the following is applicable: [UCA R156-17b-610(6)(a-c)

☑ the pharmacy shall provide the information specified in R156-17b-610(3) be delivered with the dispensed prescription in writing:
(a) the name and description of the prescription drug;
(b) the dosage form, dose, route of administration and duration of drug therapy;
(c) intended use of the drug, when known, and expected action;
(d) special directions and precautions for preparation, administration and use by the patient;
(e) common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered,
including their avoidance, and the action required if they occur;
(f) techniques for self-monitoring drug therapy;
(g) proper storage;
(h) prescription refill information;
(i) action to be taken in the event of a missed dose;
(j) pharmacist comments relevant to the individual's drug therapy, including any other information specific to the patient or
drug; and
(k) the date after which the prescription should not be taken or used, or the beyond use date.

☑ If prescriptions are routinely delivered outside the area covered by the pharmacy's local telephone service, the pharmacist shall place on the prescription container or on a separate sheet delivered with the prescription container, the telephone number of the pharmacy and the statement "Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions."

☑ written information provided in Subsection (b) of this section shall be in the form of patient information leaflets similar to USP-NF patient information monographs or equivalent information

33 ☑ ☐ Counseling shall be offered orally in person unless the patient or patient's agent is not at the pharmacy or a specific communication barrier prohibits oral communication [UAC R156-17b-610(1)]

34 ☑ ☐ A pharmacy facility shall orally offer to counsel but shall not be required to counsel a patient or patient's agent when the patient or patient's agent refuses counseling. [UAC R156-17b-610(2)]

35 ☑ ☐ The offer to counsel is documented and said documentation shall be available to the Division. These records must be maintained for a period of five years and be available for inspection within 7-10 business days. [UAC R156-17b-610 (4)]

36 ☑ ☐ A pharmacy may only deliver a prescription drug to a patient or a patient's agent in person at the pharmacy or via the United States Postal Service, a licensed common carrier, or supportive personnel, if the pharmacy takes reasonable precautions to ensure the prescription drug is delivered to the patient or patient's agent or return to the pharmacy. [UCA 58-17b-602 (9)(a)(b)(i-ii)]

37 ☑ ☐ A pharmacy that employs the United States Postal Service or other common carrier to deliver a filled prescription directly to a patient shall, under the direction of the PIC, or other responsible employee: [UAC R156-17b-608 (1-5)]

☑ Use adequate storage or shipping containers and shipping processes to ensure drug stability and potency. The shipping processes shall include the use of appropriate packing material and devices, according to the recommendations of the manufacturer or the United States Pharmacopeia Chapter 1079, in order to ensure that the drug is kept at appropriate storage temperatures throughout the delivery process to maintain the integrity of the medication.

- [x] Use shipping containers that are sealed in a manner to detect evidence of opening or tampering.
- [x] Develop and implement policies and procedures to ensure accountability, safe delivery, and compliance with temperature requirements. The policies and procedures shall address when drugs do not arrive at their destination in a timely manner or when there is evidence that the integrity of a drug was compromised during shipment. In these instances, the pharmacy shall make provisions for the replacement of the drug.
- [x] Provide for an electronic, telephonic, or written communication mechanism for a pharmacy to offer counseling to the patient as defined in section 58-17b-613; and provide documentation of such counseling.
- [x] Provide information to the patient indicating what the patient should do if the integrity of the package or drug was compromised during shipment.

38 [x] [ ] Each drug dispensed from the pharmacy does have a label securely affixed to the container indicating the required minimum information, including: [UCA 58-17b-602 (5) (a) (i-viii)]

- [x] name, address, & phone number of pharmacy
- [x] filling date or last dispensing date
- [x] name of the prescriber
- [x] trade, generic or chemical name *(Unless Otherwise Indicated by Prescriber)*
- [x] serial number of prescription
- [x] name of the patient or animal owner/species
- [x] directions for use & cautionary statements
- [x] amount dispensed & strength of dosage form
- [x] beyond use date

39 [x] [ ] Unless otherwise requested, child-resistant containers will be used for dispensing medications to patients. [UAC 58-1-502(6)& 16 CFR 1700.14]

40 [x] [ ] Controlled substances are not accepted back for destruction unless allowed for by state and federal law. [UAC R156-37-606 (1-2) & 21 CFR 1307.21]

41 [x] [ ] The registered pharmacy does only processes electronically signed prescriptions for controlled substances under the following conditions: the pharmacy uses a pharmacy application that meets all the applicable requirements; the prescription is otherwise in conformity with the requirements of the Code of Federal Regulations; and Certification Authority (CA) has been obtained. The electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form and at no time may the prescription be converted to another form *(i.e. facsimile)* for transmission. [UAC R156-17b-613(1) & CFR, Title 21, Chapter 11, Section 1311]

42 [x] [ ] Prescription files, including refill information, are maintained for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

43 [x] [ ] Prescription records may be maintained electronically so long as the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders. [UAC R156-37-602 (4) (a-b)]

44 [x] [ ] All records relating to Schedule II controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (5)]

45 [x] [ ] All records relating to Schedule III, IV, V controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (5)]

46 ☐ ☐ n/a Requirement for annual controlled substances inventory shall be within 12 months following the inventory date of each year and may be taken within four days of the specified inventory date and shall include all stocks including out-of-date drugs and drugs in automated pharmacy systems. [UAC R156-17b-605 (4)]

47 ☑ ☐ Requirements for taking the initial controlled substances inventory shall include the following: all pharmacies shall take an inventory on the opening day of business. Such inventory shall include all controlled substances including any out-of-date drugs and drugs in automated pharmacy systems. In the event a pharmacy commences business with no controlled substances on hand, the pharmacy shall record this fact as the initial inventory. An inventory reporting no Schedule I and II controlled substances shall be listed separately from an inventory reporting no Schedule III, IV, and V controlled substances. The initial inventory shall serve as the pharmacy's inventory until the next completed inventory as specified in Subsection (4) of this section. [UAC R156-17b-605 (3) (a-c)] ☐ N/A

48 ☑ ☐ General Requirements for inventory of a pharmacy shall include: [UAC R156-17b-605 (2)(a)(b)(c)(e)(f)(i)(j)]

- ☑ the PIC shall be responsible for taking all required inventories, but may delegate the performance of the inventory to another person or persons;
- ☑ the inventory records shall be maintained for a period of five years and be readily available for inspection
- ☑ the inventory shall be filed separately from all records
- ☐ the inventory may be taken either as the opening of the business or the close of business on the inventory date;
- ☑ the person taking the inventory and the PIC shall indicate the time the inventory was taken and shall sign and date the inventory with the date the inventory was taken. The signature of the PIC and the date of the inventory shall be documented within 72 hours or three working days of the completed initial, annual, change of ownership and closing inventory.
- ☑ the inventory of Schedule I and II controlled substances shall be listed separately from the inventory of Schedule III, IV and V controlled substances;
- ☑ if the pharmacy maintains a perpetual inventory of any of the drugs required to be inventories, the perpetual inventory shall be reconciled on the date of the inventory.

49 ☑ ☐ All pharmacies shall maintain a perpetual inventory of all Schedule II controlled substances. [UAC R156-17b-605(7)]

50 ☑ ☐ The pharmacy does reconcile its controlled substance inventory to account for shortages of controlled substances. [UAC R156-17b-603 (3) (k) & R156-37-502(4)]

51 ☑ ☐ Any facility who experiences any theft, including diversion, or significant loss of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau Division; and report the incident to the local law enforcement agency. [UAC R156-37-602 (2)]"

52 ☑ ☐ Pharmacists or other responsible individuals do verify that the suppliers' invoices of controlled substances, listed on the invoices were actually received by clearly recording their initials and the actual date of receipt of the controlled substances. [UAC R156-17b-614a (11)]

53 ☑ ☐ The facility does maintain a record of suppliers' credit memos for controlled substances. [UAC R156-17b-614a (12)]

54 ☑ ☐ The facility does maintain a copy 3 of DEA order form (form 222) which has been properly dated, initialed, and filed and all copies of each unaccepted or defective order form and any attached statements or other documents. [UAC R156-17b-614a (9)]

55 ☑ ☐ The Division shall implement on a statewide basis, including non-resident pharmacies as defined in Section 58-17b-102, the following two options for a pharmacist to submit information: real-time submission of the information required to be submitted under this part of the controlled substance database; and 24-hour dail or next business day, whichever is later, batch submission of the information required to be submitted under this part to the controlled substance database. [UCA 58-37f-203(1)(a)(i,ii)]

56 ☑ ☐ In accordance with 58-37f-203(6), the pharmacist-in-charge and the pharmacist identified in Subsections 58-37f-203(2) and (3) shall provide the following data fields to the Division: the state that issued identification, type of identification used, and identification number used by individual picking up dispensed drug. [UCA R156-37f-203 (4) (aa-cc)]

57 ☐ ☑ The pharmacy maintains emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMT's, ambulances)? If the answer is "yes", note name(s) of facilities or entities.

58 ☐ ☑ The pharmacy maintains automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home? If the answer is "yes", note type and location.

59 ☑ ☐ The pharmacy utilizes an Automated Pharmacy System? If the answer is "yes" to this question, a automation questionnaire must be completed. [UAC R156-17b-620]

60 ☐ ☑ Does the pharmacy purchase any compound products from other entities for dispensing to patients? [UAC 58-17b-102(18)(b)(i)]

61 ☐ ☑ The facility is engaged in compounding with hazardous drugs as defined by USP-NF Chapter 800. If you answer "yes" to this question, a compounding questionnaire must be completed.

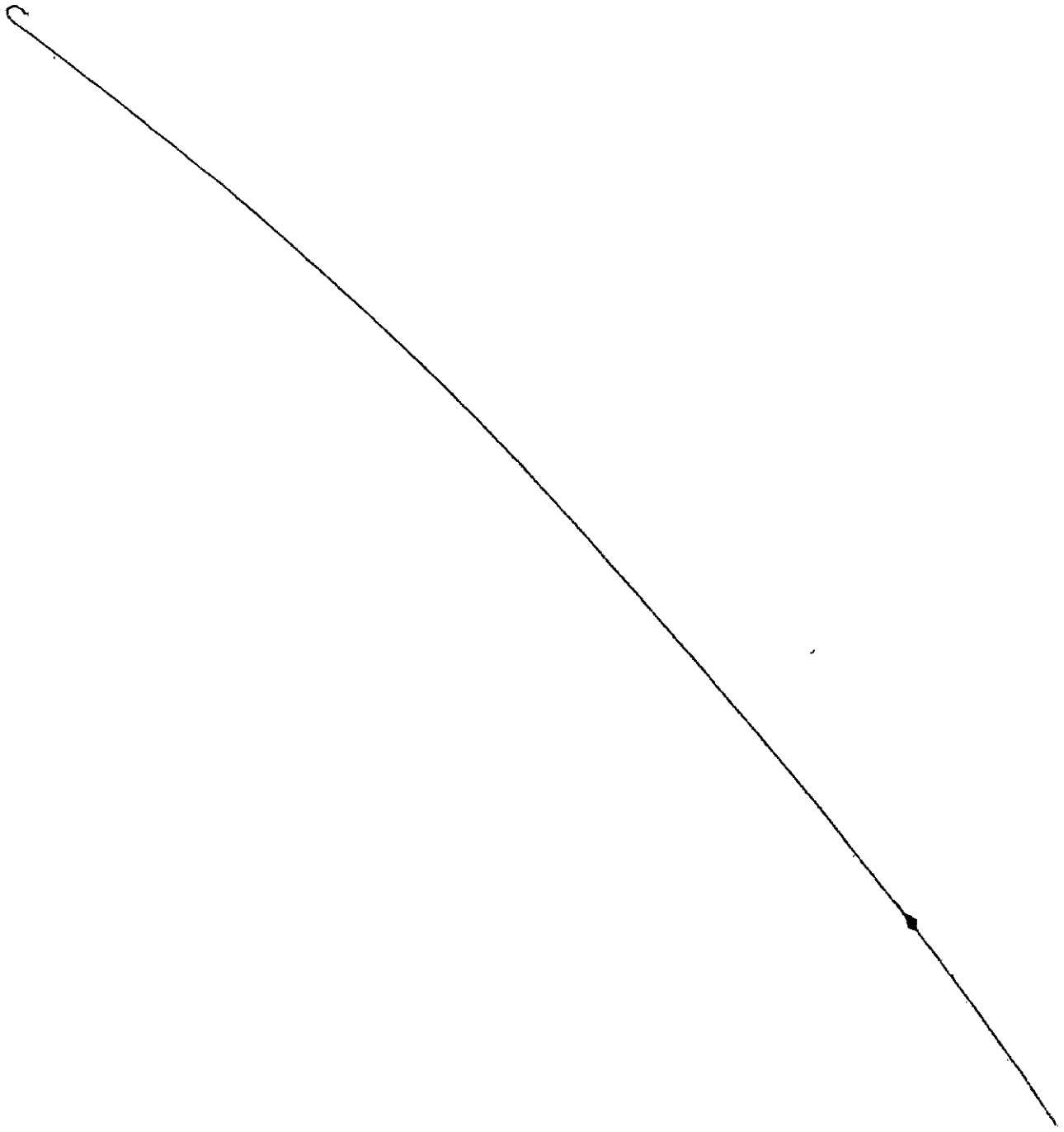
62 ☐ ☑ The facility is engaged in simple, medium, or complex compounding activities as defined by USP 35 Chapter 795. If you answer "yes" to this question, a compounding questionnaire must be completed. [(UAC R156-17b-614a (3)]

63 ☐ ☑ The facility is engaged in low, medium, or high risk *sterile* compounding as defined by USP 35 Chapter 797. If you answer "yes" to this question, a compounding questionnaire must be completed. [UAC R156-17b-614a (3)]

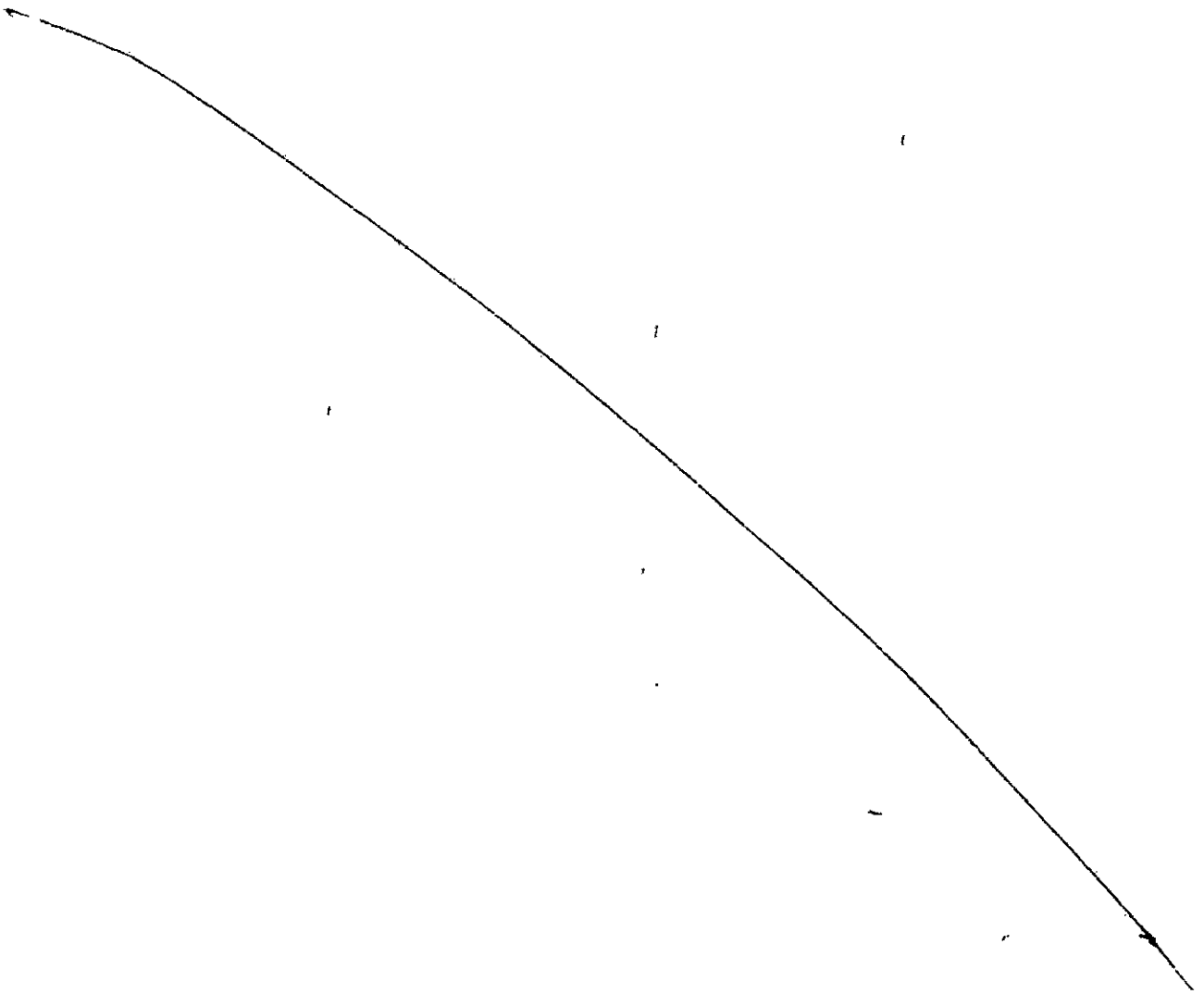
COMMENTS

(2) Facility has current list of licensed pharmacy employees.
- Pharmacy is clean and organized.
- No outdates found.
- all prescriptions are stopped from pharmacy.
- Records are segregated per schedule.
- Initial controlled substance inventory was compliant.
- Pharmacy reconciles CIIs monthly.

- Area automated inspection was conducted.
- No compounding.



CLASS B CLOSED DOOR INSPECTION



☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: [signature] Date: 1/10/2023

Name of Responsible Party (Print): Phi Tran

Signature of Division Investigator: [signature] Date: 1-10-2023

Name of Division Investigator (Print): Travis Dreiling

Revised 8/2022

2400

UTAH DEPARTMENT OF COMMERCE
Division of Professional Licensing

160 E 300 S
P.O. Box 146741
Salt Lake City, Utah 84114-6741

Phone: (801) 530-6628
Toll Free: (866) 275-3675
Online: DOPL.utah.gov
Email: DOPLInvestigations@utah.gov

Automated Pharmacy System

INSPECTION

☑ Opening ☐ Random

INFORMATION

Pharmacy Name: Magellan Rx Pharmacy LLC Date: 10-2023

Pharmacy License Number: 13082113-1704 Expiration Date: 05/02/2023

Controlled Substance License Number: 13082113-8913 Expiration Date: 05/02/2023

DEA Registration Number: FM2879469 Expiration Date: 1-31-2026

Pharmacist-in-Charge (PIC): Phi Thuc Tran

Pharmacist-in-Charge License Number: 6421032-1701 Expiration Date: 09/30/2023

58-17b-621. Automated pharmacy systems

Automated pharmacy systems can be utilized in licensed pharmacies, remote locations under the jurisdiction of the Utah State Board of Pharmacy, and licensed health care facilities where legally permissible, as approved by the division in collaboration with the board, and described in rule.

	Yes	No	
1.	☑	☐	Documentation as to type of equipment, serial numbers, content, policies and procedures, and location shall be maintained on site in the pharmacy for review upon request of the Division. Such documentation shall include: [UAC R156-17b-620] ☑ Name and address of the pharmacy or licensed health care facility where the automated pharmacy system is being used ☑ Manufacturer's name and model ☑ Description of how the device is used ☑ Quality assurance procedures to determine continued appropriate use of the automated device ☑ Polices and procedures for system operation, safety, security, accuracy, patient confidentiality, access and malfunction
2.	☐	☐	Automated pharmacy systems should be used only in settings where there is an established program of pharmaceutical care that ensures that before dispensing, or removal from an automated storage and distribution device, a pharmacist reviews all prescription or medication orders unless a licensed independent practitioner controls the ordering, preparation and administration of the medication; or in urgent situations when the resulting delay would harm the patient including situations in which the patient experiences a sudden change in clinical status. [UAC R156-17b-620]
3.	☑	☐	All policies and procedures must be maintained in the pharmacy responsible for the system and, if the system is not located within the facility where the pharmacy is located, at the location where the system is being used. [UAC R156-17b-620]
4.	☑	☐	Automated pharmacy systems shall have: [UAC R156-17b-620] ☑ Adequate security systems and procedures to, prevent unauthorized access, comply with federal and state regulations, and prevent illegal use or disclosure of protected health information. ☑ Written policies and procedures in place prior to instillation to ensure safety, accuracy, security, training of personnel, and patient confidentiality, and to define access and limits to equipment and medications.
5.	☑	☐	Records and electronic data kept by automated pharmacy systems shall meet the following requirements: [UAC R156-17b-620] ☑ All events involving the contents of the automated pharmacy system must be recorded electronically ☑ Records must be maintained by the pharmacy for a period of five years and must be readily available to the Division. Such records shall include

- [x] Identity of system accessed
- [x] Identity of the individual accessing the system
- [x] Type of transaction
- [x] Name, strength, dosage form and quantity of the drug accessed
- [ ] Name of the patient for whom the drug was ordered
- [x] Any additional information the PIC may deem necessary

6. [x] [ ] Access to and limits on access to the automated pharmacy system must be defined by policy and procedures and must comply with state and federal regulations. [UAC R156-17b-620]

7. [x] [ ] The PIC or pharmacist designee shall have the sole responsibility to: [UAC R156-17b-620]
   - [x] Assign, discontinue or change access to the system
   - [x] Ensure that access to the medications comply with state and federal regulations
   - [x] Ensure that the automated pharmacy system is filled and stocked accurately and in accordance with established written policies and procedures.

8. [x] [ ] The filling and stocking of all medications in the automated pharmacy system shall be accomplished by qualified licensed healthcare personnel under the supervision of a licensed pharmacist. [UAC R156-17b-620]

9. [x] [ ] A record of medications filled and stocked into an automated pharmacy system shall be maintained for a period of five years and shall include the identification of the persons filling, stocking, and checking for accuracy. [UAC R156-17b-620]

10. [x] [ ] All containers of medications stored in the automated pharmacy system shall be packaged and labeled in accordance with federal and state laws and regulations. [UAC R156-17b-620]

11. [x] [ ] All aspects of handling controlled substances shall meet the requirements of all state and federal laws and regulations. [UAC R156-17b-620]

12. [x] [ ] The automated pharmacy system shall provide a mechanism for securing and accounting for medications removed from and subsequently returned to the automated pharmacy system, all in accordance with existing state and federal law. Written policies and procedures shall address situations in which medications removed from the system remain unused and must be secured and accounted for. [UAC R156-17b-620]

13. [x] [ ] The automated pharmacy system shall provide a mechanism for securing and accounting for wasted medications or discarded medications in accordance with existing state and federal law. Written policies and procedures shall address situations in which medications removed from the system are wasted or discarded and must be secured. [UAC R156-17b-620]

COMMENTS

(Use an additional sheet if necessary)

- Pharmacy uses a Lenmed Robot.
- Pharmacy is in compliance.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: _____ Date of Signature: 1 / 10 / 2023

Signature of Division Investigator: Travis Dulsing Date of Signature: 1 / 10 / 2023

Revised 8/2022

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Prime Therapeutics Pharmacy LLC

EFFECTIVE **10/03/2024**

EXPIRATION **09/30/2027**

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

14141202-1704 Pharmacy - Class B
14141202-8913 Dispensing Controlled Substance License

Closed Door

DBA: None Associated

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

PRIME THERAPEUTICS PHARMACY LLC
2256 S 3600 W STE A
WEST VALLEY CITY UT 84119

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
ACTIVE LICENSE

EFFECTIVE DATE: **10/03/2024**

EXPIRATION DATE: **09/30/2027**

ISSUED TO: **Prime Therapeutics Pharmacy LLC**
2256 S 3600 W Ste A
West Valley City UT 84119

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

14141202-1704 Pharmacy - Class B
14141202-8913 Dispensing Controlled Substance License

Closed Door

DBAs: None Associated

SPENCER J. COX
Governor
DEIDRE M. HENDERSON
Lieutenant Governor

State of Utah
Department of Commerce
Division of Professional Licensing

MARGARET W. BUSSE
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 04/09/2025

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): Prime Therapeutics Pharmacy LLC

Classification of License Issued: Pharmacy - Class B

Specialties: Closed Door

License Number: 14141202-1704

Obtained By: Application

Current Status: Active

Original Date of Licensure: 10/03/2024

Expiration Date: 09/30/2027

Agency and Disciplinary Action: NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107**

Docket and Citation Number(s):

E-Prescriber:

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

www.dopl.utah.gov • Heber M. Wells Building • 160 East 300 South • PO Box 146741 • Salt Lake City • UT 84114-6741
phone: (801)530-6628 • toll-free in Utah:(866)275-3675 • fax:(801)530-6511 • investigations fax:(801)530-6301

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM2379469	03-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-06-2023

PRIME THERAPEUTICS PHARMACY LLC
2256 S 3600 W STE A
WEST VALLEY CITY, UT 841191124

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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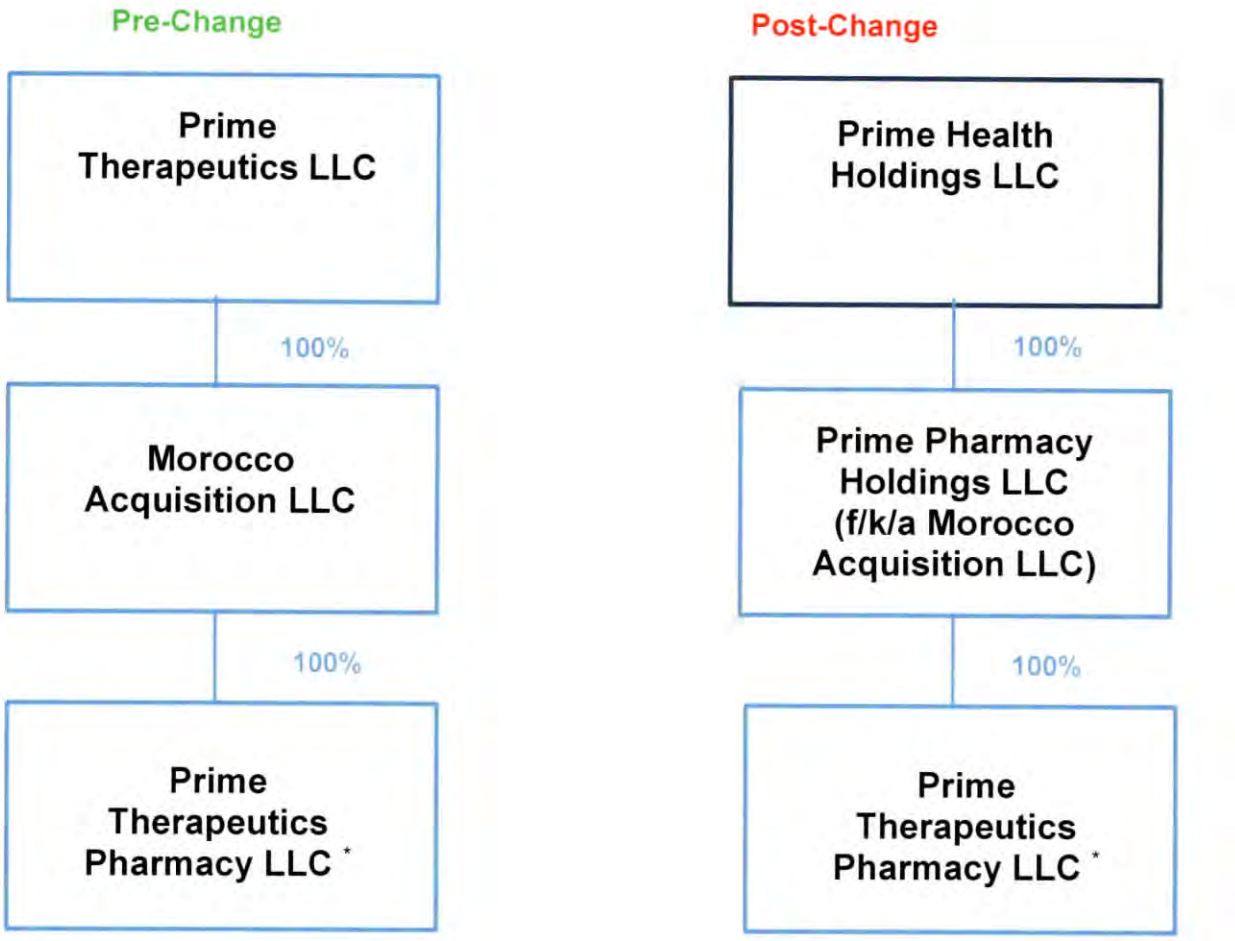
PRIME THERAPEUTICS PHARMACY LLC
2256 S 3600 W STE A
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Form DEA-223 (9/2016)

Prime Therapeutics Pharmacy LLC
Pre- and Post-Change Organizational Structure Chart



* Note that Prime Therapeutics Pharmacy LLC underwent a name change in 2024 was previously known as "Magellan Rx Pharmacy, LLC"

4FFF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☒ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☒ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FU9104477
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☒ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: UK Specialty Pharmacy

Physical Address: 531 Wellington Way

City: Lexington State: KY Zip: 40503

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 859-218-5413 Toll Free # (NAC 639.708, NRS 639.23286): 1-844-730-5913

Fax: 859-257-4603 Contact Email: _____

Website: https://ukhealthcare.uky.edu/pharmacy-services/specialty-pharmacy

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Elizabeth Bryant

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): _____

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Amanda Brooke Wheatley Rauch	NV Pharmacist Registration #: 24560
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Kentucky

Parent Company (if any): State of Kentucky

Corporation/Organization Name: UK Specialty Pharmacy

Mailing Address: 531 Wellington Way

City: Lexington State: KY Zip: 40503

Telephone: 859-218-6043 Email: specialtypharmacy@Uky.edu

Contact Person Name: Amanda Brooke Rauch

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Director of Operations (title) for UK Specialty Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Amanda Brooke Rauch

Print Name of Authorized Person

Amanda Brooke Rauch

Original signature of Authorized Person (copies or stamps not accepted)

5/16/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Amanda Brooke Rauch hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Director of Operations (title) for UK Specialty Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Amanda Brooke Rauch
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 16th day of May, 2025

Notary Public

Susan Eskue
KYNP 73662
exp 5/23/27

SUSAN RAE ESKUE NOTARY PUBLIC COMMONWEALTH OF KENTUCKY

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amanda Brooke Rauch, Director of Operations, UK Specialty Pharmacy

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Amanda Brooke Rauch

Original signature of Authorized Person (copies or stamps not accepted)

5/16/25

Date

Board Use Only	Date Received: 5/19/25	Amount: $500 + C

PAID
$1000/2302

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 16-0024C

IN RE: PHARMACIST LICENSE NO. 015399 HELD BY ELIZABETH BRYANT

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("the Board") and Elizabeth Bryant ("Respondent"), and the parties having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists.

(2) Respondent is a pharmacist licensed by the Commonwealth of Kentucky, having been assigned license no. 015399.

(3) (a) On or about January 25, 2015, the Board office received a complaint from an individual who claimed Respondent divulged or revealed the individual's patient information to unauthorized persons without the individual's express consent, in violation of KRS 315.121(2)(b).
(b) The Board's investigation confirmed that Respondent had violated KRS 315.121(2)(b) which subjects Respondent to discipline pursuant to KRS 315.121(1).

(4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined $1000.00 payable by July 1, 2016. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

(B) Respondent may choose to be suspended from practice for thirty (30) days, or take and pass the examination offered by Ethics and Boundaries Assessment Services (EBAS). Respondent shall indicate her choice by checking one of the boxes below:

☐ Respondent shall be suspended from the practice of pharmacy for thirty (30) days beginning on July 15, 2016 and continuing through August 13, 2016. Respondent may resume the practice of pharmacy on August 14, 2016 as long as her fine has been paid in full. Respondent agrees she shall not be present in any pharmacy located within the Commonwealth of Kentucky during his suspension. **OR**

☑ Respondent shall take and pass the EBAS exam. On or before July 1, 2016, Respondent shall submit an application and $1500 examination fee to EBAS, at Respondent's expense. On or before August 1, 2016, Respondent shall schedule and take the EBAS exam at a Pearson Vue Testing Center. Respondent shall pass all 5 essays on the exam. A passing score is defined as a 12 or higher on each essay. If Respondent scores below 12 points on 3 or more essays, the entire examination shall be retaken, at Respondent's expense, from the same test plan topics with new scenarios randomly selected. If Respondent scores below 12 points on no more than 2 essays, only the failed essay topics from the original examination shall need to be retaken, at Respondent's expense; topics will be from the same 1 or 2 areas as originally designated by the test plan with new scenarios randomly selected. Respondent acknowledges that if Respondent has not passed all 5 essays by September 1, 2016, Respondent's license shall be automatically suspended until Respondent has successfully passed all 5 essays. Detailed information about exam procedures may be found at: http://www.ebas.org

(C) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that the Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(D) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Scott Greenwell, President
Kentucky Board of Pharmacy

9/7/2016
Date

Elizabeth Bryant
Respondent

6/20/16
Date

Officer & Directors

Philip Almeter
Chief Pharmacy Officer
[redacted]

Debbie Duckworth
Senior Director, Specialty Pharmacy & Infusion Services
[redacted]

Brooke Rauch
Director of Operations, Specialty Pharmacy
[redacted]

164.100 University of Kentucky recognized.

The University of Kentucky located at Lexington, is recognized as established and maintained. It is the institution that was founded under the land grant of 1862 by the Congress of the United States under the corporate designation and title of "Agricultural and Mechanical College of Kentucky." The university shall be maintained by the state with such endowments, incomes, buildings and equipment as will enable it to do work such as is done in other institutions of corresponding rank, both undergraduate and postgraduate, and embracing the work of instruction as well as research.

Effective: October 1, 1942

History: Recodified 1942 Ky. Acts ch. 208, sec. 1, effective October 1, 1942, from Ky. Stat. sec. 4527-11.

Certificate of Corporate Status or Certificate of Good Standing

UK Specialty Pharmacy is a part of a government owned health system, and therefore does not have a Certificate of Corporate Status or Certificate of Good Standing.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: UK Specialty Pharmacy

Pharmacy/Wholesaler License # (if applicable): (KY) P07730

Physical Address: 531 Wellington Way

City: Lexington State: KY Zip: 40503

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 859-218-6043 Website: https://ukhealthcare.uky.edu/pharmacy-services/specialty-pharmacy

Licensing Company Email: specialtypharmacy@uky.edu

Section 2: Personal Information

First: Amanda Middle: Brooke Last: Rauch

Alias(es, nicknames, name changes, etc.): Amanda Brooke Wheatley (maiden name)

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]

City: Lexington State: KY Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
University of Kentucky College of Pharmacy			08/2008-05/2012
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
University of Kentucky			08/2005-05/2008
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Taylor County High School			08/2001-05/2005
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
03/2014 - Present				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
UK Specialty Pharmacy			04/2025 - Present
Business Address	**City**	**State**	**Zip**
531 Wellington Way	Lexington	KY	40504
Phone	**Title**		**Number of Employed Hours**
859-218-6043	Director of Operations		20,000+
Description of Duties			
Oversee daily pharmacy operations, ensure appropriate licensure of staff, manage appropriate staffing levels to meet the needs of the operation.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Amanda Brooke Rauch, **certify that as the designated representative for**

UK Specialty Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ABR I am at least 21 years of age;
3. ABR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ABR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ABR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ABR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ABR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Amanda Brooke Rauch

Print Name (First, Last)

Amanda Brooke Rauch

Original Signature (electronic, copies or stamps not accepted)

5/16/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amanda Rauch

Print Name (First, Last)

Amanda Rauch

Original Signature (electronic, copies or stamps not accepted)

5/16/25

Date

Please have this section completed in the presence of a Notary Public.

State of Kentucky, ss. County of Franklin

I, Amanda Rauch, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Amanda Rauch

Original Signature

5/16/25

Date

Subscribed and Sworn to before me this 16th day of May 2025.

Notary Public Signature

exp 5/23/27
KYNP42662

SUSAN RAE ESKUE
NOTARY PUBLIC
MY COMMISSION EXPIRES MAY 23, 2027
COMMONWEALTH OF KENTUCKY
(Seal)

Kentucky Board of Pharmacy
State Office Building Annex, Ste 300
125 Holmes Street
Frankfort, KY 40601
Phone: (502) 564-7910 Fax: (502) 696-3806

USP <797> Pharmaceutical Compounding—Sterile Preparations

("USP 797, Revision Bulletin, Official", November 1, 2022)

Categories 2 & 3 CSPs

Facility name: UK Specialty Pharmacy		Permit number: P07730
Address: 531 Wellington Way		Address Line 2:
City: Lexington	State: KY	ZIP Code: 40503
Phone number: 859-218-5413		Fax: 859-257-3828
Email: specialtypharmacy@uky.edu		
Type: Routine		Date: 1/21/2025
Time In: 3:05 PM		Time Out: 5:32 PM

List other states pharmacy permitted by: NOT INSPECTED

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Designated person(s): Elizabeth Skaggs and Justin Veazey

PIC: Elizabeth Bryant

Standard Operating Procedures (SOP)	COMPLIANT	NON COMPLIANT	N/A	NOT INSEPCTED
Personnel Education and Assessment *(USP 797 1.3, 2, 17)*	X			
Personnel Hygiene and Garbing *(USP 797 3)*	X			
Cleaning and Disinfecting *(USP 797 3.3, 7)*	X			
Equipment and Facilities *(USP 797 9.1)*	X			
Sterilization by Steam *(USP 797 10)*			X	
Processing by Filtration *(USP 797 10)*			X	
Sterilization by Dry Heat *(USP 797 10)*			X	
Depyrogenation by Dry Heat *(USP 797 10)*			X	
Handling, Storage, Packaging, Shipping, and Transport *(USP 797 19)*	X			
Airborne Particle Sampling *(USP 797 5.1)*	X			
Microbiological Air and Surface Sampling *(USP 797 6.1)*	X			
Immediate Use CSPs *(USP 797 1.3)*				X
Quality Assurance and Quality Control Programs *(USP 797 17)*	X			
Adverse Events Reporting *(USP 797 18.3)*	X			
Hazardous Compounding *(USP 800 17)*				X*
All Aspects of Compounding Operation *(USP 797 17)*	X			
Monitoring Temperature and Humidity *(USP 797 4.2)*	X			
Components *(USP 797 9.3)*	X			
Release Inspections and Testing *(USP 797 12)*	X			
Labeling *(USP 797 13)*	X			
Complaints *(USP 797 18.2)*	X			
Recalls *(USP 797 18.2)*	X			
Types of CSPs Prepared *(USP 797 17)*	X			

COMMENTS: *Pharmacy in process of reviewing latest NIOSH list (released December 2024) and SOPs will be updated accordingly. Pharmacy does not compound any sterile antineoplastic HDs (formerly NIOSH Table 1) or use HD API for sterile compounding.

Personnel Training	COMPLIANT	NON COMPLIANT	N/A	NOT INSPECTED
Written Training Program *(USP 797 2, 20)*	X			
Initial Training of Compounding Personnel *(USP 797 2)*	X			
Initial Training of Oversight Personnel *(USP 797 2)*	X			

Ongoing Evaluation of Compounding Personnel *(USP 797 2)*	X			
Ongoing Evaluation of Oversight Personnel *(USP 797 2)*	X			
Training for Immediate Use Compounding *(USP 797 1.3, 2)*				X
Training for Other Personnel *(USP 797 2)*				X
Training and Evaluation are Documented *(USP 797 2)*	X			
Initial Training and Continual Evaluation Includes Hand Hygiene *(USP 797 2.1, 2.2)*	X			
Initial Training and Continual Evaluation Includes Garbing *(USP 797 2.1, 2:2)*	X			
Initial Training and Continual Evaluation Includes Cleaning and Disinfecting (including after any changes are made) *(USP 797 2.1, 2.2)*	X			
Initial Training and Continual Evaluation Includes Calculations, Measuring, and Mixing *(USP 797 2.1, 2.2)*	X			
Initial Training and Continual Evaluation Includes Aseptic Technique *(USP 797 2.1, 2.2, 2.3)* Choose an item.	X			
Initial Training and Continual Evaluation Includes Achieving and/or Maintaining Sterility and Apyrogenicity *(USP 797 2.1, 2.2)*	X			
Initial Training and Continual Evaluation Includes Documented Training for Use of Equipment *(USP 797 2.1, 2.2)*	X			
Initial Training and Continual Evaluation Includes Documentation of the Compounding Processes *(USP 797 2.1, 2.2)*	X			
Initial Training and Continual Evaluation Includes Principles of HEPA Filtered Unidirectional Airflow Within the ISO Class 5 Area *(USP 797 2.1, 2.2)*	X			
Initial Training and Continual Evaluation Includes Proper Use of PECs *(USP 797 2.1, 2.2)*	X			
Initial Training and Continual Evaluation Includes Principles of Movement of Materials and Personnel Within the Compounding Area *(USP 797 2.1, 2.2)*	X			
If only one person is involved in compounding, documentation of training and competency is on file. *(USP 797 2.1, 2.2)*			X	
Results of evaluation, including corrective actions if there is a failure, are documented. *(USP 797 2.2, 2.3)*	X			
Training on SOPs is documented. *(USP 797 17)*	X			
Training to recognize potential problems, deviations, failures, or errors that could negatively impact a CSP and to report any such thing to the designated person(s) is documented. *(USP 797 17)*				X
Training of handling, storing, packaging, and transporting CSPs within the facility is documented for personnel performing these functions. *(USP 797 19)*				X
COMMENTS:				

Garbing and Hand Hygiene	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Any person entering a sterile compounding area, whether preparing a CSP or not, must be properly garbed. *(USP 797 3.3)*	X – per policy			
Individuals entering a compounding area are properly garbed and maintain proper personal hygiene to minimize the risk of contamination to the environment and/or CSPs. *(USP 797 3)*				X*
Individuals that may have a higher risk of contaminating the CSP and the environment (e.g., personnel with rashes, recent tattoos, oozing sores, conjunctivitis, or active respiratory infections) report these conditions to the designated person(s) for evaluation. *(USP 797 3)*	X – per policy			
Food (including mints, gum, etc.) and drinks not permitted in anterooms, buffer rooms, or segregated compounding areas. *(USP 797*	X			

3.1)				
Before entering a compounding area, individuals remove any items that are not easily cleanable or are not necessary for compounding. *(USP 797 3.1)*	X – per policy			
Before entering a compounding area, individuals remove personal outer garments (e.g., bandanas, coats, hats, jackets, sweaters, vests). *(USP 797 3.1)*	X – per policy			
Before entering a compounding area, individuals remove all cosmetics. *(USP 797 3.1)*	X – per policy			
Before entering a compounding area, individuals remove all hand, wrist, and other exposed jewelry, including piercings that could interfere with the effectiveness of garbing (e.g., the fit of gloves, cuffs of sleeves, and eye protection) or otherwise increase the risk of contamination of the CSP. *(USP 797 3.1)*	X – per policy			
Individuals cover any jewelry that cannot be removed. *(USP 797 3.1)*				X
Individuals do not wear earbuds or headphones inside compounding area. *(USP 797 3.1)*				X
Individuals do not bring electronic devices that are not necessary for compounding or other required tasks into the compounding area. *(USP 797 3.1)*				X
Individuals keep nails clean and neatly trimmed to minimize particle shedding and avoid glove punctures. *(USP 797 3.1)*	X – per policy			
Nail products (e.g.,polish, artificial nails, and extenders) are not worn. *(USP 797 3.1)*	X – per policy			
Individuals wipe eyeglasses, if worn. *(USP 797 3.1)*	X – per policy			
Accommodations documented by the designated person(s) permitting personnel preparing that do not affect the CSPs and environment. *(USP 797 3.1)*				X
Any person entering a compounding area washed hands and forearms up to the elbows with soap and water before initiating compounding activities. *(USP 797 3.2)*	X – per policy			
Brushes and hand dryers must not be used during hand hygiene. *(USP 797 3.2)*				X
Disposable soap containers not refilled or topped off. *(USP 797 3.2)*				X
Handwashing includes cleaning underneath fingernails under warm running water using a disposable nail cleaner, washing hands and forearms up to the elbows with soap and water for at least 30 seconds, drying hands and forearms up to the elbows completely with low-lint disposable towels or wipers. *(USP 797 3.2 Box 3)*				X
Order of garbing based on placement of sink. *(USP 797 3.2)*				X
Individuals sanitize hands with alcohol-based hand rub before donning sterile gloves. *(USP 797 3.2)*	X – per policy			
Individuals don sterile gloves in a classified room or SCA. *(USP 797 3.2)*	X – per policy			
If hand hygiene is completed outside of a classified area, alcohol-based hand rub used prior to donning garb. *(USP 797 3.3)*			X	
Recommended: When preparing Category 2 or Category 3 CSPs, all garb ***should*** be donned in a classified area before entering the buffer room. *(USP 797 3.3)*				X
Compounder's skin must not be exposed inside the ISO Class 5 PEC (e.g., gloves must not be donned or doffed inside the ISO Class 5 PEC exposing bare hands). *(USP 797 3.3)*				X
Recommended: Donning and doffing garb ***should*** not occur in the same area at the same time. *(USP 797 3.3)*				X
Garbing requirements for Category 2 CSPs include low-lint garment with sleeves that fit snugly around the wrists and an enclosed neck (e.g., gown or coverall); low-lint covers for shoes; low-lint cover for head that covers the hair and ears, and if applicable, cover for facial	X – per policy			

hair; low-lint face mask; and sterile powder-free gloves. *(USP 797 3.3)*				
Recommended: If using a RABS (i.e., a CAI or CACI), disposable gloves ***should*** be worn inside the gloves attached to the RABS sleeves. *(USP 797 3.3)*			X	
Individuals wear sterile gloves over the gloves attached to the RABS sleeve. *(USP 797 3.3)*			X	
Garb replaced immediately if it becomes visibly soiled or if its integrity is compromised. *(USP 797 3.3)*				X
Gowns and other garb stored in a manner that minimizes contamination (e.g., away from sinks to avoid splashing). *(USP 797 3.3)*	X			
For compounding of Category 2 CSPs, gowns may be reused within the same shift by the same person if the gown is maintained in a classified area or adjacent to, or within, the SCA in a manner that prevents contamination. *(USP 797 3.3)*				X
When personnel exit the compounding area, garb, except for gowns not reused and discarded or laundered before reuse. *(USP 797 3.3)*				X
If the facility compounds Category 3 CSPs, additional garbing requirements followed in the buffer room where Category 3 CSPs are prepared for all personnel regardless of whether Category 3 CSPs are compounded on a given day. *(USP 797 3.3)*			X	
If the facility compounds Category 3 CSPs, no exposed skin in the buffer room (i.e., face and neck must be covered). *(USP 797 3.3)*			X	
For Category 3 CSPs, all low-lint outer garb must be sterile, including the use of sterile sleeves over gauntlet sleeves when a RABS is used. *(USP 797 3.3)*			X	
For Category 3 CSPs, disposable garbing items not reused, and laundered garb not reused without being laundered and re-sterilized with a validated cycle. *(USP 797 3.3)*			X	
Gloves worn are sterile and powder free. *(USP 797 3.3)*	X			
Application of sterile 70% IPA to gloves occurred immediately before compounding and regularly throughout the compounding process. *(USP 797 3.3)*				X
All gloves inspected for holes, punctures, or tears and replaced immediately if such defects are detected. *(USP 797 3.3, USP 800 7.1)*				X
The RABS sleeves and gloves and the pharmaceutical isolator sleeves and gloves ***should*** be changed per the manufacturer's recommendations and as defined in the facility's SOPs. *(USP 797 3.3)*			X	

COMMENTS: *No handwashing/garbing activities were observed during inspection. Inspector did not enter HD compounding area while on site – observed area from viewing window only.

HD Garbing	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
If compounding an HD, appropriate personal protective equipment (PPE) worn and disposed of in accordance with *(USP 800. USP 797 3.3)*				X
Disposable PPE not re-used. *(USP 800 7)*	X – per policy			
Reusable PPE decontaminated and cleaned after use. *(USP 800 7)*				X
Gowns, head, hair, shoe covers, and two pairs of chemotherapy gloves worn for compounding sterile and nonsterile HDs. *(USP 800 7)*				X
Following SOP for appropriate PPE based on occupational safety plan and assessment of risk (if used). SOPs are based on the risk of exposure and activities performed. *(USP 800 7)*	X*			
Appropriate PPE worn when handling HDs during receipt, storage, and transport. *(USP 800 7)*				X
Appropriate PPE worn when handling HDs during compounding. *(USP 800 7)*				X
Appropriate PPE worn when handling HDs during deactivation, decontamination, cleaning, and disinfecting. *(USP 800 7)*				X

Appropriate PPE worn when handling HDs during spill control. *(USP 800 7)*				X
Appropriate PPE worn when handling HDs during waste disposal. *(USP 800 7)*				X
Chemotherapy gloves meet American Society for Testing and Materials (ASTM) standard D6978 (or its successor). *(USP 800 7.1)*	X			
Chemotherapy gloves are powder-free because powder can contaminate the work area and can adsorb and retain HDs. *(USP 800 7.1)*	X			
When used for sterile compounding, the outer chemotherapy gloves are sterile. *(USP 800 7.1)*				X
Chemotherapy gloves are changed when torn, punctured, or contaminated. *(USP 800 7.1)*				X
Hands washed with soap and water after removing chemotherapy gloves. *(USP 800 7.1)*				X
Recommended: Chemotherapy gloves ***should*** be worn for handling all HDs including non-antineoplastics and for reproductive risk only HDs. *(USP 800 7.1)*				X
Recommended: Chemotherapy gloves ***should*** be changed every 30 minutes unless otherwise recommended by the manufacturer's documentation. *(USP 800 7.1)*				X
Gowns, when required, must be disposable and shown to resist permeability by HDs. *(USP 800 7.2)*				X
Gowns, when required, must be selected based on the HDs handled. *(USP 800 7.2)*				X
Gowns, when required, must close in the back (i.e., no open front), be long sleeved, and have closed cuffs that are elastic or knit. *(USP 800 7.2)*				X
Gowns, when required, must not have seams or closures that could allow HDs to pass through. *(USP 800 7.2)*				X
Gowns, when required, must be changed per the manufacturer's information for permeation of the gown. *(USP 800 7.2)*				X
Gowns, when required, must not be worn to other areas in order to avoid spreading HD contamination and exposing other healthcare workers. *(USP 800 7.2)*				X
If no permeation information is available for the gowns used, change them every 2–3 hours or immediately after a spill or splash. *(USP 800 7.2)*				X
Recommended: Washing of non-disposable clothing contaminated with HD residue ***should*** only be done according to facility policy as drug residue may be transferred to other clothing. Potentially contaminated clothing not taken home under any circumstances. *(USP 800 7)*				X
Protective covering must include head and hair covers (including beard and moustache, if applicable). *(USP 800 7.3, 7.4, 7.5)*				X
Protective covering must include shoe covers. *(USP 800 7.3, 7.4, 7.5)*				X
When compounding HDs, a second pair of shoe covers donned before entering the C-SEC and doffed when exiting the C-SEC. *(USP 800 7.3, 7.4, 7.5)*				X
Shoe covers worn in HD handling areas are not to be worn to other areas to avoid spreading HD contamination and exposing other healthcare workers. *(USP 800 7.3, 7.4, 7.5)*				X
Protective covering must include sleeve covers to provide protection from contact with HD residue. (Disposable sleeve covers may be used to protect areas of the arm that may come in contact with HDs.) *(USP 800 7.3, 7.4, 7.5)*				X
Protective covering must include appropriate eye and face protection. *(USP 800 7.3, 7.4, 7.5)*				X
Appropriate eye and face protection worn when there is a risk for spills or splashes of HDs or HD waste materials when working outside of a C-PEC (e.g., administration in the surgical suite, working at or above eye level, or cleaning a spill). *(USP 800 7.3, 7.4, 7.5)*				X
Goggles and face shields are used when eye protection is needed. *(USP 800 7.3, 7.4, 7.5)*				X
Protective covering must include respiratory protection. *(USP 800 7.3, 7.4, 7.5)*				X
Recommended: Personnel who are unpacking HDs that are not contained in plastic ***should*** wear an elastomeric half-mask with a multi-gas cartridge and P100-filter until assessment of the packaging integrity can be made to ensure no breakage or spillage occurred during transport. (If the type of drug can be better defined, a more targeted cartridge can be used.) *(USP 800 7.3, 7.4, 7.5)*				X
Surgical masks are **not** used for respiratory protection from drug exposure and are **not** used when respiratory protection from HD exposure is required. *(USP 800 7.3, 7.4, 7.5)*				X
Fit test the respirator and train workers use respiratory protection. *(USP 800 7.3, 7.4, 7.5)*				X

Recommended: An appropriate full-facepiece, chemical cartridge-type respirator or powered air-purifying respirator (PAPR) ***should*** be worn when there is a risk of respiratory exposure to HDs, including when attending to HD spills larger than what can be contained with a spill kit, deactivating, decontaminating, and cleaning underneath the work surface of a C-PEC, and there is a known or suspected airborne exposure to powders or vapors. *(USP 800 7.3, 7.4, 7.5)*				X
Chemotherapy gloves and sleeve covers (if used) worn during compounding are carefully removed and discarded immediately into a waste container approved for trace contaminated waste inside the C-PEC or contained in a sealable bag for discarding outside the C-PEC. *(USP 800 7.6)*				X
Recommended: PPE worn during compounding ***should*** be disposed of in the proper waste container before leaving the C-SEC. *(USP 800 7.6)*				X
PPE placed in an appropriate waste container and further disposed of per local, state, and federal regulations. *(USP 800 7.6)*				X

COMMENTS: *Pharmacy does not compound any sterile antineoplastic HDs (formerly NIOSH Table 1) or use HD API for sterile compounding. SOPs for other HDs based on AoR.

***No garbing or sterile compounding observed during inspection – unable to assess adherence to SOPs.**

Compounding Processes Observed During Inspection	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
If non-sterile HD compounding occurs in same C-SEC as sterile, compounding room maintains ISO 7 classification throughout nonsterile operations. (USP 800 5.3)				X
Non-HDs compounded in C-PEC placed in protective outer wrapper during removal from C-PEC and labeled to require PPE handling precautions. *(USP 800 5.3.2)*				X
Chemotherapy gloves used while compounding HDs removed inside the C-PEC. *(USP 800 7.6)*				X
C-PEC operates continuously. *(USP 800 5.3)*				X
Recommended: Preparation mat ***should*** be used and changed immediately after a spill and regularly during use. *(USP 800 13)*				X
Compounders have appropriate aseptic technique. *(USP 797 1, 1.5)*				X
Compounding of blood components and other biological materials clearly separated from other compounding activities and equipment and controlled to avoid cross-contamination. *(USP 797 1.1.2)*			X	
Non-garbed individuals not entering compounding area. *(USP 797 1.1.3)*	X			
Proper utilization of line of demarcation (LOD). *[Additional Personnel Requirements]*				X
Skin not exposed inside the ISO Class 5 PEC. *(USP 797 3.3)*				X
If compounding Category 3 CSPs, no exposed skin in the buffer room. *(USP 797 3.3)*			X	
Food, drinks, gum prohibited in compounding area. *[Additional Personnel Requirements]*	X			
Apply sIPA to gloves immediately before compounding and regularly throughout compounding process. *(USP 797 3.3)*				X
Pass through doors interlocking or never open at the same time. *(USP 797 4.2.1)*				X
Do not perform non-sterile compounding or particle generating pre-sterilization processes at the same time as sterile compounding. *(USP 797 4.2.1)*				X
For Category 2 and 3 CSPs prepared from non-sterile components, pre-sterilization procedures (i.e weighing and mixing) completed in ISO Class 8 or better environment within single-use containment glove bags CVE, BSCs or CACIs. *(USP 797 4.2.6)*			X	
Personnel fully garbed for pre-sterilization procedures for Category 2 and 3 CSPs. *(USP 797 4.2.6)*			X	
Equipment/carts removed from clean side of anteroom cleaned and disinfected before returning. *(USP 797 4.5)*				X
Personnel wearing gloves wipe items with sporicidal disinfectant, EPA-registered disinfectant or sIPA on a low lint wipe prior to movement to clean side of anteroom and/or pass through chamber. *(USP 797 8.1)*				X

All items cleaned and disinfected before bringing into buffer room. *[Facility Design and Environmental Controls]*				X
Personnel wipe items with sIPA and low lint wipers prior to introduction in PEC. *(USP 797 8.2) (Sealed containers of sterile items may be opened as introduced into PEC without wiping.)*				X
Critical sites wiped with sIPA in PEC and allowed to dry before entered, punctured, or broken. *(USP 797 8.3)*				X
CSP visually inspected prior to release and dispensing for physical appearance and integrity of container closure system. *(USP 797 12.1)*				X
CSP label inspected and conforms with prescription or medication order. *(USP 797 12.1)*				X
If CSP stored prior to dispensing, visually inspected for any defects prior to release. *(USP 797 12.1)*				X
Storage time of CSP does not exceed original BUD and are not additive. *(USP 797 14.2)*				X
Single dose vial punctured in ISO Class 5 air used for up to 12 hours after puncture and stored per label. *(USP 797 15.1)*				X
Opened single dose ampules not stored for any time. *(USP 797 15.1)*				X
Multi-dose containers used for no more than 28 days after entering or puncturing, unless otherwise specified by manufacturer. *(USP 797 15.2)*				X
Pharmacy bulk packages used per manufacturer's labeling and only entered or punctured in an ISO Class 5 PEC. *(USP 797 15.3)*				X
Component single dose or stock solution compounded CSP used up to 12 hours after entered or punctured if stored under conditions BUD based on. *(USP 797 16.2)*				X
COMMENTS: No sterile compounding was observed during inspection. Inspector did not enter sterile compounding area while on site – observed area from viewing window only.				

Facilities	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
The anteroom, buffer room, and SCA are separated from areas not directly related to compounding. *(USP 797 4)*	X			
In addition to minimizing airborne contamination, sterile compounding facilities provide a well-lighted and comfortable working environment. *(USP 797 4.2)*	X			
Recommended: The cleanroom suite ***should*** be maintained at a temperature of 20° or cooler and a relative humidity of 60% or below to minimize the risk of microbial proliferation and to provide comfortable conditions for compounding personnel attired in the required garb. *(USP 797 4.2)*			X	
The temperature and humidity are monitored and documented in each room of the cleanroom suite each day that compounding is performed, either manually or by a continuous recording device. *(USP 797 4.2)*	X			
Temperature and humidity monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. *(USP 797 4.2)*				X
Temperature is: in controlled storage areas for room (68 to 77 F or 20 to 25 C); in controlled storage areas for cold (36 to 46 F or 2 to 8 C); and controlled storage areas for freezer (-13 to 14 F or -25 to -10 C). *(USP 797 20)*	X			
The temperature and humidity readings are reviewed as described in the facility's SOPs. *(USP 797 4.2)*	X			
Free-standing air conditioners, humidifiers, and dehumidifiers are not used within the classified area or the SCA. *(USP 797 4.2)*	X			
Access to the SEC is restricted to authorized personnel and required materials. *(USP 797 4.2.1)*	X			
The ISO-classified anteroom and buffer room are separated from the surrounding unclassified areas of the facility by fixed walls and doors, and controls must be in place to minimize the flow of lower-quality air into the more controlled areas. *(USP 797 4.2.1)*	X			
If no physical barrier between the buffer and ante room: 1. Can only perform low and medium risk compounding 2. Air velocity must be at least 40 feet/minute continuously from buffer area across LOD into ante area			X	

3. Air velocity recorded every shift, a minimum of daily *[Facility Design and Environmental Controls]*				
The classified rooms are equipped with a pressure-differential monitoring system. *(USP 797 4.2.1)*	X			
Recommended: Seals and sweeps ***should*** not be installed at doors between buffer rooms and anterooms. *(USP 797 4.2.1)*			X	
Recommended: Access doors ***should*** be hands-free. *(USP 797 4.2.1)*			X	
Tacky mats are not placed within ISO-classified areas. *(USP 797 4.2.1)*				X
An IVLFZ is located within an ISO Class 7 or cleaner buffer room. *(USP 797 4.2.3)*			X	
A pressure differential monitoring device is used to continuously monitor the pressure differentials. The quantitative results from the pressure monitoring device are reviewed and documented at least daily on the days when compounding is occurring. *(USP 797 4.2.5)*	X			
The surfaces of ceilings, walls, floors, doors, door frames, fixtures, shelving, work surfaces, counters, and cabinets in the classified area are smooth, impervious, free from cracks and crevices, and are nonshedding. *(USP 797 4.3)*				X
Recommended: Surfaces ***should*** be resistant to damage (e.g., rust) by cleaning agents, sporicidal and other types of disinfectants, and tools used to clean. *(USP 797 4.3.1)*			X	
Junctures between the ceiling and the walls and between the walls and the floor are sealed to eliminate cracks and crevices where dirt can accumulate. *(USP 797 4.3.1)*				X
If ceilings consist of inlaid panels, the panels are caulked around each panel to seal them to the support frame. *(USP 797 4.3.1)*				X
Walls are constructed of, or may be covered with, durable material (e.g., epoxy painted walls or heavy-gauge polymer) and the integrity of the surface must be maintained. Panels are joined together and sealed to each other and the support structure. *(USP 797 4.3.1)*				X
Floors include coving to the sidewall, or the juncture between the floor and the wall must be caulked. *(USP 797 4.3.1)*				X
Recommended: Classified areas ***should*** minimize dust-collecting overhangs, such as utility pipes, and ledges, such as windowsills. *(USP 797 4.3.1)*			X	
Overhangs or ledges if present, are easily cleanable. The exterior lens surfaces of ceiling light fixtures are smooth, mounted flush, and sealed. Any other penetrations through the ceiling or walls are sealed. *(USP 797 4.3.1)*				X
Recommended: Sinks ***should*** enable hands-free use. *(USP 797 4.4)*			X	
Surfaces of the sink(s) are cleaned and disinfected each day of use, and a sporicidal disinfectant are applied at least monthly. *(USP 797 4.4)*	X			
If the sink is located outside of the anteroom, the sink is located in a clean space to minimize the risk of bringing contaminants into the anteroom. *(USP 747 4.4)*			X	
The buffer room does not contain plumbed water sources [e.g., sink(s), eyewash(es), shower(s), or floor drain(s)]. *(USP 797 4.4)*	X			
The anteroom does not contain floor drain(s). *(USP 797 4.4)*	X			
Recommendation: If installed, sprinkler systems ***should*** be recessed and covered, and the covers ***should*** be easily cleanable. *(USP 797 4.4)*			X	
Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in a classified area or SCA, and it is recommended they should be low-shedding and easily cleaned and disinfected. *(USP 797 4.5)*				X
No shipping carton(s) or other corrugated or uncoated cardboard are allowed in a classified area or SCA. *(USP 797 4.5)*	X			
Carts used to transport components or equipment into classified areas are constructed from nonporous materials with cleanable casters and wheels to promote mobility and ensure ease of cleaning and disinfection. *(USP 797 4.5)*				X
In a cleanroom suite, carts are not moved from the dirty side to the clean side of the anteroom unless the entire cart, including casters, is cleaned and disinfected. *(USP 797 4.5)*				X

COMMENTS: No sterile compounding was observed during inspection. Inspector did not enter sterile compounding area while on site – observed area from viewing window only.

Engineering Controls/Certification/Recertification	COMPLIANT	NON-COMPLIANT	N/A	NOT INSPECTED
All ISO Class 5 PEC and ISO Class 7 and/or ISO Class 8 rooms have been certified as required. *(USP 797 4 and USP 797 5)*	X			
Certification report from outside agency: DATE: 9/24/24 *(USP 797 4 and USP 797 5)* CERTIFIER: Precision Air	X			
Certification done to CETA guidelines CAG-003-2006, or similar. *(USP 797 4 and USP 797 5)*	X			
Certifier's equipment calibrated to manufacturer standards. *(USP 797 4 and USP 797 5)*	X			
Anterooms providing access only to positive-pressure buffer rooms meet at least ISO Class 8 classification. *(USP 797 4.1.2)*			X	
Anterooms providing access to negative-pressure buffer rooms must meet at least ISO Class 7 classification. *(USP 797 4.1.2)*	X			
A buffer room must meet at least ISO Class 7 air quality. *(USP 797 4.1.2)*	X			
CSPs are compounded in an ISO Class 5 or better PEC. *(USP 797 4.1.2)*	X			
Air supplied to the cleanroom suite is introduced through HEPA filters that are located in the ceiling of the buffer room and anteroom. *(USP 797 4.2.1)*	X			
Air returns in the cleanroom suite are low on the wall unless a visual smoke study demonstrates an absence of stagnant airflow. *(USP 797 4.2.1)*				X
This smoke study along with environmental monitoring and re-certification is repeated whenever a change is made to the placement of equipment within the room or any other alteration is performed within the cleanroom suite that affects the quality of the air (e.g., HVAC alterations, change of HEPA filter units). *(USP 797 4.2.1)*				X
The anteroom has a line of demarcation to separate the clean side that is closest to the buffer room from the dirty side that is the entrance. *(USP 797 4.2.1)*				X
Facilities may be designed with two separate anterooms—a dirty anteroom and a clean anteroom. The anteroom is entered through the dirty anteroom, and the clean anteroom is the area closest to the buffer room. *(USP 797 4.2.1)*			X	
If a pass-through chamber is used, both doors must never be opened at the same time, and it is ***recommended*** that doors ***should*** be interlocking. *(USP 797 4.2.1)*				X
If compounding both sterile and nonsterile preparations (e.g., pre-sterilization procedures), the respective PECs are placed in separate rooms unless those PECs are sufficiently effective that the room can continuously maintain ISO Class 7 classification. *(USP 797 4.2.1)*	X			
If the PECs used for sterile and nonsterile compounding are placed in the same room, they are placed at least 1 m apart, and particle-generating activity are not performed when sterile compounding is in process. *(USP 797 4.2.1)*				X
The LAFS are located out of traffic patterns and away from room air currents that could disrupt the intended airflow patterns inside the PEC. *(USP 797 4.2.3)*	X			
Category 2 or Category 3 CSPs are prepared in LAFS/RABS located within a cleanroom suite with an ISO Class 7 or better buffer room with an ISO Class 8 or better anteroom. *(USP 797 4.2.3)*	X			
If LAFW Blower turned off, must run for 30 minutes before using. *[Suggested Standard Operating Procedures (SOPs)]*				X
The RABS recovery time after opening the transfer chamber to achieve ISO Class 5 air quality is documented (e.g., by the manufacturer), and internal procedures are developed to ensure that adequate recovery time is allowed after opening and closing the RABS, both			X	

before and during compounding operations. *(USP 797 4.2.3)*				
A pharmaceutical isolator is placed in an ISO Class 8 or better room to prepare Category 2 or 3 CSPs. *(USP 797 4.2.3)*			X	
If a robotic enclosure is used as the PEC, or placed within the PEC, a dynamic airflow smoke pattern test is performed initially and at least every 6 months. *(USP 797 4.2.3)*			X	
ISO Class 7 rooms have a minimum of 30 total HEPA-filtered ACPH. (At least 15 ACPH of the total air change rate in a room must come from the HVAC through HEPA filters located in the ceiling. The HEPA-filtered air from the PEC, when added to the HVAC-supplied HEPA-filtered air, must increase the total HEPA-filtered ACPH to at least 30 ACPH). *(USP 797 4.2.4)*	X			
If the PEC is used to meet the minimum total ACPH requirements, the PEC is not turned off except for maintenance. *(USP 797 4.2.4)*				X
The ACPH from HVAC, ACPH contributed from the PEC, and the total ACPH must be documented on the certification report. *(USP 797 4.2.4)*	X			
ISO Class 8 rooms are supplied with a minimum of 20 total HEPA-filtered ACPH. (At least 15 ACPH of the total air change rate in a room must come from the HVAC through HEPA filters located in the ceiling). *(USP 797 4.2.4)*			X	
The total ACPH for ISO Class 8 rooms must be documented on the certification report. *(USP 797 4.2.4)*			X	
In a cleanroom suite, a minimum differential positive pressure of 0.020-inch water column is required between adjacent ISO-classified areas (e.g., between the buffer room and anteroom). *(USP 797 4.2.5)*	X			
The pressure differential between the anteroom and the unclassified area is not less than 0.020-inch water column. *(USP 797 4.2.5)*	X			
Category 2 or Category 3 CSP, from nonsterile component(s), pre-sterilization procedures, such as weighing and mixing, is completed in an ISO Class 8 or better environment (e.g., anteroom or buffer room). *(USP 797 4.2.6)*			X	
Pre-sterilization procedures are performed in single-use containment glove bags, containment ventilated enclosures (CVEs), BSCs, or CACIs to minimize the risk of airborne contamination. *(USP 797 4.2.6)*			X	
CVEs, BSCs, or CACIs used for pre-sterilization procedures are certified at least every 6 months. *(USP 797 4.2.6)*			X	
Pre-sterilization procedures do not adversely affect the required air quality of the SEC as demonstrated during certification under dynamic operating conditions. *(USP 797 4.2.6)*			X	
Personnel follow the hygiene and garbing requirements as described in Personal Hygiene and Garbing during pre-sterilization procedures. *(USP 797 4.2.6)*			X	
Proper placement of equipment in a PEC is initially verified by a dynamic airflow smoke pattern test to demonstrate minimal disruption in airflow. The dynamic airflow smoke pattern test is repeated if equipment is placed in a different location. *(USP 797 4.5)*	X			
Recommended: Equipment and other items used in a classified area or SCA ***should*** not be removed except for calibration, servicing, cleaning, or other activities associated with maintenance. (USP 797 4.5)				X
If removed, these items are cleaned and wiped with sterile 70% IPA or a suitable disinfectant before they are returned to the classified area or the SCA. *(USP 797 4.5)*				X
Materials necessary for performing compounding activities that have been exposed in patient care and treatment areas do not enter anterooms, buffer rooms, or segregated compounding areas unless thoroughly cleaned and disinfected. *(USP 797 4.5)*				X
The designated person(s) may permit accommodations as long as the quality of the CSP and environment will not be affected. Accommodations must be documented. *(USP 797 4.5)*				X
Before a compounding area is used to compound, the compounding area must be independently certified using the requirements in this chapter and when applicable, manufacturer specifications. *(USP 797 5)*				X
Certification of the classified areas including the PEC must be performed initially, and recertification performed at least every 6 months. *(USP 797 5)*	X			
Classified areas additionally are recertified if there are changes to the area such as redesign, construction, replacement or relocation of any PEC, or alteration in the configuration of the room that could affect airflow or air quality. *(USP 797 5)*				X
Certification must include 1. airflow testing to determine acceptability of the air velocity, the room air exchange rate, and room pressure differential between adjacent rooms 2. HEPA filter integrity testing 3. total particle count testing *(USP 797 5)*	X			
HEPA filters are leak tested at the factory and then leak tested again after installation and as part of recertification. *(USP 797 5)*	X			

HEPA filters are repaired if needed. *(USP 797 5)*			X	
Hood air flow velocity measured.	X			
A dynamic airflow smoke pattern test is performed in the PEC under dynamic operating conditions initially and at least every 6 months to demonstrate unidirectional airflow and sweeping action over and away from the preparation(s). *(USP 797 4.2.3 and USP 797 5)*	X			
The number of personnel present in each PEC and SEC during total particle-count tests and dynamic airflow smoke-pattern tests must be documented. *(USP 797 5)*	X			
Total particle count testing is performed under dynamic operating conditions using calibrated electronic equipment. *(USP 797 5)*	X			
Total airborne particle count testing is conducted in all classified areas during dynamic operating conditions at least every 6 months to measure the performance of the engineering controls that are being used to provide the specified levels of air cleanliness (e.g., in the ISO Class 5 PEC and ISO Class 7 and 8 rooms)(ISO Class 5 areas not more than 3,520 particles per cubic meter of air, ISO Class 7 areas not more than 352,000 particles per cubic meter of air, and ISO Class 8 areas not more than 3,520,000 particles per cubic meter of air.) *(USP 797 5.1)*	X			
Measurements of total airborne particles are taken in each PEC at locations where there is greatest risk to the exposed CSPs, containers, and closures. *(USP 797 5.1)*	X			
Measurements of total airborne particles in other classified areas, including the buffer room(s) and anteroom(s). ***Recommended:*** Samples ***should*** be taken at representative locations that reflect the quality of air in the room(s). *(USP 797 5.1)*	X			
All certification and recertification records are reviewed by the designated person(s) to ensure that the classified environments meet the minimum requirements in this chapter. *(USP 797 5)*	X			
A corrective action plan is implemented and documented in response to any out-of-range results. Data collected in response to corrective actions are reviewed to confirm that the actions taken have been effective. *(USP 797 5)*			X	
If levels measured during the total air sampling program exceed the criteria in Table 4 for the ISO classification of the area sampled, the cause must be investigated and corrective action must be taken and documented. Data collected in response to corrective actions is reviewed to confirm that the actions taken have been effective. *(USP 797 5.1)*			X	
COMMENTS:				

Microbiological Air and Surface Monitoring	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
All sampling sites and procedures are described in the facility's SOPs. *(USP 797 5.1)*	X			
Sterile compounding facilities implement written procedures for microbiological air and surface monitoring. *(USP 797 6)*	X			
Corrective actions are documented, and the records are maintained as required. Data collected in response to corrective actions are reviewed to confirm that the actions taken have been effective. *(USP 797 6, 20)*			X	
Microbiological air and surface monitoring was performed initially for sterile compounding facilities to establish a baseline level of environmental quality. *(USP 797 6.1)*				X
Microbiological air and/or surface monitoring is conducted in all classified areas during dynamic operating conditions to confirm that the required environmental quality is maintained. *(USP 797 6.1)*	X			

Sampling performed in conjunction with the certification of new facilities and equipment. *(USP 797 6.1)*				X
Sampling performed after any servicing of facilities or equipment. *(USP 797 6.1)*				X
Sampling performed in response to identified problems (e.g., positive growth in sterility tests of CSPs) *(USP 797 6.1)*				X
Sampling performed in response to identified trends (e.g., repeated positive gloved fingertip and thumb sampling results, failed media fill testing, or repeated observations of air or surface contamination). *(USP 797 6.1)*				X
Sampling performed in response to changes that could impact the sterile compounding environment (e.g., change in cleaning agents) *(USP 797 6.1)*				X
In all PECs and classified rooms, air sampling is conducted during dynamic operating conditions. *(USP 797 6.1)*	X			
Recommended: Surface sampling ***should*** be performed for Category 2 CSPs at the end of a compounding activity or shift but before the area has been cleaned and disinfected. *(USP 797 6.1)*	X			
Each classified area, including each room and the interior of each ISO Class 5 PEC and pass-through chambers connecting to classified areas, must be sampled for microbial contamination using a risk-based approach. *(USP 797 6.3.1)*	X			
For entities compounding Category 2 CSPs, surface sampling of all classified areas, and pass-through chambers connecting to classified areas, must be conducted at least monthly. *(USP 797 6.3.1)*	X			
For entities compounding any Category 3 CSPs, surface sampling of all classified areas, and pass-through chambers connecting to classified areas, must be completed prior to assigning a BUD longer than the limits established in Table 13, and at least weekly on a regularly scheduled basis regardless of the frequency of compounding Category 3 CSPs. *(USP 797 6.3.1)*			X	
Surface sampling must be conducted within the PEC used to prepare Category 3 CSPs, at the end of each batch before cleaning and disinfection occurs. USP 797 6.3.1			X	
Surface sampling media devices (e.g., plates, paddles, or slides) containing microbial growth media must be used for sampling flat surfaces. *(USP 797 6.3.2)*	X			
COAs from the manufacturer must verify that the sampling media devices meet the expected growth promotion, pH, and sterilization requirements. *(USP 797 6.3.2)*	X			
Surface sampling media devices must contain general microbial growth media (e.g., TSA) supplemented with neutralizing additives (e.g., lecithin and polysorbate 80) to neutralize the effects of any residual disinfecting agents. *(USP 797 6.3.2)*	X			
Surface sampling media devices must have a raised convex surface. *(USP 797 6.3.2)*	X			
Sterile swabs wetted with sterile water or a sterile neutralizing buffer may be used when sampling irregular surfaces and crevices, corners, and spaces between surfaces. *(USP 797 6.3.2)*				X
After sampling, the sampled area must be thoroughly cleaned and disinfected. *(USP 797 6.3.2)*				X
Samples must be incubated in an incubator at the temperatures listed in Box 6. *(USP 797 6.3.2)*	X			
The incubator temperature must be monitored during incubation, either manually or by a continuous recording device, and the results must be reviewed and documented. *(USP 797 6.3.2)*	X			
The incubator must be placed in a location outside of the sterile compounding area. *(USP 797 6.3.2)*	X			
If levels measured during surface sampling exceed the levels in Table 8 for the ISO classification levels of the area sampled, the cause must be investigated and corrective action must be taken and documented. Data collected in response to corrective actions must be reviewed to confirm that the actions taken have been effective. *(USP 797 6.3.3)*			X	
If levels measured during surface sampling exceed the levels in Table 8, an attempt must be made to identify any microorganism recovered to the genus level with the assistance of a microbiologist. *(USP 797 6.3.3)*			X	
Surface microbial action levels for ISO Class 5, more than 3 CFU per media device. *(USP 797 Table 8)*	X			
Surface microbial action levels for ISO Class 7, more than 5 CFU per media device. *(USP 797 Table 8)*	X			
Surface microbial action levels for ISO Class 8, more than 50 CFU per media device. *(USP 797 Table 8)*			X	
Personnel are trained and competent in air and surface sampling procedures to ensure accurate and reproducible sampling. *(USP 797 6.1)*				X – specify in SOP; document training of personnel

				performing monthly ss
All impaction air samplers must be serviced and calibrated as recommended by the manufacturer. *(USP 797 6.1)*	X			
Volumetric active air sampling of all classified areas using an impaction air sampler is conducted in each classified area [e.g., ISO Class 5 PEC and ISO Class 7 and 8 room(s)] during dynamic operating conditions. *(USP 797 6.2.1)*	X			
For entities compounding Category 2 CSPs, volumetric active air sampling is completed at least every 6 months. *(USP 797 6.2.1)*	X			
For entities compounding any Category 3 CSPs, volumetric active air sampling was completed within 30 days prior to the commencement of any Category 3 compounding and at least monthly thereafter regardless of the frequency of compounding Category 3 CSPs. *(USP 797 6.2.1)*			X	
Air sampling sites are selected in all classified areas. *(USP 797 6.2.1)*	X			
A general microbiological growth media that supports the growth of bacteria and fungi must be used (e.g., TSA). *(USP 797 6.2.2)*	X			
COAs from the manufacturer must verify that the sampling media devices meet the expected growth promotion, pH, and sterilization requirements. *(USP 797 6.2.2)*				X
Using the impaction air sampler, test at least 1 cubic meter or 1000 L of air from each location sampled. *(USP 797 Box 5)*	X			
Incubate the media device at 30°–35° for no less than 48 h. Then incubate the media device at 20°–25° for no less than 5 additional days. *(USP 797 Box 5)*	X			
Staff recorded the total number of discrete colonies of microorganisms on each media device as cfu per cubic meter of air on an environmental sampling form based on sample type (i.e., viable air), sample location, and sample date. *(USP 797 Box 5)*	X			
Facility may have two sampling media devices collected for each sample location and incubated concurrently. Both media devices could be TSA or one media device could be TSA and the other fungal media (e.g., malt extract agar [MEA] or Sabouraud dextrose agar [SDA]). Incubate each media device in a separate incubator. *(USP 797 Box 5)*				X
Incubate one media device at 30°–35° for no less than 48 hours, and incubate the other media device at 20°–25° for no less than 5 days. If fungal media are used as one of the samples, incubate the fungal media sample at 20°–25° for no less than 5 days. *(USP 797 Box 5)*	X			
If results exceed the ISO classification levels of the area sampled, the cause must be investigated and corrective action must be taken and documented. Data collected in response to corrective actions must be reviewed to confirm that the actions taken have been effective. *(USP 797 6.2.3)*			X	
The corrective action plan must be dependent on the cfu count and the microorganism recovered. *(USP 797 6.2.3)*			X	
The corrective action plan must be documented and ***should*** include resampling of failed areas to confirm corrective action was successful. *(USP 797 6.2.3)*			X	
If levels measured during viable air sampling exceed the levels in Table 7, must attempt to identify any microorganisms recovered to the genus level with the assistance of a microbiologist. *(USP 797 6.2.3)*			X	
Action Levels for Viable Airborne Particle Air Sampling for ISO Class 5 >1 CFU per 1000 L of air. *(USP 797 Table 7)*	X			
Action Levels for Viable Airborne Particle Air Sampling for ISO Class 7 > 10 CFU per 1000 L of air. *(USP 797 Table 7)*	X			
Action Levels for Viable Airborne Particle Air Sampling for ISO Class 8 >100 CFU per 1000 L of air. *(USP 797 Table 7)*			X	
COMMENTS:				

Cleaning	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Personnel is appropriately garbed when cleaning. *(USP 797 7)*	X – per policy			

Pharmacy has the appropriate agents: EPA-registered disinfecting agent (includes: phenolics, oxidizers, peroxyacetic acid and sodium hypochlorite, quaternary ammonium, hydrogen peroxide) (Cleaning and disinfecting agent (may be one step cleaning and disinfecting) appropriate for bacteria, viruses, fungi.). *(USP 797 7)*	X			
Pharmacy has the appropriate EPA-registered sporicidal agent (includes: peroxyacetic acid, sodium hypochlorite, hydrogen peroxide). *(USP 797 7)*	X			
Cleaning, disinfecting and sporicidal agents used within the PEC must be sterile. *(USP 797 7.1.1)*	X			
Pharmacy uses sterile water for diluting any cleaning and disinfecting agents for use in the PEC that are not 'ready-to-use' formulations. *(USP 797 7.1.1)*				X
Disinfectant or sporicidal disinfectant must be allowed to dwell on surface for the minimum contact time specified by the manufacturer. *(USP 797 7.1.1)*				X*
All cleaning and disinfecting supplies are low lint, disposable or dedicated (wipers, sponges, pads, mop heads). *(USP 797 7.1.2)*	X			
Daily cleaning and disinfecting of PEC and equipment inside of PEC takes place on days when compounding occurs (but not while compounding is occurring) including work surface of tray, pass-through chambers, work surfaces outside of PEC, floors, sinks used for hand hygiene. *(USP 797 7.1.1)*	X – per policy/logs			
Monthly cleaning and disinfecting take place on all surfaces and area under the work tray, walls, doors, door frames, ceilings, storage shelving and bins, equipment outside the PEC, when compounding is not occurring. *(USP 797 Section 7 Table 10)*	X – per policy/logs			
For facilities compounding Category 2 CSPs, monthly sporicidal disinfecting takes place monthly for PEC and equipment inside the PEC, work surfaces of the tray, all surfaces and area under the work tray, pass-through chambers, work surfaces outside the PEC, floors, walls, doors, door frames, ceilings, storage shelving and bins, equipment outside the PEC, sinks used for hand hygiene. *(USP 797 Sectian 7 Table 10)*	X – per policy/logs			
Category 3: Weekly sporicidal disinfecting takes place weekly for PEC and equipment inside the PEC, pass-through chambers, work surfaces outside the PEC, floors. *(USP 797 Section 7 Table 10)*			X	
Category 3: Monthly sporicidal disinfecting takes place monthly for all surfaces of the work tray and the area underneath the work tray, walls doors and door frame, ceiling, storage shelving and bins, equipment outside the PEC, sinks used for hand hygiene. *(USP 797 Section 7 Table 10)*			X	
Cleaning is documented daily. *[Cleaning and Disinfecting the Compounding Area]*	X			
PEC cleaning order: Top, Back, Sides, Racks/poles, Items on the deck, Deck. *[Cleaning and Disinfecting the Compounding Area]*				X*
Pharmacy follows the steps of deactivation, decontamination, cleaning, and disinfection with appropriate agents for HD. *(USP 800 15)*				X*
Deactivation and cleaning for HDs is applied through use of wipes wetted with the appropriate solution (not delivered by spray bottle) *(USP 800 15)*				X*
The work surface of the C-PEC must be decontaminated between compounding of different HDs. *(USP 800 15)*				X*
The C-PEC must be decontaminated at least daily (when used), any time a spill occurs, before and after certification, any time voluntary interruption occurs, and if the ventilation tool is moved. *(USP 800 15)*				X*
Spill kits containing all of the materials needed to clean HD spills are readily available in all areas where HDs are routinely handled. *(USP 800 16)*				X
COMMENTS: *No cleaning activities were performed during inspection. Inspector did not enter sterile compounding area while on site – observed area from viewing window only.				
Equipment, Supplies, and Components	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**

The equipment must be capable of operating properly and within required performance parameters and placed in a manner that facilitates sterile compounding operations. *(USP 797 9.1)*	X			
Compounding personnel must follow established SOPs for the calibration, maintenance, cleaning, and use of the equipment based on the manufacturer's recommendations. *(USP 797 9.1)*				X*
Personnel must maintain records from equipment calibration, verification, and maintenance in accordance with the requirements in USP 797 Documentation section. *(USP 797 9.1 and 201 KAR 2:076 Section 6)*				X*
Compounding equipment (i.e. ACD) is of suitable composition to be cleaned. *(USP 797 9.1)*	X			
ACDs and similar equipment have documented accuracy assessment initially and each day used in compounding. *(USP 797 9.1)*			–	X
Supplies (eg beakers, utensils, filters, tubing, etc) in direct contact with the CSP are sterile and depyrogenated. *(USP 797 9.2)*	X			
APIs used in CSP: meet USP-NF monograph, if exists; have COA with specifications and test results; and are manufactured by a FDA-registered facility. *(USP 797 9.3.1)*			X	
Components other than APIs (eg excipients): comply with USP-NF monograph, if exists; have COA or labeling that includes specifications and test results; and are manufactured in FDA-registered facility. *(USP 797 9.3.1)*				X
APIs and other components are suitable for use in sterile drug preparation. Those labeled "not for pharmaceutical use", "not for injectable use", "not for human use" or an equivalent statement must not be used to compound for those purposes. *(USP 797 9.3.1)*	X			
If use commercially available containers or container closure systems: accompanied by COA or other documentation to show sterile and depyrogenated. *(USP 797 9.3.1)*				X
Facility sterilized and depyrogenated containers or container closure systems have established efficient and documented processes. *(USP 797 9.3.1)*			X	
Personnel follow receipt process to evaluate components received and document and label any rejected stock. *(USP 797 9.3.2)*				X
APIs clearly marked with date of receipt. *(USP 797 9.3.2)*			X	
APIs without manufacturer expiration date assigned use by date of at most 1 year from receipt. *(USP 797 9.3.2)*			X	
If CSP will be stored frozen, container closure system able to withstand physical stress during storage in freezer. *(USP 797 14.2)*				X
COMMENTS: *Did not review calibration, verification, and maintenance records for all equipment during inspection.				

Master Formulation Records and Compounding Records *(USP 797 11, Box 9 and Box 10)*	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
MFR includes name, strength or activity, and dosage form of the CSP.	X			
MFR includes identities and amounts of all ingredients; if applicable, relevant characteristics of components (e.g., particle size, salt form, purity grade, solubility).	X			
MFR includes type and size of container closure system(s).	X			
MFR includes complete instructions for preparing the CSP, including equipment, supplies, a description of the compounding steps, and any special precautions.	X			
MFR includes physical description of the final CSP.				X
MFR includes BUD and storage requirements.	X			
MFR includes reference source to support the stability of the CSP.				X
MFR includes quality control (QC) procedures (e.g., pH testing, filter integrity testing).	X			

MFR includes other information as needed to describe the compounding process and ensure repeatability (e.g., adjusting pH and tonicity; sterilization method, such as steam, dry heat, irradiation, or filter).				X
CR includes name, strength or activity, and dosage form of the CSP.	X			
CR includes date and time of preparation of the CSP.	X			
CR includes assigned internal identification number (e.g., prescription, order, or lot number).	X			
CR includes a method to identify the individuals involved in the compounding process and individuals verifying the final CSP.	X			
CR includes name of each component.	X			
CR includes vendor, lot number, and expiration date for each component for CSPs prepared for more than one patient and for CSPs prepared from nonsterile ingredient(s).	X			
CR includes weight or volume of each component.	X			
CR includes strength or activity of each component.	X			
CR includes total quantity compounded.	X			
CR includes final yield (e.g., quantity, containers, number of units).	X			
CR includes assigned BUD and storage requirements.	X			
CR includes results of QC procedures (e.g., visual inspection, filter integrity testing, pH testing).	X			
If applicable, the CR must also include MFR reference for the CSP and calculations made to determine and verify quantities and/or concentrations of components.	X			
COMMENTS:				

Beyond Use Dates	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Is the beyond use date (BUD) for Category 2 compounded sterile preparations, aseptically processed, sterility testing **NOT** performed and passed, prepared from one or more nonsterile starting components for storage at controlled room temperature (20°–25°) 1 day? *(USP 14 Table 13 (Cat 2))*			X	
Is the beyond use date (BUD) for Category 2 compounded sterile preparations, aseptically processed, sterility testing **NOT** performed and passed, prepared from only sterile starting components for storage at controlled room temperature (20°–25°) 4 days? *(USP 14 Table 13 (Cat 2))*	X			
Is the beyond use date (BUD) for Category 2 compounded sterile preparations, aseptically processed, sterility testing **NOT** performed and passed, prepared from one or more nonsterile starting components for storage in the refrigerator (2°–8°) 4 days? *(USP 14 Table 13 (Cat 2))*			X	
Is the beyond use date (BUD) for Category 2 compounded sterile preparations, aseptically processed, sterility testing **NOT** performed and passed, prepared from only sterile starting components for storage in the refrigerator (2°–8°) 10 days? *(USP 14 Table 13 (Cat 2))*	X			
Is the beyond use date (BUD) for Category 2 compounded sterile preparations, aseptically processed, sterility testing **NOT** performed and passed, prepared from one or more nonsterile starting components for storage in the freezer (-25°to -10°) 45 days? *(USP 14 Table 13 (Cat 2))*			X	
Is the beyond use date (BUD) for Category 2 compounded sterile preparations, aseptically processed, sterility testing **NOT** performed and passed, prepared from only sterile starting components for storage in the freezer (-25°to -10°) 45 days? *(USP 14 Table 13 (Cat 2))*				X
Is the beyond use date (BUD) for Category 2 compounded sterile preparations, aseptically processed, sterility testing performed and passed, for storage at controlled room temperature (20°–25°) 30 days? *(USP 14 Table 13 (Cat 2))*			X	
Is the beyond use date (BUD) for Category 2 compounded sterile preparations, aseptically processed, sterility testing performed and			X	

passed, for storage in the refrigerator (2°–8°) 45 days? *(USP 14 Table 13 (Cat 2))*				
Is the beyond use date (BUD) for Category 2 compounded sterile preparations, aseptically processed, sterility testing performed and passed, storage in the freezer (-25°to -10°) 60 days? *(USP 14 Table 13 (Cat 2))*			X	
Is the beyond use date (BUD) for Category 2 compounded sterile preparations, terminally sterilized, sterility testing **NOT** performed and passed, for storage at controlled room temperature (20°–25°) 14 days? *(USP 14 Table 13 (Cat 2))*			X	
Is the beyond use date (BUD) for Category 2 compounded sterile preparations, terminally sterilized, sterility testing **NOT** performed and passed, for storage in the refrigerator (2°–8°) 28 days? *(USP 14 Table 13 (Cat 2))*			X	
Is the beyond use date (BUD) for Category 2 compounded sterile preparations, terminally sterilized, sterility testing **NOT** performed and passed, for storage in the freezer (-25°to -10°) 45 days? *(USP 14 Table 13 (Cat 2))*			X	
Is the beyond use date (BUD) for Category 2 compounded sterile preparations, terminally sterilized, sterility testing performed and passed, for storage at controlled room temperature (20°–25°) 45 days? *(USP 14 Table 13 (Cat 2))*			X	
Is the beyond use date (BUD) for Category 2 compounded sterile preparations, terminally sterilized, sterility testing performed and passed, for storage in the refrigerator (2°–8°) 60 days? *(USP 14 Table 13 (Cat 2))*			X	
Is the beyond use date (BUD) for Category 2 compounded sterile preparations, terminally sterilized, sterility testing performed and passed, for storage in the freezer (-25°to -10°) 90 days? *(USP 14 Table 13 (Cat 2))*			X	
Is the beyond use date (BUD) for Category 3 compounded sterile preparations, aseptically processed, sterility tested, and passing all applicable tests, for storage at controlled room temperature (20°–25°) 60 days? *(USP 14 Table 14 (Cat 3))*			X	
Is the beyond use date (BUD) for Category 3 compounded sterile preparations, aseptically processed, sterility tested, and passing all applicable tests, for storage in the refrigerator (2°–8°) 90 days? *(USP 14 Table 14 (Cat 3))*			X	
Is the beyond use date (BUD) for Category 3 compounded sterile preparations, aseptically processed, sterility tested, and passing all applicable tests, for storage in the freezer (-25°to -10°) 120 days? *(USP 14 Table 14 (Cat 3))*			X	
Is the beyond use date (BUD) for Category 3 compounded sterile preparations, terminally sterilized, sterility tested, and passing all applicable tests, for storage at controlled room temperature (20°–25°) 90 days? *(USP 14 Table 14 (Cat 3))*			X	
Is the beyond use date (BUD) for Category 3 compounded sterile preparations, terminally sterilized, sterility tested, and passing all applicable tests, for storage in the refrigerator (2°–8°) 120 days? *(USP 14 Table 14 (Cat 3))*			X	
Is the beyond use date (BUD) for Category 3 compounded sterile preparations, terminally sterilized, sterility tested, and passing all applicable tests, for storage in the freezer (-25°to -10°) 180 days? *(USP 14 Table 14 (Cat 3))*			X	
A shorter BUD is assigned when the physical and chemical stability of the CSP is less than the BUD limit stated in the table.	X			
COMMENTS:				

Labeling *(USP 797 13)*	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
CSPs is labeled with appropriate, legible, identifying information to prevent errors during storage, dispensing, and use.	X			
The label on each immediate container of the CSP must display prominently and legibly the assigned internal identification number (e.g., barcode, prescription, order, or lot number).	X			
The label on each immediate container of the CSP must display prominently and legibly active ingredient(s) and their amount(s), activity(ies), or concentration(s).	X			
The label on each immediate container of the CSP must display prominently and legibly storage conditions if other than controlled room temperature.	X			
The label on each immediate container of the CSP must display prominently and legibly the beyond use date.	X			
The label on each immediate container of the CSP must display prominently and legibly the dosage form.	X			

The label on each immediate container of the CSP must display prominently and legibly the total amount or volume if it is not obvious from the container.	X			
The label on each immediate container of the CSP must display prominently and legibly if it is a single-dose container, a statement stating such when space permits.				X
The label on each immediate container of the CSP must display prominently and legibly if it is a multiple-dose container, a statement stating such.				X
The labeling on the CSP must display the following information, as applicable, the route(s) of administration.	X			
The labeling on the CSP must display the following information, as applicable, special handling instructions.				X
The labeling on the CSP must display the following information, as applicable, warning statements and auxiliary labels.	X			
The labeling on the CSP must display the following information, as applicable, compounding facility name and contact information if the CSP is to be sent outside of the facility or healthcare system in which it was compounded.				X
Recommended: The labeling on the CSP ***should*** indicate that the preparation is compounded.			X	
Labeling procedures are followed as described in the facility's SOPs to prevent labeling errors and CSP mix-ups.	X			
The label of the CSP is verified to ensure that it conforms with the prescription or medication order.	X			
The label of the CSP is verified to ensure that it conforms with the Master Formulation Record, if required.	X			
The label of the CSP is verified to ensure that it conforms with the Compounding Record, if required.	X			
CSP dispensed to patient shall be labeled with: Name, address, and telephone number of the licensed pharmacy, if preparation will leave the premises. *(201 KAR 2:076 Section 5)*				X
CSP dispensed to patient shall be labeled with: Date *(201 KAR 2:076 Section 5)*	X			
CSP dispensed to patient shall be labeled with: Patient's full name *(201 KAR 2:076 Section 5)*	X			
CSP dispensed to patient shall be labeled with: Directions for use, including infusion rate *(201 KAR 2:076 Section 5)*	X			
CSP dispensed to patient shall be labeled with: Identity of dispensing pharmacist *(201 KAR 2:076 Section 5)*	X			
CSP dispensed to patient shall be labeled with: Required controlled substance transfer warning, if applicable *(201 KAR 2:076 Section 5)*				X
COMMENTS:				

CSP Dispensing *(201 KAR 2:076 Section 5)*	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
The pharmacist shall receive a written, electronic, facsimile, or verbal prescription, or medical order from a prescriber before dispensing any compounded, sterile preparation. *(201 KAR 2:076 Section 5)*				X
Prescriptions or medical orders shall contain the patient's name and species, if not human. *(201 KAR 2:076 Section 5)*				X
Prescriptions or medical orders shall contain the patient's address on controlled substances prescriptions or location (room number). *(201 KAR 2:076 Section 5)*				X
Prescriptions or medical orders shall contain the drug name and strength. *(201 KAR 2:076 Section 5)*				X
Prescriptions or medical orders shall contain the directions for use. *(201 KAR 2:076 Section 5)*				X
Prescriptions or medical orders shall contain the date. *(201 KAR 2:076 Section 5)*				X
Prescriptions or medical orders shall contain the authorized prescriber's name. *(201 KAR 2:076 Section 5)*				X
Prescriptions or medical orders shall contain the prescriber's address and DEA number, if applicable. *(201 KAR 2:076 Section 5)*				X
Prescriptions or medical orders shall contain the refill or end date instructions, if applicable. *(201 KAR 2:076 Section 5)*				X

Prescriptions or medical orders shall contain the dispensing quantity, if applicable. *(201 KAR 2:076 Section 5)*				X
CSPs for human use shall: • Comply with the standards of an applicable USP or National Formulary monograph; • Be compounded from a component of a human drug approved by the United States Food and Drug Administration (FDA); or • Be compounded from a component that appears on the FDA's list of bulk drug substances established in 21 C.F.R. 216.23 that can be used in compounding; and • not be essential copies of a commercially available drug product unless authorized by 21 U.S.C. 353(a). *(201 KAR 2:076 Sec 3 (5))*				X
COMMENTS:				
Depyrongenation/Sterilization and Testing for Extended BUDs	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Sterilization method is appropriate for of the component(s), their physical and chemical properties, and the intended container closure system. *(USP 797 10)*			X	
The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (e.g., affecting its strength, purity, or quality) or the packaging integrity. (See USP 1229) *(USP 797 10)*			X	
CSPs that are terminally sterilized (e.g., steam, dry heat, or irradiation) must use a process intended to achieve a probability of a nonsterile unit (PNSU) of 10–6. *(USP 797 10)*			X	
Injectable compounded preparations that contain nonsterile components or that come into contact with nonsterile devices (e.g., containers, tubing) during any phase of the compounding procedure must be sterilized within 6 h after completing the preparation to minimize the generation of bacterial endotoxins in CSPs. *(USP 797 10)*			X	
A description of the terminal sterilization and depyrogenation process, including the temperature, pressure (if applicable), duration, permissible load conditions for each cycle, and the use of biological indicators and endotoxin challenge vials (ECVs) must be included in the facility's SOPs. *(USP 797 10)*			X	
SOPs must include training and competency of personnel on all sterilization methods and equipment used by the facility. *(USP 797 10)*			X	
SOPs must include a schedule and method for establishing and verifying the effectiveness of the terminal sterilization and depyrogenation methods selected. *(USP 797 10)*			X	
SOPs must include the methods for maintaining and cleaning the sterilizing and depyrogenation equipment. *(USP 797 10)*			X	
Dry heat depyrogenation must be used to render glassware, metal, and other thermostable containers and components pyrogen free. *(USP 797 10.1)*			X	
Depyrogenation processes typically operate at a range of temperatures, from approximately 170°–400°, depending on the exposure time (e.g., a cycle might hold the items at 250° for 30 min to achieve sterility and depyrogenation). *(USP 797 10.1)*			X	
The items must remain at the depyrogenation temperature for the duration of the depyrogenation period. *(USP 797 10.1)*			X	
The effectiveness of the dry heat depyrogenation cycle must be established initially and verified annually using ECVs to demonstrate that the cycle is capable of achieving a ≥3-log reduction in endotoxins (see *Bacterial Endotoxins Test 85*). *(USP 797 10.1)*			X	
The effectiveness of the depyrogenation cycle must be re-established if there are changes to the depyrogenation cycle described in SOPs (e.g., changes in load conditions, duration, or temperature). *(USP 797 10.1)*			X	
This verification must be documented. *(USP 797 10.1)*			X	
Items that are not thermostable must be depyrogenated by multiple rinses with sterile, nonpyrogenic water (e.g., Sterile Water for			X	

Injection or Sterile Water for Irrigation) and then thoroughly drained or dried immediately before use in compounding (see Depyrogenation by Rinsing 1228.4). *(USP 797 10.1)*				
Sterilization by Filtration: Sterilizing filters must be sterile, depyrogenated, have a nominal pore size of 0.22 µm or smaller, and be appropriate for pharmaceutical use. *(USP 797 10.2)*			X	
Sterilization by Filtration: Sterilizing filters with labeling that states "for laboratory use only" or a similar statement must not be used for compounding CSPs. *(USP 797 10.2)*			X	
Sterilization by Filtration: Sterilizing filters must be certified by the manufacturer to retain at least 107 microorganisms of a strain of *Brevundimonas diminuta* per square centimeter of upstream filter surface area under conditions similar to those in which the CSPs will be filtered (i.e., pressure, flow rate, and volume filtered). *(USP 797 10.2)*			X	
Sterilization by Filtration: The designated person(s) must ensure—from available published information, from supplier documentation, or through direct challenge (e.g., filtering the CSP)—that the filters: 1) are chemically and physically compatible with all ingredients in the CSP (e.g., water-miscible alcohols may damage filter integrity); 2) are chemically stable at the pressure and temperature conditions that will be used; and 3) have enough capacity to filter the required volumes. *(USP 797 10.2)*			X	
Sterilization by Filtration: ***Recommended:*** The filter dimensions and the CSP to be sterilized by filtration ***should*** permit the sterilization process to be completed without the need for replacement of the filter during the process. *(USP 797 10.2)*			X	
Sterilization by Filtration: Filter units used to sterilize CSPs must be subjected to the manufacturers' recommended integrity testing, such as a post-use bubble point test. *(USP 797 10.2)*			X	
Sterilization by Filtration: If multiple filters are required for the compounding process, each of the filters must pass a filter-integrity test. *(USP 797 10.2)*			X	
Sterilization by Filtration: A prefiltration step must be performed using a filter of larger nominal pore size (e.g., 1.2 µm) or a separate filter of larger nominal pore size should be placed upstream of (i.e., prior to) the sterilizing filter to remove gross particulate contaminants before the CSP is passed through the sterilizing-grade filter. *(USP 797 10.2)*			X	
Sterilization by Filtration: ***Recommended:*** Excessive particulate matter requiring a prefiltration step could potentially be a signal of an inappropriate formulation and the process ***should*** be assessed and modified if necessary. *(USP 797 10.2)*			X	
Sterilization by Filtration: CSPs that were prepared using a filter that failed integrity tests must be discarded or, after investigating the cause of the failure and selection of an appropriate filter, refiltered for sterilization not more than one additional time. *(USP 797 10.2)*			X	
Sterilization by Steam Heat: To achieve sterility, all materials must be directly exposed to steam under adequate pressure for the length of time necessary, as determined by use of appropriate biological indicators, to render the items sterile (e.g., 20–60 min at 121° saturated steam under a pressure of 15 psi, depending on the volume or size of the CSP being sterilized). *(USP 797 10.3)*			X	
Sterilization by Steam Heat: The duration of the exposure period must include sufficient time for the entire contents of the CSP and other items to reach the sterilizing temperature. *(USP 797 10.3)*			X	
Sterilization by Steam Heat: The CSP and other items must remain at the sterilizing temperature for the duration of the sterilization period. *(USP 797 10.3)*			X	
Sterilization by Steam Heat: CSPs must be placed in the autoclave to allow steam to reach the CSPs without entrapment of air. *(USP 797 10.3)*			X	
Sterilization by Steam Heat: When preparing items that must be wrapped for steam sterilization, wrap them in low-lint protective fabric or paper or seal in envelopes that will permit steam penetration and are designed to minimize the risk of post-sterilization microbial contamination. *(USP 797 10.3)*			X	
Sterilization by Steam Heat: Immediately before filling containers that will be steam sterilized, solutions must be passed through a filter with a nominal pore size of not larger than 1.2 µm for removal of particulate matter. *(USP 797 10.3)*			X	
Sterilization by Steam Heat: Sealed containers must be able to generate steam internally. *(USP 797 10.3)*			X	
Sterilization by Steam Heat: Stoppered and crimped empty vials must contain a small amount of sterile water to generate steam. *(USP 797 10.3)*			X	

Sterilization by Steam Heat: The effectiveness of steam sterilization must be verified and documented with each sterilization run or load by using appropriate biological indicators. *(USP 797 10.3)*			X	
Sterilization by Steam Heat: The steam supplied must be generated using water per the manufacturer's recommendation. *(USP 797 10.3)*			X	
Sterilization by Steam Heat: A calibrated data recorder or chart must be used to monitor each cycle and to examine for cycle irregularities (e.g., deviations in temperature or pressure). *(USP 797 10.3)*			X	
Sterilization by Steam Heat: The date, run, and load numbers of the steam sterilizer used to sterilize a CSP must be documented in the CR. *(USP 797 10.3)*			X	
Sterilization by Dry Heat: The duration of the exposure period must include sufficient time for the entire contents of CSPs and other items to reach the sterilizing temperature. *(USP 797 10.4)*			X	
Sterilization by Dry Heat: The CSP and other items must remain at the sterilizing temperature for the duration of the sterilization period. *(USP 797 10.4)*			X	
Sterilization by Dry Heat: Immediately before filling ampules and vials that will be sterilized by dry heat, CSP solutions must be passed through a filter with a nominal pore size of not larger than 1.2 µm for removal of particulate matter. *(USP 797 10.4)*			X	
Sterilization by Dry Heat: For oven temperature lower than 160°, process must be shown to achieve effective sterilization (see 1229.8, *Validation of Dry Heat Sterilization, Biological Indicators*). *(USP 797 10.4)*			X	
Sterilization by Dry Heat: Heated air must be evenly distributed throughout the chamber, which is typically accomplished by an air blower. *(USP 797 10.4)*			X	
Sterilization by Dry Heat: The calibrated oven must be equipped with temperature controls and a timer. *(USP 797 10.4)*			X	
Sterilization by Dry Heat: During sterilization, sufficient space must be left between materials to allow for circulation of the hot air. *(USP 797 10.4)*			X	
Sterilization by Dry Heat: A calibrated data recorder or chart must be used to monitor each cycle and the data must be reviewed to identify cycle irregularities (e.g., deviations in temperature or exposure time). *(USP 797 10.4)*			X	
Sterilization by Dry Heat: The effectiveness of the dry heat sterilization method must be verified and documented with each sterilization run or load using appropriate biological indicators such as spores of *Bacillus atrophaeus* and other confirmation methods (e.g., temperature-sensing devices). *(USP 797 10.4)*			X	
Sterilization by Dry Heat: The date, run, and load numbers of the dry heat oven used to sterilize a CSP must be documented in the CR. *(USP 797 10.4)*			X	
Sterility Testing: For Category 2 CSPs assigned a BUD that requires sterility testing and all Category 3 CSPs, the testing must be performed according to USP 71 or a validated alternative method (see 1223) that is noninferior to 71 testing. *(USP 797 12.2)*			X	
Sterility Testing: If sterility testing is performed, the minimum quantity of each container is tested for each media as specified in 71, *Table 2*, and the required number of containers is tested in relation to the batch size as specified in 71, *Table 3*. *(USP 797 12.2)*			X	
Sterility Testing: The maximum batch size for all CSPs requiring sterility testing must be limited to 250 final yield units. *(USP 797 12.2)*			X	
Sterility Testing: If the number of CSPs to be compounded in a single batch is less than the number of CSPs needed for testing as specified in 71, *Table 3*, additional units must be compounded to perform sterility testing as follows: • If 1–39 CSPs are compounded in a single batch, the sterility testing must be performed on a number of units equal to 10% of the number of CSPs prepared, rounded up to the next whole number. • If more than 40 CSPs are prepared in a single batch, the sample sizes specified in 71, *Table 3* must be used. *(USP 797 12.2)*			X	
Sterility Testing: If sterility testing is performed according to 71, the *Method Suitability Test* from that chapter must be performed to ensure that contamination can be recovered. *(USP 797 12.2)*			X	
Sterility Testing: If performing sterility testing according to 71, the *Membrane Filtration* method from that chapter is the method of choice when the CSP formulation permits. *(USP 797 12.2)*			X	
Sterility Testing: If an alternative method is used for sterility testing, the method must be validated (see 1223) and demonstrated to be suitable for that CSP formulation. *(USP 797 12.2)*			X	
Sterility Testing: Sterility tests resulting in failures must prompt an investigation into the possible causes and must include identification			X	

of the microorganism, as well as an evaluation of the sterility testing procedure, compounding facility, process, and/or personnel that may have contributed to the failure. *(USP 797 12.2)*				
Sterility Testing: The source(s) of the contamination, if identified, must be corrected, and the facility must determine whether the conditions causing the sterility failure affect other CSPs. *(USP 797 12.2)*			X	
Sterility Testing: The investigation and resulting corrective actions must be documented. *(USP 797 12.2)*			X	
Bacterial Endotoxins Testing: Category 2 injectable CSPs compounded from one or more nonsterile component(s) and assigned a BUD that requires sterility testing (see *Table 13*) and Category 3 injectable CSPs compounded from one or more nonsterile component(s) must be tested to ensure that they do not contain excessive bacterial endotoxins (see 85). *(USP 797 12.3)*			X	
Bacterial Endotoxins Testing: ***Recommended:*** Category 2 injectable CSPs compounded from one or more nonsterile component(s) and assigned a BUD that does not require sterility testing ***should*** be tested for bacterial endotoxins. *(USP 797 12.3)*			X	
Bacterial Endotoxins Testing: In the absence of a bacterial endotoxin limit in an official *USP–NF* monograph or other CSP formula source, the CSP must not exceed the endotoxin limit calculated as described in 85 for the appropriate route of administration for humans. *(USP 797 12.3)*			X	
Bacterial Endotoxins Testing: CSPs for nonhuman species must not exceed the endotoxin limit calculated as described in 85 based on the largest recommended dose and weight (or average weight for more than a single animal) of the target animal species unless a different limit is scientifically supported. *(USP 797 12.3)*			X	
Bacterial Endotoxins Testing: ***Recommended:*** CSPs administered epidurally ***should*** have the same endotoxin limit as that of intrathecally administered CSPs. See also *Guidelines on the Endotoxins Test* 1085. *(USP 797 12.3)*			X	
COMMENTS:				

Hazardous Drugs	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Facility follows all containment requirements for any HD API and any antineoplastic HD requiring manipulation. *(USP 800 2)*			X*	
Facility performs assessment of risk for HDs not requiring further manipulation other than counting or repackaging, such as final dosage forms of compounded HD preparations and conventionally manufactured HD products. *(USP 800 2)*	X			
Facility performs assessment of risk for dosage forms of other HDs that determines alternate containment strategies and/or work practices. *(USP 800 2)*	X**			
Assessment of Risk considers type of HD. *(USP 800 2)*				X
Assessment of Risk considers dosage form. *(USP 800 2)*				X
Assessment of Risk considers risk of exposure. *(USP 800 2)*				X
Assessment of Risk considers packaging. *(USP 800 2)*				X
Assessment of Risk considers manipulation. *(USP 800 2)*				X
Assessment of Risk documents employed alternative containment strategies and/or work practices. *(USP 800 2)*				X
Review of Assessment of Risk is performed and documented *at least* every 12 months. *(USP 800 2)*	X**			
Designated HD receiving, unpacking, storage and compounding areas. *(USP 800 5)*				X – per AoR
If C-PEC is used for nonsterile compounding it is decontaminated, cleaned, and disinfected prior to resuming sterile compounding. *(USP 800 5.3.1)*				X
Spill kits located in all areas where HDs are routinely handled. *(USP 800 16)*				X***
PPE includes eye and face protection when cleaning spills (eg full facepiece respirator). USP 800 7.4 (Note: *Respirator **should** be worn when there is a risk of respiratory exposure to HDs. (USP 800 7.5))*				X

PPE worn when handling HDs disposed of as containing trace amounts of HDs. *(USP 800 7.6)*				X
Hazard Communication Program – SDS for HDs readily available. *(USP 800 8)*	X			
Antineoplastic HDs and all HD APIs unpacked in a neutral/normal or negative pressure area. Not unpacked from external shipping containers in sterile compounding areas or positive pressure areas. *(USP 800 5.1)*				X*
Follow appropriate process if receipt shipping container appears damaged. *(USP 800 10 Table 4)*				X
HDs stored in a manner that prevents spillage or breakage. *(USP 800 5.2)*	X – per AoR			
Antineoplastic HDs requiring manipulation and HD APIs stored in externally ventilated, negative-pressure room with at least 12 ACPH. *(USP 800 5.2)*			X*	
Refrigerated antineoplastic HDs stored in dedicated refrigerator in negative pressure room with at least 12 ACPH. *(USP 800 5.2)(Note: If stored in buffer room **should** be located close to exhaust.)*				X
Sterile HDs must be compounded within a C-PEC located in a C-SEC, which is an ISO Class 7 buffer room with an ISO Class 7 ante-room *(USP 800 5.3.2)*				X – per AoR
A C-PEC used for manipulation of sterile HDs must be externally vented. *(USP 800 5.3.2)*				X
A C-SEC must be externally vented. *(USP 800 5.3.2)*	X			
A C-SEC must be physically separated (i.e., a different room from other preparation areas). *(USP 800 5.3.2)*	X			
A C-SEC must have a negative pressure between 0.01 and 0.03 inches of water column relative to all adjacent areas. *(USP 800 5.3.2)*	X			
If C-SEC is an ISO Class 7 buffer room with an ISO Class 7 ante-room, must have minimum of 30 ACPH. *(USP 800 5.3.2)*	X			
Recommended: CSTDs ***should*** be used to compound HDs when dosage form allows. *(USP 800 5.4)*			X	
Recommended: Environmental wipe sampling performed routinely. *(USP 800 6)*			X	
Spills documented: circumstances and management. Damaged packages or shipping carts are spills and reported to designated person. *(USP 800 10, 16)*				X
Liquid HDs and antineoplastic HDs are not transported via pneumatic tubes. *(USP 800 11.3)*				X
COMMENTS: *Pharmacy does not compound any sterile antineoplastic HDs (formerly NIOSH Table 1) or use HD API for sterile compounding. ** Pharmacy in process of reviewing latest NIOSH list (released December 2024) and SOPs will be updated accordingly. ***No sterile compounding activities were performed during inspection. Inspector did not enter compounding area while on site – observed area from viewing window only.				

Immediate Use, Proprietary Vial/Bag Systems, and Blood Components	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Does the pharmacy perform compounding activities that require the manipulation of a patient's blood-derived or other biological material (eg, autologous serum)? *(USP 797 1.1.2)*			X	
For compounding activities that require the manipulation of a patient's blood-derived or other biological material, does the pharmacy perform manipulations that are clearly separated from other compounding activities and equipment used in CSP preparation activities and are controlled by specific SOPs to avoid any cross-contamination? *(Note: Per USP, a separate cart could be used for blood-derived or other biological materials (a separate area is not required by the chapter.)) (USP 797 1.1.2)*			X	
Recommended: Pharmacy personnel ***should*** change garb.			X	
Pharmacy to have cleaning processes as part of SOPs to avoid cross-contamination. *(USP 797 1.1.2)*			X	
Blood/Biological Handling: Description of processes used to avoid cross-contamination and meet applicable regulatory requirements. *(USP 797 1.1.2)*			X	

COMMENTS:				
Veterinary Compounding	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Compounder prepares a non-controlled compounded drug to be dispensed for veterinary use or administration (institutional or ambulatory) which does not designate a specific patient for the purpose of emergency treatment, situations when a time delay would negatively affect a patient outcome, or diagnostic purposes. *(USP 201 KAR 2:311)*			X	
Pharmacist shall receive a written, verbal, facsimile, or electronic request for a compounded drug from a veterinary practitioner. *(USP 201 KAR 2:311)*			X	
The request must indicate the formulation, strength, and ordered quantity. *(USP 201 KAR 2:311)*			X	
A record of the request from a veterinary practitioner for a compounded preparation shall be maintained pursuant to 201 KAR 2:171 and readily available for no less than 5 years. *(201 KAR 2:076 Section 6 (1) and (2)(a)) (USP 201 KAR 2:311)*			X	
The compounded drug shall have a beyond use date. *(USP 201 KAR 2:311)*			X	
The veterinary institution or ambulatory unit shall maintain only an emergency stock supply. *(USP 201 KAR 2:311)*			X	
A veterinarian or licensed veterinary technician, as defined in KRS 321.441, may administer a compounded drug for veterinary use. *(USP 201 KAR 2:311)*			X	
A label shall be generated for the compounded drug and shall include the name of the requesting veterinarian. *(USP 201 KAR 2:311)*			X	
A label shall be generated for the compounded drug and shall include the designated name and strength of the compounded drug. *(USP 201 KAR 2:311)*			X	
A label shall be generated for the compounded drug and shall include the quantity dispensed. *(USP 201 KAR 2:311)*			X	
A label shall be generated for the compounded drug and shall include if for a specific patient and the patient is a food producing animal, the withdrawal time. *(USP 201 KAR 2:311)*			X	
A label shall be generated for the compounded drug and shall include a lot or batch number of the compounded drug. *(USP 201 KAR 2:311)*			X	
A label shall be generated for the compounded drug and shall include the beyond use date for the compounded drug. *(USP 201 KAR 2:311)*			X	
A label shall be generated for the compounded drug and shall include the date the compounded drug is dispensed. *(USP 201 KAR 2:311)*			X	
A label shall be generated for the compounded drug and shall include the pharmacy's name, address, and telephone number. *(USP 201 KAR 2:311)*			X	
A label shall be generated for the compounded drug and shall include any special storage requirements. *(USP 201 KAR 2:311)*			X	
A label shall be generated for the compounded drug and shall include a notation stating, "For veterinary use". *(USP 201 KAR 2:311)*			X	
A label shall be generated for the compounded drug and shall include any auxiliary label required for the compounded drug. *(USP 201 KAR 2:311)*			X	
A non-controlled substance compounded drug shall be dispensed by a veterinarian for emergency take home use when in his or her professional judgment, failure to provide the drug would result in potential harm to the patient. *(USP 201 KAR 2:311)*			X	
If dispensed from the veterinary institution or ambulatory unit, a compounded drug prescription for a veterinary patient shall be for up to a 14-day supply in accordance with the veterinarian prescription and dispensation labeling requirements as established in 201 KAR 16:600. *(USP 201 KAR 2:311)*			X	

A compounded drug containing a controlled substance shall only be compounded for patient specific dispensation from the pharmacy to the ultimate user. *(USP 201 KAR 2:311)*			X	
COMMENTS:				

Transporting/Packaging	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Recommended: Packaging materials ***should*** protect CSPs from damage, leakage, contamination, degradation, and adsorption while preventing inadvertent exposure to transport personnel. *(USP 797 19.2)*				X
The facility must select appropriate shipping containers and packaging materials based on the product specifications, information from vendors, and the mode of transport. *(USP 797 19.2)*				X
Alternative modes of transport and/or special packaging (e.g., tamper-evident closures) are used when needed to protect the quality of CSPs. *(USP 797 19.2)*				X
If the CSP is sensitive to light, light-resistant packaging materials must be used. *(USP 797 19.2)*				X
In some cases, the CSP must be packaged in a special container (e.g., a cooler) to protect it from temperature fluctuations. *(USP 797 19.2)*				X
Compounding personnel must select modes of transport that are expected to deliver properly packed CSPs in an undamaged, sterile, and stable condition. *(USP 797 19.3)*				X
Recommended: Preparation-specific considerations ***should*** be given to physical shaking that might occur during pneumatic tube transport or undue exposure to heat, cold, or light. *(USP 797 19.3)*				X
When shipping or transporting CSPs that require special handling (e.g., CSPs with stability concerns), personnel must include specific handling instructions on the exterior of the container. *(USP 797 19.3)*				X
PIC shall ensure any compounded preparation leaving the premises is shipped or delivered in a manner that maintains the integrity and stability of the preparation. *(201 KAR 2:076 Section 4 (3))*				X
COMMENTS:				

Continuous Quality Improvement (CQI)	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Facility has formal, written, quality assurance program that establish a system of: adherence to procedures, prevention and detection of errors and other quality problems, evaluation of complaints and adverse events, appropriate investigations and corrective actions. *(Note: Quality Assurance is a system of procedures, activities and oversight that ensures that the compounding process consistently meets quality standards.) (USP 797 18)*	X			
Facility has SOP that describe the roles, duties, and training of the personnel responsible for each aspect of the QA program. *(USP 797 18)*	X			
QA program is reviewed and documented at least once every 12 months by the designated person. *(USP 797 18)*	X			
Facility has SOP for recall of out-of specification dispensed CSP including procedures to determine the severity and urgency of the problem, the distribution of any affected CSP, the identification of patients who have received the CSP, the disposal and documentation of the recalled CSP, investigation and documentation the reason for recall. *(USP 797 18.1)*	X – per policy			

Facility has formal, written Quality Control program that establishes a system of: adherence to procedures, prevention and detection of errors and other quality problems, evaluation of complaints and adverse events, appropriate investigations and corrective actions. *(Note: Quality Control is the sampling, testing and documentation of results that, taken together ensure that specifications have been met before release of the CSP.) (USP 797 18)*	X			
QC program is reviewed and documented at least once every 12 months by the designated person. *(USP 797 18)*	X			
Facility has SOP for handling complaints. *(USP 797 18.2)*	X			
The designated person reviews all complaints. *(USP 797 18.2)*	X – per policy			
Facility keeps a readily retrievable written or electronic record of each complaint that includes the name of the complainant (or unique identifier), the date the complaint was received, the nature of the complaint, the response to the complaint, the CSP information (if known), findings of any investigation and any follow-up. *(USP 797 18.2)*				X – specified in policy
COMMENTS:				

Waivers	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Does the pharmacy have a Board approved waiver for sterile compounding?			X	
COMMENTS:				

Kentucky Board of Pharmacy
State Office Building Annex, Ste 300
125 Holmes Street
Frankfort, KY 40601
Phone: (502) 564-7910 Fax: (502) 696-3806

USP <795> Pharmaceutical Compounding – Nonsterile Preparations
("USP 795, Revision Bulletin, Official", November 1, 2022)

Facility name: UK Specialty Pharmacy		Permit number: P07730
Address: 531 Wellington Way		Address Line 2:
City: Lexington	State: KY	ZIP Code: 40503
Phone number: 859-218-5413		Fax: 859-257-3828
Email: specialtypharmacy@uky.edu		
Type: Routine		Date: 1/21/2025
Time In: 3:05 PM		Time Out: 5:32 PM

List other states pharmacy permitted by: NOT INSPECTED

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Designated person(s): Elizabeth Skaggs

PIC: Elizabeth Bryant

Standard Operating Procedures (SOPs)	COMPLIANT	NON COMPLIANT	N/A	NOT INSPECTED
Designated Person (USP 795 1.1.4)	X			
Personnel Education and Assessment to include: (USP 795.2) • Compounding personnel • Oversight personnel • HD (USP 800.9) • Monitoring and observing compounding activities	X			
Personnel Hand Hygiene and Garbing (USP 795.3.3, USP 800.7)	X			
Cleaning and Sanitizing (USP 795 3.3) • Reusable equipment • Deactivation/decontamination (USP 800.15)	X			
Spill Management (USP 795 6.2.5, USP 800.16)				X
Packaging (USP 795.13.1, USP 800.11.2)				X
Transport (USP 795.13.2, USP 800.11.3)				X
Quality Assurance and Quality Control programs (USP 795.12)	X			
Hazardous drugs including but not limited to: (USP 800.17) • Risk Assessment • Receiving • Medical surveillance • Environmental monitoring				X
Hazard communication plan (OSHA, USP 800.8)				X
All aspects of the compounding operation including but not limited to: (USP 795.11) • Determination for closed-system processing device (USP 795.6.1) • Component selection and inventory control (USP 795 6.2, 6.2.2) • Facility controls (USP 795 4.2) • Equipment • Designation of nonsterile compounding area (USP 795 4.1)	X			
Master Formulation Record (MFR) and Compounding Record (CR) (USP 795 7.1)	X			
Labeling and dispensing (USP 795 9, 201 KAR 2:076) • Procedures to prevent errors and mix-ups	X			
Complaints/Adverse event reporting/Recalls (USP 795 12.1, 12.2, 12.3)	X			
SOPs reviewed and revised annually (201 KAR 2:076 Section 2 (3))	X			

COMMENTS: Pharmacy in process of reviewing latest NIOSH list (released December 2024) and SOPs will be updated accordingly.

Designated Person	COMPLIANT	NON COMPLIANT	N/A	NOT INSPECTED
Personnel accommodations documentation/approval by designated person (USP 795 3.1)				X
Designated person(s) performs assigned duties including but not limited to: • Monitor and observe compounding activities (USP 795 1.1.4, 2) • Take immediate corrective action if deficient practices are observed (USP 795 1.1.4, 2) • Ensure that follow-up is carried out if problems, deviations, or errors are identified (USP 7951.1.4) • Establish, monitor, and document procedures for the handling and storage of CNSPs and/or components of CNSPs (USP 795 1.1.4) • Ensure that SOPs are fully implemented (USP 795 1.1.4)	X			
COMMENTS:				

Training Program	COMPLIANT	NON COMPLIANT	N/A	NOT INSPECTED
Before beginning to compound CNSPs independently or have direct oversight of compounding personnel, personnel must complete training. (USP 795 2)	X			
Documentation of initial training of compounding personnel • Demonstrate knowledge • Demonstrate competency • Conducted prior to compounding independently	X			
Documentation of initial training of oversight personnel • Demonstrate knowledge • Demonstrate competency • Conducted prior to performing oversight	X			
Documentation of training for pharmacist(s) performing in process checks, final verification, or dispensing CNSP(s)				X
Documentation of annual training of compounding personnel • Appropriate compounding principles • Appropriate compounding practices	X			
Documentation of annual training of oversight personnel • Appropriate compounding principles • Appropriate compounding practices	X			
Initial and annual training includes but is not limited to: • Hand hygiene • Garbing • Cleaning and sanitizing • Handling and transporting components and CNSPs • Measuring and mixing • Proper use of equipment and devices selected to compound CNSPs • Documentation of the compounding processes • Understanding the requirements of USP <795> • Understanding and interpreting safety data sheets and, if applicable, certificates of analysis • Reading and understanding procedures related to their compounding duties	X			

For facilities compounding with Hazardous Drugs; initial and annual training includes but is not limited to (USP 800 9): • Overview of entity's list of HDs and their risks • Review of the entity's SOPs related to handling of HDs • Proper use of PPE • Proper use of equipment and devices (e.g., engineering controls) • Response to known or suspected HD exposure • Spill management • Proper disposal of HDs and trace-contaminated materials				X*
Personnel observed and guided throughout the training process and able to repeat process independently and released for independent compounding (USP 795 2)	X			
If only one person involved in compounding, documentation of training and competency is on file (USP 795 2)			X	
COMMENTS: *Pharmacy in process of reviewing latest NIOSH list (released December 2024) and SOPs will be updated accordingly.				

Hygiene/Garbing	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Compounding personnel reports any of the conditions that have potential contamination risk to the DP: (examples include: rashes, recent tattoos, open sores, conjunctivitis, and active respiratory infection.) (USP 795 3)	X – per policy			
Personnel removes any unnecessary items (outer garments, jewelry that could interfere with garbing, and earbuds/headphones) before entering the compounding area. (USP 795 3.1)	X – per policy			
Personnel performs hand hygiene prior to compounding and wear at a minimum required gloves (USP 795 3.3)	X – per policy			
Garb (shoe covers, hair and facial hair covers, face masks, gowns) is worn as needed per facility SOP and includes an assessment of SDS and NIOSH for protection of the personnel/CNSPs. (USP 795 3.3 USP 800 7.1)	X – per policy (non-HDs)			
Garb is stored in manner that minimizes risk of contamination (away from sinks to avoid splashing, etc.). (USP 795 3.3)	X			
For non-hazardous compounding, only garb that is reused are gowns that do not leave the compounding area. If garb is visibly soiled or with tears or punctures, it is changed immediately (not reused). (USP 795 3.3)				X
For compounding with HDs (API and NIOSH Table 1), personnel wear gowns; head, hair, and two pairs of shoe covers; and two pairs of chemotherapy gloves. (USP 800 7)				X*
For compounding with HDs, disposable PPE is doffed appropriately and not reused. Reusable PPE is decontaminated and cleaned after each use. (USP 800 7.2, 7.3, 7.6)				X*
Chemotherapy gloves changed every 30 minutes (unless otherwise recommended by the manufacturer) (USP 800 7.1)				X*
For hazardous compounding, gowns resist permeability and are changed in accordance with the manufacturer's instructions or changed every two to three hours or immediately after a spill or splash. (USP 800 7.2)				X*
Face and respiratory protection available per facility SOP for cleaning, receiving, transport, compounding, administration, and waste disposal and to process a spill. (USP 800 7.4, 7.5)				X*
The pharmacy is using appropriate respiratory PPE protection per facility SOP for the activities conducted (receiving, transport, compounding, administration, and waste disposal) based on assessment of risk based on type of HD and type of activity, if required. (USP 800 7.5)				X*

COMMENTS: No compounding observed during inspection. Where noted, compliance based on SOP.
***Pharmacy in process of reviewing latest NIOSH list (released December 2024) and SOPs will be updated accordingly.**

Buildings and Facilities	COMPLIANT	NON COMPLIANT	N/A	NOT INSPECTED
Adequate space (USP 795 4.1)	X			
Space is clean, orderly, and sanitary. (U5P 795 4.1)	X			
Nonsterile compounding area is separate and distinct from sterile compounding area. (USP 795 4.1)	X			
Washing facilities easily accessible to the compound area with hot and cold water and soap/detergent to wash with. (USP 795 4.3)	X			
Waste, including hazardous waste, is disposed of in sanitary and timely manner (USP 795 4 USP 800 11.4)	X (non-HDs)			X (HDs)
HVAC controlled to prevent decomposition and contamination. (USP 795 4.2)	X			
Appropriate storage conditions during inspection (room temperature in drug storage area(s)) (USP 795 4.2)	X			
Appropriate storage conditions during inspection (temperature in refrigerator(s)) (USP 795 4.2)	X			
Appropriate storage conditions during inspection (pressure in hazardous drug room(s)) (USP 800 5.3)				X
Daily monitoring and documentation of temperature(s) (USP 795 4.2)	X			
Annual or manufacturer's specification of calibration of temperature monitoring equipment (USP 795 4.2)				X
Recommended: There should not be carpet in compounding area (USP 795 4.1)	X			
The ceilings, walls, floors, fixtures, shelving, counters, and cabinets are smooth, impervious, free from cracks and crevices, and non-shedding (USP 795 4.1)				X*
Hazardous drugs are stored and compounded in a fixed room that is externally ventilated (USP 800 5.2 and 5.3.1)	X			
Hazardous drugs are stored and compounded in a fixed room that has negative pressure (-0.01 to -0.03 inches per water column) (USP 800 5.2 and 5.3.1)	X			
Hazardous drugs storage room and/or compounding room has at least 12 air changes per hour (ACPH) (USP 800 5.2 and 5.3.1)	X			
C-PEC used for compounding hazardous drugs is externally ventilated or redundant HEPA filtered in series (USP 800 5.3.1)	X			

COMMENTS: *No compounding observed during inspection. Inspector did not enter HD compounding area while on site – observed area from viewing window only.

Cleaning and Sanitizing	COMPLIANT	NON COMPLIANT	N/A	NOT INSPECTED
Personnel is appropriately garbed when cleaning. (USP 795 5, USP 800 15)	X – per policy			
Appropriate agents used (cleaning, sanitizing, deactivation, decontamination): (fill in the blank for agents used) (USP 800 15 Table 5) **Agents: documented on cleaning logs**	X			

Floors and surfaces for compounding are easily cleanable and resistant to damage by agents. (USP 795 5)	X			
Work surfaces are cleaned and sanitized: (USP 795 5 Table 1) • At the beginning and end of each shift on days when compounding occurs • After spills • When surface contamination is known or suspected • Between compounding CNSPs with different components	X – per policy/logs			
Floors are cleaned and sanitized: (USP 795 5 Table 1) • On days when compounding occurs • After spills • When surface contamination is known or suspected	X – per policy/logs			
Walls and ceilings are cleaned and sanitized when visibly soiled, after spills and when surface contamination is known or suspected. (USP 795 5 Table 1)	X – per policy			
Storage shelving is cleaned and sanitized at least every three months, after spills, and when surface contamination is known or suspected. (USP 795 5 Table 1)	X – per policy			
Deactivation and cleaning for HDs is applied through use of wipes wetted with the appropriate solution (USP 800 15)				X
Decontamination of C-PEC: between compounding of different HDs, at least daily when used, any time a spill occurs, before and after certification, any time voluntary interruption occurs, and if the ventilation tool is moved (USP 800 15.2)	X – per policy			
Areas, other than the work surface of the C-PEC where contamination can build up (such as areas under the work tray), are deactivated, decontaminated and cleaned at least monthly (USP 800 15.2)				X
Spill kits readily available in all areas where compounding occurs and where HDs are routinely handled. (USP 795 6.2.5, USP 800 16)	X (non-HD area)			X*
COMMENTS: *No compounding observed during inspection. Inspector did not enter HD compounding area while on site – observed area from viewing window only.				

Equipment	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Appropriate for compound: not reactive, additive, or sorptive. (USP 795 4.1 6.1)	X			
Equipment stored to prevent contamination. (USP 795 6.1)	X			
Equipment routinely inspected and checked to ensure proper performance. (USP 795 6.1)	X			
Equipment routinely calibrated. (USP 795 6.1)	X			
Appropriately cleaned after use, rinse equipment and utensils. Recommended to occur with purified water (USP 795 4.3, 6.1)	X			
Annual certification of powder containment hood. (USP 795 6.1)	X			
Designated equipment for hazardous drugs or antibiotics or have procedures for cleaning shared equipment. (USP 795 6.1)	X			
Equipment is stored off the floor, in a manner that minimizes risk of contamination, and located to facilitate use, maintenance, and cleaning. (USP 795 4.2, 6.1)	X			
Equipment is appropriate for compounding process. (USP 795 6.1)	X			
Equipment surfaces that come in contact with components are not reactive, additive, or sorptive and will not alter the quality of the CNSP. (USP 795 6.1)	X			

Equipment, including CVE, BSC, or CPEC is verified for accuracy as often as recommended by the manufacturer or every 12 months, whichever is more frequent, as appropriate. (USP 795 6.1)				X*
Equipment is cleaned after compounding to prevent cross contamination of next preparation. (USP 795 6.1)	X			
COMMENTS: *Did not review calibration, verification, and maintenance records for all equipment during inspection.				

Components	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Records of appropriate storage conditions maintained for components specifically required by USP monograph, COA, or manufacturer product label (e.g. humidity, temperature) (USP 795 4.2)	X			
Components are stored off the floor in a manner that prevents contamination. (USP 795 4.2)	X			
Components are appropriate for compounding process. (USP 795 6.1)	X			
APIs comply with the criteria in the USP-NF monograph, if one exists. (USP 795 6.2.1, 201 KAR 2:076 Section 3 (5) (a))	X			
APIs have a COA that includes specifications and test results for the component that show the API meets expected quality. (USP 795 6.2.1)	X			
All components (e.g. APIs and inactive ingredients) must be manufactured by an FDA-registered facility if in the U.S. If cannot be obtained from an FDA-registered facility, APIs must be suitable for intended use. (USP 795 6.2.1)	X			
All other components should be accompanied by a COA that verifies that the component meets the criteria in the USP-NF. (USP 795 6.2.1)	X			
All other components must be manufactured by an FDA-registered facility if in the U.S. If cannot be obtained from an FDA-registered facility, components must be suitable for intended use. (USP 795 6.2.1)				X
If all other components are manufactured outside the U.S., components must comply with laws and regulations of applicable regulatory jurisdiction. (USP 795 6.2.1)				X
Water as a component is purified or better. (USP 795 6.2.1)	X			
If not a conventionally manufactured product, component is reviewed to ensure that it has met the acceptance criteria in an appropriate USP-NF monograph, if one exists. (USP 795 6.2.2)	X			
Upon receipt of components, the following is documented: receipt date (clearly and indelibly marked on each packaging system), quantity received, supplier name, lot number, expiration date, and results of any in-house or third-party testing. (USP 795 6.2.2)				X*
If lacking a vendor expiration date, components are not used after 3 years from date of receipt. (USP 795 6.2.2)				X
If lacking a vendor expiration date, components are given a shorter expiration date than 3 years if they are also used for sterile compounding or are known to be susceptible to degradation. (USP 795 6.2.2)				X
If a component has been found to be unacceptable, it is promptly rejected, clearly labeled as rejected, and segregated from active stock. Any other lots of that component from the same vendor are examined to see if they have the same defect. (USP 795 6.2.2)				X
COMMENTS: *Did not inspect each component to verify container marked with correct receipt date.				

Master Formulation Record (MFR)	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
An MFR is created for each unique formulation. (USP 795 7.1)	X			

Any changes or alterations to the MFR are approved and documented. (USP 795 7.1)				X
The designated person(s) or designee evaluate CNSP's characteristics when considering the assigned BUD for an MFR (USP 795 7.1)				X*
MFR includes the name, strength or activity, and dosage form of the CNSP. (USP 795 7.1)	X			
MFR identifies the identities and amounts of all components and, if applicable, relevant characteristics of components (e.g., particle size, salt form, purity grade, solubility). (USP 795 7.1)	X			
MFR includes the type of container–closure system(s). (USP 795 7.1)	X			
MFR has complete instructions for preparing the CNSP, including equipment, supplies, and a description of the compounding steps. (USP 795 7.1)	X			
MFR has a physical description of the final CNSP. (USP 795 7.1)	X			
MFR includes the assigned beyond-use date (BUD) and storage requirements. (USP 795 7.1)	X			
MFR contains the reference source to support the assigned BUD. (USP 795 7.1)				X**
MFR includes labeling requirements (e.g., shake well). (USP 795 7.1)	X			
MFR contains the calculations to determine and verify quantities and/or concentrations of components and strength or activity of APIs, if applicable. (USP 795 7.1)	X			
MFR has QC procedures (e.g., pH testing if applicable, visual inspection) and expected results. (USP 795 7.1)	X			
COMMENTS: *Unclear if DP has evaluated BUD based on MFR template - "Last Reviewed: 7/18/22. Reviewed Biennially" **Inspector unable to access stability reference cited on MFR when completing record review after site visit.				

Compounding Record (CR)	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
A CR is completed for each CNSP prepared. (USP 795 7.2, 14)	X			
CR includes the name, strength or activity, and dosage form of the CNSP. (USP 795 7.2, 14)	X			
CR includes the date (or date and time) the CNSP was prepared. (USP 795 7.2, 14)	X			
CR includes the assigned internal identification number (e.g., prescription, order, or lot number). (USP 795 7.2, 14)	X			
CR has a method to identify the individuals involved in the compounding process of the CNSP. (USP 795 7.2, 14)	X			
CR has a method to identify the individual who completed the review and verified the final CNSP. (USP 795 7.2, 14)	X			
CR includes the name, vendor or manufacturer, lot number, and expiration date of each component. (USP 795 7.2, 14)	X			
CR includes the weight or measurement of each component. (USP 795 7.2, 14)	X			
CR identifies the total quantity compounded. (USP 795 7.2, 14)	X			
CR lists the assigned BUD and storage requirements. (USP 795 7.2, 14)	X			
CR contains the calculations to determine and verify quantities and/or concentrations of components and strength or activity of API, if applicable. (USP 795 7.2, 14)	X			
CR has a physical description of the final CNSP. (USP 795 7.2, 14)	X			
CR includes the results of QC procedures (e.g., pH testing if applicable, visual inspection). (USP 795 7.2, 14)	X			
CR contains a MFR reference for the CNSP. (USP 795 7.2, 14)	X			
CR shows traceability of all components in the case of a recall or known quality issue. (USP 795 7.2, 14)	X			
There are procedures for in-process checks performed by a pharmacist. (USP 795 2, 7.2, 8)	X			
CR is reviewed for completeness before the CNSP is released. (USP 795 7.2, 14)	X			
Verification of a compounded preparation shall be completed by a pharmacist after the preparation is compounded and prior to dispensing to the patient. Documentation of the verification shall include notation of each pharmacist who performs verification. (201	X			

KAR 2:076 Section 5)				
COMMENTS:				

CNSP Dispensing	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
The pharmacist shall receive a written, electronic, facsimile, or verbal prescription, or medical order from a prescriber before dispensing any compounded, non-sterile preparation. (201 KAR 2:076 Section 5)				X
Prescriptions or medical orders shall contain the patient's name and species, if not human. (201 KAR 2:076 Section 5)				X
Prescriptions or medical orders shall contain the patient's address on controlled substances prescriptions or location (room number). (201 KAR 2:076 Section 5)				X
Prescriptions or medical orders shall contain the drug name and strength. (201 KAR 2:076 Section 5)				X
Prescriptions or medical orders shall contain the directions for use. (201 KAR 2:076 Section 5)				X
Prescriptions or medical orders shall contain the date. (201 KAR 2:076 Section 5)				X
Prescriptions or medical orders shall contain the authorized prescriber's name. (201 KAR 2:076 Section 5)				X
Prescriptions or medical orders shall contain the prescriber's address and DEA number, if applicable. (201 KAR 2:076 Section 5)				X
Prescriptions or medical orders shall contain the refill or end date instructions, if applicable. (201 KAR 2:076 Section 5)				X
Prescriptions or medical orders shall contain the dispensing quantity, if applicable. (201 KAR 2:076 Section 5)				X
CNSPs for human use shall: • Comply with the standards of an applicable USP or National Formulary monograph; • Be compounded from a component of a human drug approved by the United States Food and Drug Administration (FDA); or • Be compounded from a component that appears on the FDA's list of bulk drug substances established in 21 C.F.R. 216.23 that can be used in compounding; and • not be essential copies of a commercially available drug product unless authorized by 21 U.S.C. 353(a). 201 KAR 2:076 Sec 3 (5)	X			
COMMENTS:				

Labeling	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Each compounded preparation dispensed to patients shall be labeled with the following information: (a) Name, address, and telephone number of the licensed pharmacy, if preparation[product] will leave the premises. (201 KAR 2:076 Section 5)	X			
Each compounded preparation dispensed to patients shall be labeled with the date. (201 KAR 2:076 Section 5)	X			
Each compounded preparation dispensed to patients shall be labeled with an identifying number. (201 KAR 2:076 Section 5, USP 795 9)	X			
Each compounded preparation dispensed to patients shall be labeled with the patient's full name. (201 KAR 2:076 Section 5)	X			
Each compounded preparation dispensed to patients shall be labeled with the name of each drug, strength, and amount. (201 KAR 2:076 Section 5, USP 795 9)	X			
Each compounded preparation dispensed to patients shall be labeled with the directions for use, including infusion rate. (201 KAR 2:076 Section 5)	X			

Each compounded preparation dispensed to patients shall be labeled with the required controlled substances transfer warning(s), if applicable. (201 KAR 2:076 Section 5)				X
Each compounded preparation dispensed to patients shall be labeled with the beyond use date. (201 KAR 2:076 Section 5, USP 795 9)	X			
Each compounded preparation dispensed to patients shall be labeled with the identity of dispensing pharmacist. (201 KAR 2:076 Section 5)				X*
Each compounded preparation dispensed to patients shall be labeled with storage requirements, if applicable. (201 KAR 2:076 Section 5 USP 795 9)	X			
Each compounded preparation dispensed to patients shall be labeled with auxiliary labels (e.g., special handling instructions, warning statements), if applicable. (201 KAR 2:076 Section 5, USP 796 9, USP 800 11)	X			
Each compounded preparation dispensed to patients shall include dosage form. (USP 795 9)	X			
Each compounded preparation dispensed to patients shall include total amount or volume if it is not obvious from the container. (USP 795 9)	X			
Each label complies with requirements outlined by KRS 217.065 and KR5 218A.180, if applicable	X			
Each label is verified as correct. (USP 795 9)	X			
Recommended: CNSP label includes indication that the preparation is compounded. (USP 795 9)	X			
COMMENTS: *Unclear from CR (i.e. duplicate label) if/how this information is documented on patient's prescription label.				

Beyond Use Date (BUD)	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Each CNSP is assigned and labeled with a BUD in compliance with USP 795 standards: (USP 795 10.2, 10.3) • Packaged in tight, light-resistant containers • Chemical and physical stability properties of the API and any added substances in the preparation (e.g., if the API and added substances in the preparation are known to rapidly degrade over time and/or under certain storage conditions, reduce the strength of the preparation, or produce harmful impurities) • Compatibility of the container closure system with the finished preparation (e.g., leachables, interactions, adsorption, and storage conditions) • Degradation of the container closure system, which can lead to a reduction in integrity of the CNSP • Potential for microbial proliferation in the CNSP • Significant deviations from essential compounding steps and procedures; changes to essential compounding steps may have an impact on the stability of the formulation				X – see comments
BUD is not listed as an expiration date. (USP 795 10.1)	X			
Appropriate BUD assigned for aqueous dosage forms: (USP 795 10.3) • Non-preserved aqueous dosage forms have a BUD of **14 days** stored in **refrigerator.** Preserved aqueous dosage forms have a BUD of **35 days** stored at **controlled room temperature or in refrigerator.**				X
Appropriate BUD assigned for nonaqueous dosage forms: (USP 795 10.3) • Oral liquids (nonaqueous) have a BUD of **90 days** stored at **controlled room temperature or in refrigerator.** • Other nonaqueous dosage forms have a BUD of **180 days** stored at **controlled room temperature or in refrigerator.**				X
Pharmacy has a copy of the cited stability study, which used a stability-indicating analytical method, for extending BUDs, not to exceed 180 days. (USP 795 10.5)				X
If extending the BUD for an aqueous CNSP, there must be documented antimicrobial testing of the formulation in same container				X

closure system in which CNSP is packaged. (USP 795 10.3, 10.5)				
If bracketing study is referenced, concentration of all ingredients must fall within the bracketed range. (USP 795 10.5)				X
BUD of the CNSP must not exceed the shortest expiration date of the components used to make the product. (USP 795 10.4)	X			
COMMENTS: Copy of MFR/CR provided during inspection for subsequent review following site visit. Inspector unable to access stability reference cited on MFR when completing record review offsite.				

Continuous Quality Improvement (CQI)	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Facility has a formal, written, quality assurance and quality control program that establish a system of: (USP 795 12) • adherence to procedures, • prevention and detection of errors and other quality problems, • evaluation of complaints and adverse events, appropriate investigations and corrective actions.	X			
Facility has trained personnel responsible for each aspect of the QA program. (USP 795 12)	X			
QA/QC program is reviewed and documented at least once every 12 months by the designated person. (USP 795 12)	X			
Designated person reviews all complaints. (USP 795 12.2)	X			
Facility keeps a readily retrievable written or electronic record of each complaint, to include but not limited to: (USP 795 12.2) • the name of the complainant (or unique identifier), • the date the complaint was received, • the nature of the complaint, • the response to the complaint, • the CNSP information (if known), and • the findings of any investigation and any follow-up.	X – per policy			
Facility has SOP for recalls of out-of-specification dispensed CNSPs, to include but not limited to: (USP 795 12.1) • investigation and documentation for the reason of recall, • procedures to determine the severity and urgency of the problem, • the identification of patients who have received the CNSP, • notification of prescriber (Recommended) • the distribution of any affected CNSP, • the quarantine of any remaining stock, • the investigation of any other potentially affected lots • the disposal and documentation of the recalled CNSP	X – per policy			
Facility must document the implementation of recall procedures. (USP 795 12.1)				X
COMMENTS:				

Packaging and Transporting	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Packaging materials must protect CNSPs from damage, leakage, contamination, and degradation. (USP 795 13.1)				X
Packaging materials must protect personnel from exposure. (USP 795 13.1)				X
Recommended: Personnel SHOULD select and use packaging materials that will maintain the physical and chemical integrity and				X

stability of the CNSPs. (USP 795 13.1)				
Visual inspection of container closure integrity (e.g., checking for leakage, cracks in the container, or improper seals) prior to dispensing. (USP 795 8.1)				X
If stored prior to release, CNSP must be inspected for defects (e.g. leakage). (USP 795 8.1)				X
Defective CNSPs must be rejected and segregated from stock. (USP 795 8.1)				X
PIC shall ensure any compounded preparation leaving the premises is shipped or delivered in a manner that maintains the integrity and stability of the preparation. (201 KAR 2:076 Section 4 (3))				X
Temperature conditions monitored per SOP for CNSPs transported outside facility. (USP 795 13.2)				X
COMMENTS:				

Compounding Observations	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Compounding personnel remove any items that might interfere with garbing. (USP 795 3.1) Remove outer garments, hand, wrist and other exposed jewelry, earbuds or headphones.				X
Compounding personnel perform appropriate hand hygiene prior to compounding. (USP 795 3.2) Wash hands with soap and water for at least 30 seconds, dry hands with disposable towels and don gloves.				X
Only appropriately garbed personnel compounding (USP 795 3.2 USP 800 7) • For non-hazardous minimum of gloves. • For hazardous based on assessment of risk, if applicable, garb per SOP • If full hazardous garb required: gown, head, hair, shoe covers, and two pairs of chemo gloves.				X
Garb replaced as required (USP 795 3.2 and 3.3; USP 800 7.1) • Replace gloves if holes, punctures or tears. • **Recommended:** Should wipe or replace gloves between CNSPs with different components.				X
Non-hazardous - gowns only disposable garb that can be reused for one shift and remain in the compounding area. (USP 795 3.3)				X
PPE (gowns, shoe covers) worn in HD handling area are not worn to other areas (USP 800 7.2 and 7.3)				X
Hazardous – chemo gloves removed and discarded inside the C-PEC or contained in a sealable bag for discarding outside the C-PEC. (USP 800 7.6)				X
Hazardous – sterile and non-sterile compounding not occurring at same time in shared C-SEC (USP 800 5.3)				X
Other activities do not occur in the compounding area at same time as compounding. (USP 795 4.1)				X
Compounding area cleaned and sanitized prior to compounding. (USP 795 5)				X
Equipment inspected prior to use and if applicable, verified for accuracy. (USP 795 6.1)				X
Hazardous – disposable or dedicated equipment for compounding. (USP 800 13)				X
Hazardous compounding occurs in a C-PEC within a C-SEC (USP 800)				X
Activities that generate airborne chemical particles performed in closed-system processing device, if applicable (USP 795 6.1) CVE, BSC, single use containment glove bags				X
CVE or BSC cleaned and sanitized prior to compounding. (USP 795 6.1 Table 2)				X
Components visually inspected for container breakage, looseness of the closure or deviation from expected appearance or texture immediately prior to use. (USP 795 6.2.3)				X
Recommended: Once removed from original container, any component not used in compounding discarded and not returned to original container, i.e. excess after weighing. (USP 795 6.2.4)				X

Compounding performed according to CR/MFR. (USP 795 7)				X
In-process checks followed (USP 795 8)				X
Appropriate quality control steps followed. (USP 795 8)				X
Recommended: Only one CNSP prepared at a time				X
Pharmacist final check includes: (USP 795 8.1, 9 and 201 KAR 2:076) • Visual verification • Container closure integrity • Labeling • Quality control • BUD				X
Appropriately packaged to maintain physical integrity, stability and protection from damage, leakage, contamination and degradation. (USP 800 11.2)				X
If CNSP prepared prior to dispense date, separate visual verification prior to dispensing. (USP 795 8.1)				X
BUD assigned does not exceed the expiration date of a component or BUD of CNSP used as a component. (USP 795 10.4)	X			
Compounding record reviewed for completeness. (USP 795 7.2)	X			
If compound essentially a copy of a commercially available drug – documented patient specific need or on FDA drug shortage list. (201 KAR 2:076)			X	
Compounding area appropriately cleaned after compounding. (USP 795 5)				X
Compounding equipment appropriately deactivated and decontaminated, if applicable, and cleaned after compounding. (USP 795 6.1)				X
A spill kit is readily accessible in the compounding area. (USP 795 6.2.5)				X
Monitoring and observing compounding activities and taking immediate correct action if deficient practices are observed. (USP 795 1.1.4)				X
COMMENTS: No compounding observed during inspection. Where noted, compliance based on information documented on MFR/CR				

Veterinary	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
If compounded preparation (non-controlled) for veterinary use is not patient specific, then one of the following purposes must apply: (201 KAR 2:311) • Emergency treatment; • Situations when a time delay would negatively affect a patient outcome; or • Diagnostic purposes;			X	
Pharmacist shall receive a written, verbal, facsimile, or electronic request for a compounded drug from a veterinary practitioner that must indicate the formulation, strength and ordered quantity. (201 KAR 2:311)			X	
A record of the request from a veterinary practitioner for a compounded preparation shall be maintained pursuant to 201 KAR 2:171 and readily available for no less than 5 years. (201 KAR 2:076 Section 6 (1) and (2)(a))			X	
The compounded drug shall have a beyond use date. (201 KAR 2:311)			X	
The veterinary institution or ambulatory unit shall maintain only an emergency stock supply. (201 KAR 2:311)			X	
A label for not patient specific compound shall be generated for the compounded drug and shall include: (201 KAR 2:311) • The name of the requesting veterinarian;			X	

• The designated name and strength of the compounded drug; • The quantity dispensed; • If for a specific patient and the patient is a food producing animal, the withdrawal time; • A lot or batch number of the compounded drug; • The beyond use date for the compounded drug; • The date the compounded drug is dispensed; • The pharmacy's name, address, and telephone number; • Any special storage requirements; • A notation stating "For veterinary use"; and • Any auxiliary label required for the compounded drug.				
A non-controlled substance compounded drug is dispensed by a veterinarian for emergency take home use when in his or her professional judgment, failure to provide the drug would result in potential harm to the patient. (201 KAR 2:311)			X	
If dispensed from the veterinary institution or ambulatory unit, a compounded drug prescription for a veterinary patient shall be for up to a 14-day supply in accordance with the veterinarian prescription and dispensing labeling requirements as established in 201 KAR 16:600. (201 KAR 2:311)			X	
A compounded drug containing a controlled substance shall only be compounded for patient specific dispensing from the pharmacy to the ultimate user. (201 KAR 2:311)			X	
COMMENTS:				

Waivers	**COMPLIANT**	**NON COMPLIANT**	**N/A**	**NOT INSPECTED**
Does the pharmacy have a Board.approved waiver for nonsterile compounding? (201 KAR 2:076 Section 8)			X	
COMMENTS:				

Kentucky Board of Pharmacy
125 Holmes St.
Frankfort, KY 40601

Inspection Report

Pharmacy

Name: *UK SPECIALTY PHARMACY* **Permit No.:** *P07730*

Address: *531 WELLINGTON WAY, LEXINGTON, KY 40503*

Phone: *(859) 218-5413* **Fax:** *(859) 257-3828* **Email:** *specialtypharmacy@uky.edu*

Current: *Permit,DEA Registration*

Inspection

Date: *01/21/2025* **Time In:** *3:05 PM* **Time Out:** *5:32 PM*

Type: *Routine*

Notes: *See separate inspection reports for sterile and nonsterile compounding.*

Pharmacist and Interns

HIEP HOANG DINH

License: *015010* **Status:** *Active* **PIC:** *No*

Tyler J Long

License: *PT00025791* **Status:** *Active* **PIC:** *No*

LYNSEY M STONE

License: *018620* **Status:** *Active* **PIC:** *No*

Karen Michelle Judd

License: *014494* **Status:** *Active* **PIC:** *No*

STEPHEN ALEXANDER WRONA

License: *015491* **Status:** *Active* **PIC:** *No*

Nicholas R Wycoff

License: *PT00370094* **Status:** *Active* **PIC:** *No*

Pharmacist and Interns *(continued)*

WHITNEY NICOLE BLACKWELL
License: *015995* Status: *Active* PIC: *No*

MYRL DION SPENCER
License: *010893* Status: *Active* PIC: *No*

ANDREA WADE ROE
License: *016111* Status: *Active* PIC: *No*

JONATHAN DAVID HECK
License: *018603* Status: *Active* PIC: *No*

JARED TATE GREENE
License: *023552* Status: *Active* PIC: *No*

Charla Ann Applegate
License: *011218* Status: *Active* PIC: *No*

Lilianna M Apollos
License: *PT00372965* Status: *Active* PIC: *No*

DIANA VEGA KLUNK
License: *019023* Status: *Active* PIC: *No*

ANDREW STEPHEN RAUCH
License: *014954* Status: *Active* PIC: *No*

Mary Catherine Kerbler
License: *022877* Status: *Active* PIC: *No*

ASHLEY R COX
License: *PT00130139* Status: *Active* PIC: *No*

RIKKI PROCTOR
License: *PT00346415* Status: *Active* PIC: *No*

Pharmacist and Interns *(continued)*

ELIZABETH L NEAL

License: *PT00025140* Status: *Active* PIC: *No*

Chelsey B Pennington

License: *PT00034795* Status: *Active* PIC: *No*

Alyssa M Phillips

License: *PT00384737* Status: *Active* PIC: *No*

LAUREN POWELL

License: *PT00372208* Status: *Active* PIC: *No*

Kathleen M Hunter

License: *PT00233590* Status: *Active* PIC: *No*

CARI C TWAIT

License: *017680* Status: *Active* PIC: *No*

AMANDA BROOKE RAUCH

License: *016065* Status: *Active* PIC: *No*

TYLER BRADFORD HILL

License: *015968* Status: *Active* PIC: *No*

Gregory McKinley Hall II

License: *022180* Status: *Active* PIC: *No*

DAVID ALLSBROOK COLVIN

License: *015993* Status: *Active* PIC: *No*

JENNA MARIE NOETZEL

License: *015537* Status: *Active* PIC: *No*

GARY RAY ROBERTS

License: *015420* Status: *Active* PIC: *No*

Pharmacist and Interns *(continued)*

Shelby L Coy
License: *PT00108962* Status: *Active* PIC: *No*

Kelsey Lynn Batt
License: *017173* Status: *Active* PIC: *No*

BENJAMIN JERALD COY
License: *014535* Status: *Active* PIC: *No*

Faith Denise Percival
License: *023722* Status: *Active* PIC: *No*

Dana R Fletcher
License: *PT00346922* Status: *Active* PIC: *No*

Oliver B Nilsson
License: *PT00381569* Status: *Active* PIC: *No*

RACHEL AMBER BOULANGER
License: *017820* Status: *Active* PIC: *No*

MARC LUTTS
License: *022227* Status: *Active* PIC: *No*

WENDY K RAMEY
License: *010081* Status: *Active* PIC: *No*

SAMANTHA HELEN BOCHENEK
License: *017155* Status: *Active* PIC: *No*

Kristine N Meadors
License: *PT00352312* Status: *Active* PIC: *No*

KEITH ANTHONY STINSON
License: *011582* Status: *Active* PIC: *No*

Pharmacist and Interns *(continued)*

AMBER DIONNE EVANS

License: *014591* Status: *Active* PIC: *No*

Morgan A Curry

License: *PT00374700* Status: *Active* PIC: *No*

Jamie L Cotton

License: *PT00024267* Status: *Active* PIC: *No*

THOMAS LOWELL PLATT

License: *019959* Status: *Active* PIC: *No*

Devona Jo Mills

License: *010962* Status: *Active* PIC: *No*

RACHEL LYNN CAMERON

License: *020023* Status: *Active* PIC: *No*

Kayla McFarland

License: *PT00027754* Status: *Active* PIC: *No*

NICHOLAS BRITTAN FRALEY

License: *014462* Status: *Active* PIC: *No*

Alexa G Keller

License: *PT00380931* Status: *Active* PIC: *No*

FREDERICK ADAM PARRISH

License: *012944* Status: *Active* PIC: *No*

TIMOTHY MILTON CLIFFORD

License: *011541* Status: *Active* PIC: *No*

Jenna M Cannon

License: *PT00354738* Status: *Active* PIC: *No*

Pharmacist and Interns *(continued)*

DIONNE ASHLEY WIMS
License: *015727* Status: *Active* PIC: *No*

Rebekah LeAnne Boone
License: *021343* Status: *Active* PIC: *No*

Lauren N Swanson
License: *PT00386982* Status: *Active* PIC: *No*

Courtney T Youngs
License: *PT00369482* Status: *Active* PIC: *No*

EMILY JANE HANNERS
License: *013691* Status: *Active* PIC: *No*

Elizabeth C Neace
License: *PT00350496* Status: *Active* PIC: *No*

Michelle D Mullins
License: *PT00028645* Status: *Active* PIC: *No*

Heather N McCoy
License: *PT00019551* Status: *Active* PIC: *No*

STACEY N Boone
License: *PT00015694* Status: *Active* PIC: *No*

MEGAN LEIGH BROWN
License: *014152* Status: *Active* PIC: *No*

MATTHEW J. BEAVEN
License: *024387* Status: *Active* PIC: *No*

Kendall Paige Stratton
License: *022835* Status: *Active* PIC: *No*

Pharmacist and Interns *(continued)*

CARRIE W HAMILTON
License: *015084* Status: *Active* PIC: *No*

HOLLY H SHEARER
License: *015014* Status: *Active* PIC: *No*

SARAH MARIE HEGNAUER
License: *013643* Status: *Active* PIC: *No*

MARIBETH P WRIGHT
License: *017615* Status: *Active* PIC: *No*

LYNDA A YORK
License: *PT00013348* Status: *Active* PIC: *No*

Nathan A Hall
License: *PT00032506* Status: *Active* PIC: *No*

Perry Pawelka
License: *PT00387798* Status: *Active* PIC: *No*

Alyson Leigh Ann Mathis
License: *022937* Status: *Active* PIC: *No*

CHRISTIAN RHUDY
License: *022219* Status: *Active* PIC: *No*

Elizabeth Lynn Bryant
License: *015399* Status: *Active* PIC: *Yes*

susanna linnik
License: *PT00354157* Status: *Active* PIC: *No*

ASHLEY M STEWART
License: *014961* Status: *Active* PIC: *No*

Pharmacist and Interns *(continued)*

CONCETTA VISH LAWSON
License: *010118* Status: *Active* PIC: *No*

Kelsi Schlobohm
License: *PT00032484* Status: *Active* PIC: *No*

AARON J ABELL
License: *014936* Status: *Active* PIC: *No*

AMBER CHRISTINE SCHREIHOFER
License: *019893* Status: *Active* PIC: *No*

Katherine Gregory
License: *PT00375239* Status: *Active* PIC: *No*

NEA KIERSTIN JACKSON
License: *023721* Status: *Active* PIC: *No*

Sena Jill Abell
License: *014937* Status: *Active* PIC: *No*

MATTHEW ZELTNER
License: *PT00013731* Status: *Active* PIC: *No*

BROADUS MICHAEL FITZHUGH
License: *016512* Status: *Active* PIC: *No*

Shanda A Smith
License: *PT00029858* Status: *Active* PIC: *No*

Thomas E Swintosky
License: *PT00274846* Status: *Active* PIC: *No*

Michael R Mahan
License: *018578* Status: *Active* PIC: *No*

Pharmacist and Interns *(continued)*

Jonah W Lewis

License: *PT00358888* Status: *Active* PIC: *No*

HOLLY SUZANNE FISHER

License: *013779* Status: *Active* PIC: *No*

AUBRIE JONES

License: *PT00354281* Status: *Active* PIC: *No*

Megan Danielle Pendley Cooper

License: *016576* Status: *Active* PIC: *No*

TYLER EARL BRIGHT

License: *016074* Status: *Active* PIC: *No*

BENJAMIN M SAMUELS

License: *016565* Status: *Active* PIC: *No*

Morgan Kenzie Showalter

License: *021520* Status: *Active* PIC: *No*

EMILY S WIEDO

License: *PT00016045* Status: *Active* PIC: *No*

JONATHAN MICHAEL HUNT

License: *015544* Status: *Active* PIC: *No*

MELANIE L EICHNER

License: *PT00013827* Status: *Active* PIC: *No*

Mackenzie A Williams

License: *PT00356885* Status: *Active* PIC: *No*

Brittany Means

License: *PT00026712* Status: *Active* PIC: *No*

Pharmacist and Interns *(continued)*

ALYSON M HAMILTON
License: *013326* Status: *Active* PIC: *No*

KEVIN THOMAS PHILIPPART
License: *022569* Status: *Active* PIC: *No*

Jessica R Wilder
License: *PT00285310* Status: *Active* PIC: *No*

AMANDA N BLACKBURN
License: *PT00017503* Status: *Active* PIC: *No*

BRANDON LEE MONTGOMERY
License: *014492* Status: *Active* PIC: *No*

Meagan Riggle
License: *PT00370396* Status: *Active* PIC: *No*

KRISTEN M COLLIER
License: *PT00017435* Status: *Active* PIC: *No*

HEATHER MARIE FOLEY
License: *013693* Status: *Active* PIC: *No*

Kimberly K Skeens
License: *PT00369535* Status: *Active* PIC: *No*

JOSIAH CLARK DURHAM
License: *017048* Status: *Active* PIC: *No*

SARAH JOY HENDRICKSON
License: *012960* Status: *Active* PIC: *No*

EMILY HELENE HAMMOND
License: *011993* Status: *Active* PIC: *No*

Pharmacist and Interns *(continued)*

MARGARET THERESA ENGLISH
License: *020780* Status: *Active* PIC: *No*

Garrett Hayes
License: *PT00023279* Status: *Active* PIC: *No*

Olivia N Johnson
License: *PT00019836* Status: *Active* PIC: *No*

Ashley N Bryson
License: *PT00376579* Status: *Active* PIC: *No*

WHITNEY CVETICANIN
License: *PT00021285* Status: *Active* PIC: *No*

SANDY WOOTON-GAY
License: *PT00017501* Status: *Active* PIC: *No*

Thomas L Manges II
License: *PT00362571* Status: *Active* PIC: *No*

Matthew Crafton
License: *PT00380528* Status: *Active* PIC: *No*

GLISTINA ADAMS GULLETT
License: *012869* Status: *Active* PIC: *No*

Graham Caleb Smith
License: *PT00362555* Status: *Active* PIC: *No*

Tori Rachelle Davis
License: *022201* Status: *Active* PIC: *No*

LINDSEY PORTER SHEEHAN
License: *022833* Status: *Active* PIC: *No*

Pharmacist and Interns *(continued)*

Genevieve Fonov
License: *021581* Status: *Active* PIC: *No*

NANCY H MANNON
License: *009342* Status: *Active* PIC: *No*

Andrew T Collar
License: *PT00035708* Status: *Active* PIC: *No*

LELAND WRIGHT
License: *017037* Status: *Active* PIC: *No*

Mattie Henry
License: *PT00037036* Status: *Active* PIC: *No*

ANTHONY JOEL FRITZ
License: *017538* Status: *Active* PIC: *No*

JAMES DAVID JOHNSON
License: *014699* Status: *Active* PIC: *No*

JENNY BARNARD MILES
License: *011880* Status: *Active* PIC: *No*

Rachel Miller
License: *PT00016636* Status: *Active* PIC: *No*

EMILY GOODMAN EDWARDS
License: *016925* Status: *Active* PIC: *No*

KORI LEIGH WILLIAMS
License: *013745* Status: *Active* PIC: *No*

Brianna N Rutherford
License: *PT00033074* Status: *Active* PIC: *No*

Pharmacist and Interns *(continued)*

Lauren D Willis

License: *017986* Status: *Active* PIC: *No*

RACHEL ERIN ROBERTS

License: *016060* Status: *Active* PIC: *No*

Loren Powell

License: *PT00370493* Status: *Active* PIC: *No*

ERIN BRUCE BOOKMAN

License: *013967* Status: *Active* PIC: *No*

WILLIAM ROYCE STURDEVANT

License: *012942* Status: *Active* PIC: *No*

Pharmacy Area

Reference Material (201 KAR 2:090) Section 1	*Not Inspected*
Equipment (201 KAR 2:090) Section 2	*Not Inspected*
Security and Control (201 KAR 2:100)	*Not Inspected*
Sanitation (201 KAR 2:180)	*Not Inspected*
Refrigeration (201 KAR 2:090) Section 2 (1)(h)	*Not Inspected*
Drug Storage (201 KAR 2:180) Section 5	*Not Inspected*
Exclusive Compounding Area (KRS 217.055(2)) 201 KAR 2:180 Section 1	*Not Inspected*

General

Valid R.Ph License Displayed (KRS 315.110) (2)	*Not Inspected*
Valid Pharmacy Permit (KRS 315.035) and KRS 315.020 (add PIC info)	*Compliant*

General *(continued)*

Prescription Labeling Requirements (KRS 217.065)	*Not Inspected*
Pseudoephedrine Log (KRS 218A.1437) KRS 218A. 1446	*Not Inspected*
Collaborative Care Agreements (201 KAR 2:220)	*Not Inspected*
Board Authorized Protocols (201 KAR 2:380)	*Not Inspected*

Generic Substitution

Additional Prescription Recordkeeping (KRS 217.822) and 201 KAR 2:280	*Not Inspected*
Generic Drug Sign Posted (KRS 217.830)	*Not Inspected*
Pamphlet (KRS 217.896)	*Not Inspected*

Controlled Substances

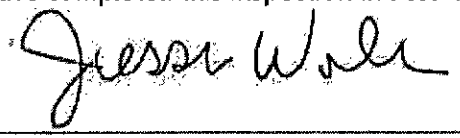
CII Prescription Requirements (KRS 218A.180) and 902 KAR 55:105	*Not Inspected*
Oral CIII-V Prescription Requirements (KRS 218A.180) and 902 KAR 55:105	*Not Inspected*
Written CIII-V Prescription Requirements (KRS 218A.180) and 902 KAR 55:105	*Not Inspected*
Purchase Records/DEA 222 Forms (KRS 218A.200)	*Not Inspected*
KASPER (902 KAR 55:105, 110)	*Not Inspected*
CII-V Filing Requirements - Prescription/Po: 21 (CFR 1304.04)	*Not Inspected*
Exempt CV Register (KRS 218A.190)	*Not Inspected*
Biennial Inventory Complete (21 CFR 1304.11) and KRS 218A. 200 (7)	*Not Inspected*
Power-of-Attorney Current 21 (CFR 1305.05)	*Not Inspected*
Inform Public of Proper and Safe Disposal of Controlled Substances (KRS 218A.170(3)(4))	*Not Inspected*

Patient Records/Counseling *(continued)*

Refused Offers Documented (201 KAR 2:210) *Not Inspected*

Inspector's Signature

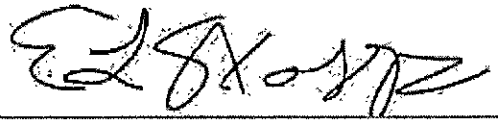
I have completed this inspection in accordance with the statutes and administrative codes.



Inspector: *Jessica Williams*

Pharmacist's Signature

I have read and understand the statutes and administrative codes. I acknowledge that the items noted in this report have been discussed with me. I understand that if I disagree with any of the deficiencies cited, that I have the right to refute them on this report or and other form that I choose to send to the department.



Pharmacist: *Elizabeth Skaggs*

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Resident Pharmacy

EFFECTIVE DATE: 12/22/2015

NUMBER: P07730

EXPIRATION DATE: 06/30/2026

PIC: Elizabeth Lynn Bryant

Issued to:

Uk Specialty Pharmacy

531 Wellington Way
Lexington, KY 40503

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

KENTUCKY

Board of Pharmacy

The Kentucky Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board.

Uk Specialty Pharmacy

Pharmacy

Permit Status:

Active

Permit #:

P07730

DBA Name:

Issued Date:

12/22/2015

Expire Date:

06/30/2026

Classification:

Resident Pharmacy

Discipline Status:

Good Standing

Discipline on File:

No

Facility Information

Address:

531 Wellington Way
Lexington, KY 40503
Fayette

Protocols:

Pharmacist In Charge:

Elizabeth Lynn Bryant

Pharmacy Phone:

859-257-3828

Pharmacy Email:

specialtypharmacy@uky.edu

Services:

Retail Independent
Compounding

Hours:

Lunch:
Sunday:
Monday: 07:30:00 - 17:00:00
Tuesday: 07:30:00 - 17:00:00
Wednesday: 07:30:00 - 17:00:00
Thursday: 07:30:00 - 17:00:00
Friday: 07:30:00 - 17:00:00
Saturday:

Public Records

No public records were found!

Information loaded from this database is current as of 6/4/2025 1:04:37 PM

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FU9104477	05-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-04-2023

UK - SPECIALTY PHARMACY
531 WELLINGTON WAY
LEXINGTON, KY 405031482

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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UK - SPECIALTY PHARMACY
531 WELLINGTON WAY
LEXINGTON, KY 405031482

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Form DEA-223 (9/2016)

4GGG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

Type of Facility		
☐ Ambulatory Surgical Center (ASC)		
☐ Recovery Center (RC)		
Type of Application (check applicable box)		**Ownership Type (check applicable box)**
■ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*	_____	☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: East Russel Surgery Partners

Physical Address: 4050 East Russel ~~Surgery Partners~~ Avenue

City: Las Vegas State: NV Zip: 89120

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Email: _____ Website _____

Nevada Business License # _____

Employed/Contracted Pharmacist Name: Michelle McCarthy NV Pharmacist License #: 22808

Medical Director Name: David Lanzkowsky

Days of Operation

■ Monday	☐ Tuesday	■ Wednesday	■ Thursday	■ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): None

Corporation/Organization Name: East Russel Surgery Partners, LLC

Mailing Address: 4454 North Decatur Blvd

City: Las Vegas State: Nevada Zip: 89130

Telephone: 7023401244 Email: alexcfo@cprnlv.com

Contact Person Name: Alex Lanzkowsky

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ■ No

Section 5: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Michelle McCarthy NV Pharmacist License #: 22808

As the employed/contracted pharmacist, for (ASC/RC Name): East Russell Surgery Partners,LLC DBA Centennial SC :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

5/5/2025
Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.**	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Lanzkowsky

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

05/05/2025

Date

Board Use Only	Date Received: 5/7/25	Amount: $500.00

FILED
SEP 04 2024
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID LANZKOWSKY, MD,** **Certificate of Registration No. CS06509, and** **WILLIAM BAUMGARTL, MD,** **Certificate of Registration No. CS19427,** **Respondents.**	**Case Nos. 23-106-CS-A-S** **23-106-CS-B-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent David Lanzkowsky, MD (Lanzkowsky), Certificate of Registration No. CS06509, and Respondent William Baumgartl (Baumgartl), MD, Certificate of Registration No. CS19427, by and through counsel, Tara A. Davidoff, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. On or about March 22, 2024, Respondents were served with the Notice of Intended Action and Accusation on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about April 15, 2024, Respondents jointly filed an Answer and Notice of Defense to the Accusation.

3. On or about July 18, 2024, Respondents were served with the First Amended Notice of Intended Action and Accusation (First Amended Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

4. Respondents are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to them pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Lanzkowsky has failed to comply with the provisions of this Stipulation, Lanzkowsky hereby knowingly and voluntarily waive his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. The allegation in Paragraph 4 of the First Amended Accusation is withdrawn and all related causes of action against Baumgartl in Case No. 23-106-CS-B-S, as set forth in Counts 3, 4, 5, 6 and 8, Paragraphs 16, 17, 18, 19 and 21 of the First Amended Accusation, are hereby DISMISSED pursuant to NRS 622A.320(4).

8. The causes of action against Lanzkowsky set forth in Counts 5, 6 and 7, Paragraphs 18, 19 and 20 of the First Amended Accusation, in Case No. 23-106-CS-A-S are hereby DISMISSED pursuant to NRS 622A.320(4).

9. The remaining causes of action against Lanzkowsky based upon the allegation in Paragraph 3 and set forth in Counts 1, 2 and 8, Paragraphs 14, 15 and 21 of the First Amended Accusation, in Case No. 23-106-CS-A-S stand, although Lanzkowsky does not admit to the violations alleged therein, *to wit,* that by permitting medical assistant Barraza to use his credentials and act under his authority to issue electronic prescriptions for controlled substances, Lanzkowsky violated 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 846, 21 CFR § 1306.03(a), 21 CFR

§ 1306.04(a), 21 CFR § 1311.100, 21 CFR § 1311.102, NRS 453.381(1), NRS 453.385, NRS 453.401(l)(a), NRS 639.235(1), NRS 639.23535, NRS 639.23911(1)(a), NRS 639.2813(1) and/or NAC 639.7105, and committed acts that render registration inconsistent with the public interest.

10. Those violations are pled with particularity in the First Amended Accusation and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210, NRS 639.23916(3)(b) and/or NRS 639.255.

11. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent David Lanzkowsky, MD, Certificate of Registration No. CS06509, stipulate to the following penalties in Case No. 23106-CS-A-S:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Lanzkowsky shall pay a fine of Five Thousand Dollars ($5000.00) for the violations by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by October 1, 2024; and

B. Pursuant to NRS 622.400, Lanzkowsky shall pay One Thousand Dollars ($1000.00) to partially reimburse the Board for recoverable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by October 1, 2024.

12. Any failure by Lanzkowsky to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Lanzkowsky to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order Lanzkowsky, the Board

may impose additional discipline upon Lanzkowsky consistent with the provisions of NRS Chapters 453 and 639.

13. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 4, 2024. Respondents and/or counsel will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

14. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

15. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that the prosecution shall take such further action as necessary to dismiss all charges against Baumgartl in Case No. 23-106-CS-B-S and notice a full hearing before the Board at a later date on the merits of the charges against Lanzkowsky in Case No. 23-106-CS-A-S. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the First Amended Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *First Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 15.00 **day of** August **2024**

Signed by:
David Lanzkowsky, MD

DAVID LANZKOWSKY, MD
Certificate of Registration No. CS06509

Signed this 15.00 **day of** August **2024**

Signed by:
William Baumgartl, MD

WILLIAM BAUMGARTL, MD
Certificate of Registration No. CS19427

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2024

Signed by:
Tara A Davidoff 8/19/2024

TARA A. DAVIDOFF, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2024

Signed by:
Brett Kandt 8/26/2024

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent David Lanzkowsky, MD, Certificate of Registration No. CS06509, in Case No. 23-106-CS-A-S, and Respondent William Baumgartl, MD, Certificate of Registration No. CS19427, in Case No. 23-106-CS-B-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 4th day of September 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

This transaction may contain information that is privileged, confidential, and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained in this communication (including any reliance thereon) is STRICTLY PROHIBITED. If you received this transmission in error, please immediately notify the sender and destroy the material in its entirety, whether in electronic or hard copy format. Thank you. If you received this transmission in error, please immediately notify the sender and destroy the material in its entirety, whether in electronic or hard copy format. Thank you.

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SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **EAST RUSSELL SURGERY PARTNERS, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 08/14/2024, and in good standing in this State.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 06/10/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202506105800676
You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site East Russell Surgeory Partners, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) 6468

Physical Address 4050 E. Russell Ave

City Las Vegas State NV Zip 89120

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-839-1203 Website _____

Licensing Company Email alexcfo@cprnlv.com

Section 2: Personal Information

First David Middle _____ Last Lanzkowsky

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI[redacted] Sex ☑ M ☐ F ☐ X

Mailing Address[redacted]

City Las Vegas State NV Zip 89130

Telephon[redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✔	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Stony Brook University Hospital		07/01/1989	06/30/1992
Address	**City**	**State**	**Zip**
100 Nicolls Rd	Stony Brook	NY	11794
Diploma/Degree obtained, if any			
Residency Anesthesiology			

School Name		From - To (MM/YY – MM/YY)	
North Shore University Hospital		07/01/1985	06/30/1987
Address	**City**	**State**	**Zip**
300 Community Dr	Manhasset	NY	11030
Diploma/Degree obtained, if any			
Residency General Surgery			

School Name		From - To (MM/YY – MM/YY)	
Sinai Hospital		07/01/1984	06/30/1985
Address	**City**	**State**	**Zip**
2401 W. Belvedere Ave	Baltimore	MD	21215
Diploma/Degree obtained, if any			
Internship General Surgery			

School Name		From - To (MM/YY – MM/YY)	
Ponce Medical School		07/01/1982	06/3081984
Address	**City**	**State**	**Zip**
388 Calle Luise	Ponce	Puerto Ri	00716
Diploma/Degree obtained, if any			
Medical Doctor			

School Name		From - To (MM/YY – MM/YY	
Universidad Autonomo De Guadalajara		07/01/1980	06/30/1982
Address	**City**	**State**	**Zip**
1201 Lomas Del Valle	Zapopan	mexico	
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2020 to present	[redacted]			
05/15 03/20				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Centennial Medical Group, LLP			06/01/2008 to present
Business Address	**City**	**State**	**Zip**
4454 N. Decatur Blvd	Las Vegas	NV	89130
Phone	**Title**		
702-839-1203	Owner		
Description of Duties			
Own and Manage Pain Management Clinic			

Business Name			From - To (MM/YY – MM/YY)
DL-JT Management Service, LLC			06/01/2001 to present
Business Address	**City**	**State**	**Zip**
4454 N. Decatur Blvd	Las Vegas	NV	89130
Phone	**Title**		
702-990-4770	Owner		
Description of Duties			
Owner and Medical Director of Ambulatory Surgery Center			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
03/22/2024	09/04/2024	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
23-106-CS-a-S	Nevada State Board of Pharmacy

Reason/Charge
Prescribing

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
David Lanzkowsky, M.D.	Citation

Name of Business/Industry/Entity
David Lanzkowsky, M.D.

Provide explanation below:

See attached stipulation and Order

Original Signature (electronic, copies or stamps not accepted)

5/6/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Lanzkowsky, M.D.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) Date 5/6/2025

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Summit

I, David Ry Lanzkowsky, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature **Date** 5/6/2025

Subscribed and Sworn to before me this 6th day of May, 2025.

M Grace Leavitt

Notary Public Signature

M. GRACE LEAVITT
NOTARY PUBLIC-STATE OF UTAH
COMMISSION EXP. 12/28/2027
COMMISION NO. 734787

(Seal)

FILED
SEP 0 4 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID LANZKOWSKY, MD,** **Certificate of Registration No. CS06509, and** **WILLIAM BAUMGARTL, MD,** **Certificate of Registration No. CS19427,** **Respondents.**	**Case Nos. 23-106-CS-A-S** **23-106-CS-B-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent David Lanzkowsky, MD (Lanzkowsky), Certificate of Registration No. CS06509, and Respondent William Baumgartl (Baumgartl), MD, Certificate of Registration No. CS19427, by and through counsel, Tara A. Davidoff, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about March 22, 2024, Respondents were served with the Notice of Intended Action and Accusation on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about April 15, 2024, Respondents jointly filed an Answer and Notice of Defense to the Accusation.

3. On or about July 18, 2024, Respondents were served with the First Amended Notice of Intended Action and Accusation (First Amended Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

4. Respondents are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to them pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Lanzkowsky has failed to comply with the provisions of this Stipulation, Lanzkowsky hereby knowingly and voluntarily waive his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. The allegation in Paragraph 4 of the First Amended Accusation is withdrawn and all related causes of action against Baumgartl in Case No. 23-106-CS-B-S, as set forth in Counts 3, 4, 5, 6 and 8, Paragraphs 16, 17, 18, 19 and 21 of the First Amended Accusation, are hereby DISMISSED pursuant to NRS 622A.320(4).

8. The causes of action against Lanzkowsky set forth in Counts 5, 6 and 7, Paragraphs 18, 19 and 20 of the First Amended Accusation, in Case No. 23-106-CS-A-S are hereby DISMISSED pursuant to NRS 622A.320(4).

9. The remaining causes of action against Lanzkowsky based upon the allegation in Paragraph 3 and set forth in Counts 1, 2 and 8, Paragraphs 14, 15 and 21 of the First Amended Accusation, in Case No. 23-106-CS-A-S stand, although Lanzkowsky does not admit to the violations alleged therein, *to wit,* that by permitting medical assistant Barraza to use his credentials and act under his authority to issue electronic prescriptions for controlled substances, Lanzkowsky violated 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 846, 21 CFR § 1306.03(a), 21 CFR

§ 1306.04(a), 21 CFR § 1311.100, 21 CFR § 1311.102, NRS 453.381(1), NRS 453.385, NRS 453.401(l)(a), NRS 639.235(1), NRS 639.23535, NRS 639.23911(1)(a), NRS 639.2813(1) and/or NAC 639.7105, and committed acts that render registration inconsistent with the public interest.

10. Those violations are pled with particularity in the First Amended Accusation and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210, NRS 639.23916(3)(b) and/or NRS 639.255.

11. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent David Lanzkowsky, MD, Certificate of Registration No. CS06509, stipulate to the following penalties in Case No. 23106-CS-A-S:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Lanzkowsky shall pay a fine of Five Thousand Dollars ($5000.00) for the violations by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by October 1, 2024; and

B. Pursuant to NRS 622.400, Lanzkowsky shall pay One Thousand Dollars ($1000.00) to partially reimburse the Board for recoverable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by October 1, 2024.

12. Any failure by Lanzkowsky to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Lanzkowsky to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order Lanzkowsky, the Board

may impose additional discipline upon Lanzkowsky consistent with the provisions of NRS Chapters 453 and 639.

13. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 4, 2024. Respondents and/or counsel will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

14. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

15. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that the prosecution shall take such further action as necessary to dismiss all charges against Baumgartl in Case No. 23-106-CS-B-S and notice a full hearing before the Board at a later date on the merits of the charges against Lanzkowsky in Case No. 23-106-CS-A-S. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the First Amended Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of September 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Lyn E. Beggs, Esq.
Law Office of Lyn E. Beggs, Esq.
316 California Ave., No. 863
Reno, NV 89509

Harry J. Nelson, Esq.
Tara A. Davidoff, Esq.
Nelson Hardiman, LLP
1100 Glendon Ave., 14th Floor
Los Angeles, CA 90024

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT I
BOARD COORDINATOR

Docusign Envelope ID: B6EB7D11-FAA4-44A2-BC1E-3D9BDF4298E0

Respondents have fully considered the charges and allegations contained in the *First Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 15.00 **day of** August **2024**

Signed by:
David Lanzkowsky, MD
65A593914E94456...

DAVID LANZKOWSKY, MD
Certificate of Registration No. CS06509

Signed this 15.00 **day of** August **2024**

Signed by:
William Baumgartl, MD
1838E0155362467...

WILLIAM BAUMGARTL, MD
Certificate of Registration No. CS19427

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2024

Signed by:
Tara A Davidoff 8/19/2024
0D6371E17BED441...

TARA A. DAVIDOFF, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2024

Signed by:
Brett Kandt, Esq. 8/26/2024
E34B5E1C5DB146F...

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent David Lanzkowsky, MD, Certificate of Registration No. CS06509, in Case No. 23-106-CS-A-S, and Respondent William Baumgartl, MD, Certificate of Registration No. CS19427, in Case No. 23-106-CS-B-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 4th day of September 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

4HHH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

Type of Facility		
■ Ambulatory Surgical Center (ASC) ☐ Recovery Center (RC)		
Type of Application (check applicable box)		**Ownership Type (check applicable box)**
☐ New ASC/RC ■ Ownership Change* ☐ Location Change * ☐ Name Change*	* If making a change, provide current license number: ASC02433	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9) ☐ Partnership (complete sections 1, 2, 5, 7, 8, 9) ☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: ST. MARY'S OUTPATIENT SURGERY CENTER AT GALENA, LLC

Physical Address: 18653 WEDGE PKWY #170

City: Reno State: NV Zip: 89511

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 775-326-9160 Fax: 775-789-9208

Contact Email: lhilka@westernsurgical.com Website https://summitgalena.org/

Nevada Business License # R117395A-LIC

Employed/Contracted Pharmacist Name: JEFFREY MONAGHAN NV Pharmacist License #: 06078

Medical Director Name: Lars Webb, MD, FACS

Days of Operation

■ Monday	■ Tuesday	■ Wednesday	■ Thursday	■ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): N/A

Corporation/Organization Name: ST. MARY'S OUTPATIENT SURGERY CENTER AT GALENA, LLC

Mailing Address: 18653 WEDGE PKWY #170

City: RENO State: NV Zip: 89511

Telephone: 775-326-9160 Email: lhilka@westernsurgical.com

Contact Person Name: Leland Hilka

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ■ Yes ☐ No

Section 5: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: JEFFREY MONAGHAN NV Pharmacist License #: 06078

As the employed/contracted pharmacist, for (ASC/RC Name): ST. MARY'S OUTPATIENT SURGERY CENTER AT GALEN.

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. *Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or*
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted) Date

5/12/25

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.**	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Leland Hilka

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

5/8/25

Date

Board Use Only	Date Received: 5/15/25	Amount: $600-CK9470

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **ST. MARY'S OUTPATIENT SURGERY CENTER AT GALENA, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 10/14/2008, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 05/06/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202505065694998
You may verify this certificate online at https://www.nvsilverflume.gov/home

SECRETARY OF STATE

NEVADA STATE BUSINESS LICENSE

SUMMIT SURGERY CENTER LLC

Nevada Business Identification # NV20191331566
Expiration Date: 05/31/2025

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/01/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202408014849628
You may verify this certificate online at https://www.nvsilverflume.gov/home

City of Reno

BUSINESS LICENSE

SAINT MARYS OUTPATIENT SURGERY CENTER AT GALENA

DBA: SUMMIT SURGERY CENTER AT SAINT MARYS GALENA

CHARLES VIRDEN

18653 WEDGE PARKWAY SUITE UNIT #170
RENO, NV 89511

LICENSE TYPE: PROFESSIONAL SERVICES

LICENSE #: **R117395A-LIC**

EXPIRES: **04/30/2026**

ANNUAL LICENSE

In accordance with the provisions of Reno Municipal Code Titles 4 and 5, the above named is hereby granted a City of Reno business license and is authorized to conduct the business activity listed. This license is valid until the expiration date unless suspended, revoked or cancelled and shall not be transferred or assigned.

DIRECTOR OF BUSINESS LICENSING

BIGGEST LITTLE CITY IN THE WORLD
CITY OF RENO

CITY CLERK

This license must be displayed in a conspicuous place pursuant to RMC Sec. 4.04.180(3). You may verify this business license online at www.onenv.us.

Title	Name	Buy-In	Share
President :	Alvaro Devia, MD	$47,727	9.09%
Vice President:	Lars Webb, MD	$47,727	9.09%
2nd Vice President:	Frieda Hulka, MD	$47,727	9.09%
Treasurer:	Amanda VanderClay, MD	$47,727	9.09%
Secretary:	James Nunley, MD	$47,727	9.09%
	Scott Cinelli, DO	$47,727	9.09%
	Ann Pratt, MD	$47,727	9.09%
	Alyson Crawford, MD	$47,727	9.09%
	Christopher Madsen, MD	$47,727	9.09%
	Heron Baumgarten, MD	$47,727	9.09%
	Michael Gerber, MD	$47,727	9.09%

5

ANNUAL DISCIPLINE CASES Reporting Period: January 2025 – June 2025			
FINDING	**HARM**	**DISCIPLINE INDIVIDUAL**	**DISCIPLINE FACILITY**
SY was engaged to serve as medical director of a practice that allowed unlicensed persons to access, possess, furnish and administer dangerous drugs without a direct practitioner supervision, including drug products intended for distribution in foreign markets and not approved in the U.S.	No	Certificate of Registration No. CS27231, is placed on probation for a period of one year subject to the following conditions: 1) public reprimand; 2) $2,500 fine; and 3) assessed $1,000 for attorney's fees and costs.	N/A
MH was engaged to serve as medical director of a practice that allowed unlicensed persons to access, possess, furnish and administer dangerous drugs without a direct practitioner supervision, including drug products intended for distribution in foreign markets and not approved in the U.S.	No	Certificate of Registration No. CS22622 is suspended. The suspension is stayed, and Respondent is placed on probation for a period of one year subject to the following conditions: 1) public reprimand; 2) $2,500 fine; and 3) assessed $1,000 for attorney's fees and costs.	N/A
JG pled guilty pursuant to a plea agreement and was convicted on one felony count of conspiracy in United States of America v. Jeffrey Dave Gress, United States District Court for Central District of California, Case 8:18-cr-00014-JLS. Respondent subsequently surrendered his DEA Registration No. FG3245455 by executing a DEA Form 104	No	Certificate of Registration No. CS20182 is revoked; Respondent may not petition for reinstatement for a period of one year from the effective date of the Order. Respondent fined $5,000and assessed $1,000 for attorney's fees and costs.	N/A
WP dispensed a prescription with erroneous directions for use which resulted in negative outcome to patient and failed to properly document medication counseling.	Yes	N/A	Respondent fined $1,000 and assessed $500 for attorney's fees and costs.
WH performed data entry review and final product verification of a prescription and failed to detect erroneous directions for use which resulted in a negative outcome to the patient.	Yes	Respondent fined $1,000 and assessed $500 for attorney's fees and costs.	N/A

HB failed to properly document medication counseling for a prescription.	Yes	Respondent fined $1,000 and assessed $500 for attorney's fees and costs.	N/A
NSP compounded and dispensed drug products for 64 patients located in Nevada without holding a Nevada Pharmacy license, and the prescriptions dispensed may not have been compounded in compliance with Nevada Law.	No	N/A	Respondent fined $25,000 for the violations.
JK surrendered his Neveda Medical License No. 15386 to practice medicine for cause and no longer qualifies as a practitioner for registration to dispense controlled substances, and he committed acts that render his registration inconsistent with the public interest.	No	Certificate of Registration No. CS24228 is revoked; Respondent may not petition for reinstatement for a period of one year from the effective date of the Order. Respondent fined $2,000 and assessed $1,880.42 for attorney's fees and costs.	N/A
JB failed to disclose arrests and/or convictions on his original Pharmaceutical Technician in Training application. The Board held a hearing to address the charges against him on January 15, 2025, where he failed to appear, and a default order was taken.	No	Certificate of Registration No. PT28790 was revoked for a period of one year and assessed $511.46 in attorney's fees and costs.	N/A

AL transported a supply of controlled substances between his home/vehicle/office and various hospital operating rooms and/or surgery centers in a location other than a registered office in violation of Nevada Law. In addition, he knowingly or intentionally acquired controlled substances and/or dangerous drugs without a prescription and failed to query the controlled substance information in the PMP in violation of Nevada Law.	No	Certificate of Registration No. CS18089 is revoked. The revocation is stayed and placed on probation for a period of five years from the effective date of the Order. Respondent Lee shall not possess controlled substances except while on the premises of a hospital, a surgery center for ambulatory patients, or another medical facility where respondent is treating or caring for a surgical patient. Respondent Lee shall participate in four quarterly inspections from the effective date of the Order to January 14, 2026. Respondent fined $10,000 for the violations; and assessed $5,000 in attorney's fees and costs.	N/A
YS failed to secure dangerous drugs in a locked cabinet thereby allowing access to dangerous drugs by unlicensed personnel and administered drug products to a patient that were not acquired in compliance with Nevada Law.	No	YS accepts the Stipulation and Order as a public reprimand; fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.	N/A
RR worked as a pharmaceutical technician in training without obtaining a certificate of registration from the Board for the work location.	No	Certificate of Registration No. PT28825 is revoked, and Respondent may not petition for reinstatement for a period of one year from the effective date of the Order; and assessed $1,222.85 in attorney's fees and costs.	N/A

JS failed to disclose disciplinary order on his 2022 biennial renewal application for his Certificate of Registration No. CS09874. Respondent Siems issued sixty-eight controlled substance prescriptions on a suspended registration and permitted his medical assistants to forge and issue prescriptions for controlled substances.	No	Respondent's Certificate of Registration No. CS09874 is revoked, and Respondent may not petition for reinstatement for a period of two years from the effective date of the Order; Respondent fined $5,000 for the violations; and assessed $2,968.64 in attorney's fees and costs.	N/A
SCS engaged in the sale and or distribution of counterfeit HIV-1 drugs and transmitted falsified transaction records.	No	N/A	Respondent's License No. WH02131 is revoked, the revocation is stayed and Respondent placed on probation for a period of three years subject to the following conditions: a) Respondent shall pay a fine of $5,000 for the violations; b) assessed $3,584.10 in attorney's fees and costs; and c) Respondent shall be subject to an inspection by Board staff at respondent's expense.
WP is responsible for the acts of its employees who made an error in a prescription and failed to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024.	No	N/A	Respondent fined $2,000 for the violations; and assessed $500 in attorney's fees and costs.
JE failed to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024.	No	Respondent fined $500 for the violations; and assessed $500 in attorney's fees and costs.	N/A

CQ fined $500 for the violations; and assessed $500 in attorney's fees and costs.	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
OM billed insurers for products that were never delivered to patients, failed to maintain an adequate system to resolve complaints by these patients, and failed to notify the Board of the departure of its facility administrator within three business days.	No	N/A	Respondent is not eligible to apply for a license or engage in business as a medical products provider or medical products wholesaler for a period of two years after the effective date of this Stipulation; Respondent shall notify the Board in writing if it becomes aware that any of its current officers, directors, shareholders, partner, or members have applied in an individual or representative capacity for a license to conduct business as a medical products provide or medical products wholesaler; Respondent shall accept this Stipulation as a public reprimand; Respondent shall refund payments or deposits as described in sections 1a, 1b, 1c, 1d, and 1f of the Investigate Report by June 30, 2025; Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.
WP is responsible for the acts of an employee who accessed protected health information for the purpose of learning personal information about a patient.	No	N/A	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.

MR accessed protected health information for the purpose of learning personal information about a patient.	No	Certificate of Registration No. PT28786 is revoked retroactively to October 31, 2024, and may not petition the Board for reinstatement for a period of one year from the effective date of the revocation; and assessed $500 in attorney's fees and costs.	N/A
EC diverted controlled substances from her place of employment at CVS Pharmacy.	No	Certificate of Registration No. PT18610 is revoked and may not petition for reinstatement for a period of one year.	N/A
LI failed to properly service the respiratory equipment furnished to a patient at least every 24 months as required by the manufacturer's product manual.	N/A	N/A	Respondent fined $1,000 for the violations; and assessed $1,000 in attorney's fees and costs.
HM failed to pay the $10,000 fine and $544.55 in attorney's fees and costs in Case No. 20-070-PR-N ordered on April 17, 2024. The Board filed an Order to Show Cause due to non-compliance with the Order, and HM petitioned the Board to vacate the disciplinary actions in the case.	No	The Board denied the request to vacate the decision and upheld the $10,000 fine and $544.55 in attorney's fees and costs.	N/A
MPS is responsible for the acts of its employees who filled and dispensed unlawful prescriptions for controlled substances and compounded semiglutide, employed one pharmaceutical technician in training (PTT) on an expired registration and another PTT without obtaining a registration to work at Meta Pharmacy.	No	N/a	Respondent fined $10,000 for the violations; $2,000 in attorney's fees and costs; and quarterly inspections for a period of one year not to exceed $500 at owner's expense.

SB Respondent filled and dispensed unlawful prescriptions for controlled substances and compounded semiglutide, employed one pharmaceutical technician in training (PTT) on an expired registration and another PTT without obtaining a registration to work at MPS.	No	Certificate of Registration No. 17303 is revoked, the revocation is stayed, and respondent is placed on probation for a period of ten years subject to the following conditions: a) a public reprimand; b) pay a $10,000 fine for the violations; c) pay $2,000 in attorney's fees and costs; d) 12 additional continuing education on pharmacy law and ethics within six months of the Order date; e) shall not be a managing pharmacist at Meta Pharmacy or any pharmacy licensed by the Board during the probation period; f) shall divest himself of any ownership interest in Meta Pharmacy within 90 days of the Order and shall not hold any ownership in any pharmacy licensed by the Board during the probation period; and g) shall not work as a pharmacist for Meta Pharmacy for a period of two years from the effective date of the Order.	N/A
MB knowingly filled and dispensed unlawful prescriptions for controlled substances.	No	Certificate of Registration No. 14966-B is suspended, the suspension is stayed, and respondent is placed on probation for a period of one year subject to the following conditions: a) a public reprimand; b) pay a $1,000 fine for the violations; c) pay $1,000 in attorney's fees and costs	N/A

CP in Case No. 23-175-RPH-S refused to transfer a prescription as requested by a patient and engaged in unprofessional conduct, and he knowingly filled and dispensed unlawful prescriptions for controlled substances in Case No. 24-125-RPH-B-S.	No	Certificate of Registration No. 16325 is suspended, the suspension is stayed, and respondent is placed on probation for a period of two years subject to the following conditions: a) a public reprimand; b) pay a $2,000 fine for the violations; c) pay $2,000 in attorney's fees and costs; and d) shall complete ten additional continuing education (CE) hours on pharmacy law and ethics within six months of the effective date of the Order.	N/A
UAK has failed to pay the fine payment of $1,300 and $749 in attorney's fees and costs ordered December 1, 2021. The Board filed an Order to Show Cause due to non-compliance with the Order, and a default hearing was heard on April 16, 2025, due to his failure to appear.	No	The Board upheld the fine payment of $1,300 and $749 in attorney's fees and costs.	N/A
EM has failed to pay the fine payment of $5,000 and $812.50 in attorney's fees and costs ordered April 21, 2021. The Board filed an Order to Show Cause due to non-compliance with the Order, and a default hearing was heard on April 16, 2025, due to his failure to appear.	No	The Board upheld the fine payment of $5,000 and $812.50 in attorney's fees and costs.	N/A
The Board filed an Order of Summary Suspension based upon the preliminary findings that AG diverted controlled substances. AG failed to appear, and a default hearing was heard on April 16, 2025.	No	The Board upheld the summary suspension for AG's Certificate of Registration No. PT20499 pending the filing of charges.	N/A

As pharmacy/pharmacy owner, PSP is responsible for the acts of its employee in Case No. 23-175-PH-S who refused to transfer a prescription at the request of the patient. PSP is responsible for the acts of its employees in Case No. 23-239-PH-S who purchased drug substances from an unlicensed wholesaler in Nevada; dispensed several drug products to patients with directions to compound the drugs themselves; and furnished a patient's practitioner with prescription blanks bearing the name of the pharmacy. PSP is responsible for the acts of its employees in Case No. 23-429-PH-S who dispensed 512 invalid prescriptions issued for "Emergency Kits" or "COVID Kits" for which the drugs in each were not identified on the prescription and dispensed and substituted a different drug without permission in the "COVID Kits". PSP is responsible for the acts of its employees in Case No. 24-424-RPH-S who accepted, processed, and dispensed prescriptions that were not valid and those of which were controlled substance prescription were not transmitted electronically as required by Nevada Law.	No	N/A	Respondent PSP shall be revoked effective December 31, 2025. Before the revocation, PSP License No. PH02028 shall be placed on probation, effective immediately, and is subject to the following conditions of probation: 1) Respondent fined $10,000; 2) Respondent assessed $3,000 in attorney's fees and costs; 3) Respondent shall comply with all federal and state statutes and regulations concerning controlled substance and dangerous drugs and shall have no additional charges filed against it during the period of probation; and 4) Respondent shall submit to monthly inspections at its own expense during the probation period.
Respondent MB failed to complete his 2019 and 2021 continuing education hours as required by Nevada Law. Respondent's Certificate of Registration No. 18710 is placed on probation until July 18, 2025. He must produce proof of two and one-half continuing education credits and one law continuing education credit.	No	If he fails to provide proof, his Certificate of Registration No. 18710 will be suspended for a period of time not to exceed five months; any suspension will be lifted upon proof of his completed required continuing education credit. Respondent fined $1,000; and assessed $500 in attorney's fees and costs.	N/A

As managing pharmacist during the times of the events, Respondent JL is responsible for the acts of its employees who purchased drug substances from an unlicensed wholesaler in Nevada; dispensed several drug products to patients with directions to compound the drugs themselves; and furnished a patient's practitioner with prescription blanks bearing the name of the pharmacy.	No	Respondent JL, Certificate of Registration No. 17503, is revoked, effective immediately. The revocation is stayed and is placed on probation for a period of five years subject to the following conditions: 1) Respondent fined $10,000; 2) Respondent assessed $1,000 in attorney's fees and costs; 3) On or before December 31, 2025, Respondent shall complete twelve additional hours of continuing education on pharmacy law and ethics; During the period of probation, Respondent shall not work as a managing pharmacy for or hold an ownership in any pharmacy licensed by the Board other than EliteRx (License No. PH04615).; 4) Respondent shall comply with all federal and state statutes and regulations concerning controlled substances and dangerous drugs and have no additional charges filed against him during the probation; and 5) Respondent shall not engage in the practice of compounding "sterile compounded drug products" for a period of two years after the approval of the Stipulation.	N/A

As pharmacy owner and managing pharmacist during the times of the events, Respondent RS is responsible for the acts of its employees in Case No. 23-429-PH-S who dispensed 512 invalid prescriptions issued for "Emergency Kits" or "COVID Kits" for which the drugs in each were not identified on the prescription and dispensed and substituted a different drug without permission in the "COVID Kits". Respondent RS is responsible for the acts of its employees in Case No. 24-424-RPH-S who accepted, processed, and dispensed prescriptions that were not valid and those of which were controlled substance prescription were not transmitted electronically as required by Nevada Law.	No	Respondent Seik, Certificate of Registration No. 13574, shall be revoked effective August 1, 2025. The revocation shall be stayed and is placed on probation for a period of five years subject to the following conditions: 1) Respondent shall pay a fined $10,000; 2) Respondent assessed $1,000 in attorney's fees and costs; 3) On or before December 31, 2025, Respondent shall complete twelve addition hours of continuing educations on pharmacy law and ethics; 4) On or after August 1, 2025, and through the end of probation, Respondent shall not work as a managing pharmacist for any pharmacy licensed by the Board; 5) On and after December 31, 2025, Respondent shall not hold an ownership in any pharmacy licensed by the Board; 6) On and after the entry of this Stipulation through the end of the period of probation, Respondent shall comply with all federal and state statutes and regulations concerning controlled substances and dangerous drugs and shall have no additional charges filed against him; and 7) On and after the entry of this Stipulation through the end of the period of probation, Respondent shall not engage in the practice of compounding drug products.	N/A

Respondent GD entered a Settlement Agreement with the Osteopathic Board's Case No. PN1407002 and voluntarily surrendered his license. The Nevada Board of Pharmacy took reciprocal action on Certificate of Registration No. CS03830 due to violations relating to controlled substances, engaging in unprofessional conduct, and acts committed that render his registration inconsistent with the public interest.	No	Respondent's Certificate of Registration No. CS03830 is revoked retroactively to October 31, 2024, and may not petition for reinstatement for a period of one year.	N/A
Respondent Coleman diverted controlled substances for 863 Alprazolam and 2,057mg of promethazine with codeine syrup.	No	Respondent's Certificate of Registration No. PT16852 is revoked and cannot petition for reinstatement for a period of one year. Respondent fined $1,000; and assessed $638.97 in attorney's fees and costs.	N/A

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FILED
APR 2 1 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AJUMOBI CHARLES AGU, MD,** **Certificate of Registration No. CS21324,** **Respondent.**	**CASE NO. 22-535-CS-S** **ORDER TO SHOW CAUSE**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), makes the following that will serve both a notice of intended action under NRS 233B.127(3) and as an order to show cause under NAC 639.965:

1. Respondent Ajumobi Charles Agu, MD, revoked Certificate of Registration No. CS21324, is hereby directed to appear before the Board for a hearing to show cause scheduled **Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter** at the following location:

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

2. On Wednesday, March 6, 2024, the Board entered its Findings of Fact, Conclusions of Law, and Order revoking Certificate of Registration No. CS21324 and imposing discipline on Respondent pursuant to NRS 453.241(1)(b) and NRS 639.255 (Order).

3. Respondent has failed to make payment of a fine of One Thousand Dollars ($5,000.00) pursuant to the Order.

4. Respondent has failed to make payment of Four Thousand Sixty-Five Dollars and Fifty-One Cents ($4,065.51) for reasonable attorney's fees and recoverable costs pursuant to the Order.

5. Respondent is therefore directed to show cause why he should not be subject to further discipline pursuant to NRS Chapters 453 and 639, or otherwise demonstrate that his conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3).

IT IS SO ORDERED.

Entered this 21st day of APRIL 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21ST day of April 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Ajumobi Charles Agu, MD
[redacted]
Henderson, NV [redacted]

Ajumobi Charles Agu, MD
[redacted]
Las Vegas, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
MAR 0 6 2024
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AJUMOBI CHARLES AGU, MD,** **Certificate of Registration No. CS21324,** **Respondent.**	**CASE NO. 22-535-CS-S** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, March 6, 2024. Brett Kandt, Esq., prosecuted the case before the Board. Respondent Ajumobi Charles Agu, MD, Certificate of Registration No. CS21324, appeared *pro se*. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The Board finds that probative evidence exists in the record to establish each of the following facts by a preponderance of the evidence:

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Ajumobi Charles Agu, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS21324, issued by the Board.

2. Respondent last reviewed his MyRx prescriber activity in the Nevada Prescription Monitoring Program database on November 23, 2021.

3. On or about June 30, 2023, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 23-12518-1, summarily suspending Respondent's NSBME License No. 8857 to practice medicine for violating prior NSBME disciplinary orders resulting from violations of NRS Chapter 630 related to prescribing controlled substances.

4. On or about July 14, 2023, Board staff served Respondent with notice that the suspension of his NSBME License No. 8857 operated as an immediate suspension of his Certificate of Registration No. CS21324 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

5. Respondent issued multiple electronic prescriptions for controlled substances after the suspension of his Certificate of Registration No. CS21324.

6. On or about August 10, 2023, the NSBME entered an order in Case No. 23-12518-1, lifting the summary suspension of Respondent's NSBME License No. 8857 to practice medicine; however, Respondent failed to petition the Board for reinstatement of his Certificate of Registration No. CS21324 pursuant to NRS 639.2565.

7. On or about September 18, 2023, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing, and Respondent filed an Answer and Notice of Defense to the Accusation on or about October 31, 2023.

8. On or about September 19, 2023, the NSBME entered an order in Case No. 23-12518-1 summarily suspending for a second time Respondent's NSBME License No. 8857 to practice medicine for violating prior NSBME disciplinary orders resulting from violations of NRS Chapter 630 related to prescribing controlled substances.

9. Board staff incurred at least $4,065.51 in attorney's fees and recoverable costs investigating and prosecuting this administrative action. The attorney's fees are reasonable based upon legal counsel's professional qualities, the nature of this administrative enforcement action, the work performed, and the result as evidenced by this Order.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and these Respondents, because at the time of the events herein, Respondents held a registration issued by the Board.

2. The applicable law in this matter is as follows:

A. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

B. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

C. A practitioner who fails to comply with 21 CFR § 1311.102 is responsible for any electronic controlled substance prescriptions issued using his two-factor authentication credential. *See also* NAC 639.7105(2)(b); NRS 453.164(7) (a practitioner shall review for accuracy his or her prescriber activity in the PMP database at least once every 6 months).

D. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

E. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

F. Violating any term or condition of an order issued by the Board or the staff of the Board constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(l) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

G. The Board may suspend or revoke a controlled substance registration upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

H. The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, NRS 454.00958 or NRS 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a registration issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

I. The pre-hearing suspension of any certificate, license or registration of a practitioner pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

3. By issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(11).

4. By issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted

or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(12).

5. By violating NRS Chapter 630 as detailed in the NSBME's orders in Case No. 23-12518-1, and by issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

6. By issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(k) and (l) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

7. By violating NRS Chapter 630 as detailed in the NSBME's orders in Case No. 23-12518-1, and by issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(d) and (e) and NRS 453.241(1).

8. To the extent Respondent's electronic prescribing credentials were compromised and resulted in the unlawful issuance of fraudulent controlled substance prescriptions by a third party, as Respondent alleges in his defense, Respondent failed to comply with 21 CFR § 1311.102, NRS 453.164(7) and NAC 639.7105(2)(b), performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), committed acts that render his registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1) and/or NRS 639.210(4), (11) and (12).

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The registration of Respondent Ajumobi Charles Agu, MD, Certificate of Registration No. CS21324, is hereby revoked pursuant to NRS 453.241(l)(b).

2. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until he has petitioned the Board for reinstatement pursuant to NRS 639.257 and the Board reinstates his certificate of registration.

3. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of his certificate of registration for a period of two (2) years from the effective date of this Order.

4. In the event Respondent applies for reinstatement of his certificate of registration, or applies for any other certificate, license or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

5. Pursuant to NRS 639.255(1)(f), Respondent shall pay a fine of One Thousand Dollars ($1,000.00) for each of the five (5) causes of action in the Accusation, for a total of Five Thousand Dollars ($5,000.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by March 6, 2025.

6. Pursuant to NRS 622.400, Respondent shall pay Four Thousand Sixty-Five Dollars and Fifty-One Cents ($4,065.51) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada

State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by March 6, 2025.

7. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 453 and Chapter 639.

8. This Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5), and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

9. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 6 day of March, 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AJUMOBI CHARLES AGU, MD,** **Certificate of Registration No. CS21324,** **Respondent.**	**CASE NO. 22-535-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Ajumobi Charles Agu, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS21324, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about June 30, 2023, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 23-12518-1, summarily suspending Respondent's NSBME License No. 8857 to practice medicine for violating prior NSBME disciplinary orders resulting from violations of NRS Chapter 630 related to prescribing controlled substances.

3. On or about July 14, 2023, Board staff served Respondent with notice that the suspension of his NSBME License No. 8857 operated as an immediate suspension of his Certificate of Registration No. CS21324 with the Board pursuant to NRS 639.2107, and that

Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

4. Respondent issued multiple prescriptions for controlled substances after the suspension of his Certificate of Registration No. CS21324.

5. On or about August 10, 2023, the NSBME entered an order in Case No. 23-12518-1, lifting the summary suspension of Respondent's NSBME License No. 8857 to practice medicine; however, Respondent has failed to petition the Board for reinstatement of his Certificate of Registration No. CS21324 pursuant to NRS 639.2565.

APPLICABLE LAW

6. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

7. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

8. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

9. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

10. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

11. The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, NRS 454.00958 or NRS 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

12. The pre-hearing suspension of any certificate, license or registration of a practitioner pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

COUNT ONE
Violations of Federal Controlled Substances Act

13. By issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(11).

COUNT TWO
Violations of State Controlled Substances Act

14. By issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent falsely represented himself as a

practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1)and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(12).

COUNT THREE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

15. By violating NRS Chapter 630 as detailed in the NSBME's orders in Case No. 23-12518-1, and by issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT FOUR

Unprofessional Conduct – Prescribing on Suspended Registration

16. By issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT FIVE

Commission of Acts that Render Registration Inconsistent with the Public Interest

17. By violating NRS Chapter 630 as detailed in the NSBME's orders in Case No. 23-12518-1, and by issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 16th day of SEPTEMBER 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AJUMOBI CHARLES AGU, MD,** **Certificate of Registration No. CS21324,** **Respondent.**	**CASE NO. 22-535-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 6, 2023, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 1st day of SEPTEMBER, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AJUMOBI CHARLES AGU, MD,** **Certificate of Registration No. CS21324,** **Respondent.**	**CASE NO. 22-535-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

AJUMOBI CHARLES AGU, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of September 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Ajumobi Charles Agu, MD
[redacted]
Henderson, NV [redacted]

Ajumobi Charles Agu, MD
[redacted]
Las Vegas, NV [redacted]

SHIRLEY HUNTING

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NEVADA STATE BOARD OF PHARMACY

ALIA A. NAJJAR, M.D., ESQ.
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Attorneys for Ajumobi Charles Agu, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. AJUMOBI CHARLES AGU, M.D., Certificate of Registration No. CS21324, Respondent.	CASE NO. 22-535-CS-S **ANSWER AND NOTICE OF DEFENSE**

AJUMOBI CHARLES AGU, M.D. ("Dr. Agu"), by and through his counsel, LEWIS BRISBOIS BISGAARD & SMITH, LLP, hereby submits his Answer and Notice of Defense to the Notice of Intended Action and Accusations filed by the Nevada Board of Pharmacy as follows:

JURISDICTION

I. Answering Paragraph I, Respondent objects to this paragraph as it calls for a legal conclusion; notwithstanding, Respondent admits that he previously held a Board-issued Nevada controlled substances registration, Certificate of Registration No. CS21324.

FACTUAL ALLEGATIONS

II. Answering Paragraph II, Respondent objects to this paragraph as it calls for a legal conclusion; notwithstanding, Respondent admits that on June 30, 2023, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 23-12518-1, but denies the remainder of the allegations contained therein.

III. Answering Paragraph III, Respondent objects to this Paragraph to the extent that it calls for a legal conclusion; to the extent that this Paragraph references a document, Respondent

further objects and no response is required as the document speaks for itself; to cited statute(s) speak for themselves; notwithstanding, Respondent admits that he received a notice, dated July 14, 2023. To the extent a response is otherwise required, Respondent is without sufficient information or knowledge to admit or deny the allegations therein, and thus denies the same.

IV. Answering Paragraph IV, Respondent denies the allegations contained therein.

V. Answering Paragraph V, Respondent objects to this Paragraph to the extent that it calls for a legal conclusion and the cited statute(s) speak for themselves; notwithstanding, Respondent admits that, on or about August 10, 2023, the NSBME entered an order in Case No. 23-12518-1, lifting the summary suspension of Respondent's License No. 8857 to practice medicine. To the extent an response is otherwise required, Respondent is without sufficient information or knowledge to admit or deny the allegations therein, and thus denies the same.

APPLICABLE LAW

VI. Answering Paragraphs VI through XII, Respondent objects to these Paragraphs as they call for a legal conclusion and the cited statutes speak for themselves. To the extent a response is otherwise required, Respondent is without sufficient information or knowledge to admit or deny the allegations therein, and thus denies the same.

COUNT ONE

(Violations of Federal Controlled Substances Act)

VII. Answering Paragraph XIII, Respondent objects as this Paragraph calls for a legal conclusion and the cited statutes speak for themselves; notwithstanding, Respondent otherwise denies the allegations contained therein.

COUNT TWO

(Violations of State Controlled Substances Act)

VIII. Answering Paragraph XIV, Respondent objects to the extent that this paragraph calls for a legal conclusion and the cited statutes speak for themselves; notwithstanding, Respondent otherwise denies the allegations contained therein.

COUNT THREE

(Unprofessional Conduct-Incompetent, Unskillful or Negligent Performance of Duties)

IX. Answering Paragraph XV, Respondent objects to this paragraph, as it calls for a legal conclusion. The cited statutes speak for themselves. Respondent otherwise denies the allegations therein.

COUNT FOUR

(Unprofessional Conduct-Prescribing on Suspended Registration)

X. Answering Paragraph XVI, Respondent objects to this paragraph, as it calls for a legal conclusion. The cited statutes speak for themselves. Respondent otherwise denies the allegations therein.

COUNT FIVE

(Commission of Acts that Render Registration Inconsistent with the Public Interest)

XI. Answering Paragraph XVII, Respondent objects to this paragraph, as it calls for a legal conclusion. The cited statutes speak for themselves. Respondent otherwise denies the allegations therein.

AFFIRMATIVE DEFENSES

FIRST AFFIRMATIVE DEFENSE

The allegations of the Notice of Intended Action and Accusation fail to state facts sufficient to state a claim upon which relief may be granted.

SECOND AFFIRMATIVE DEFENSE

The Notice of Intended Action and Accusation, and each cause of action therein, is barred by the doctrine of laches, estoppel, and the doctrine of unclean hands.

THIRD AFFIRMATIVE DEFENSE

Respondent denies each and every allegation of the Notice of Intended Action and Accusation not specifically admitted or otherwise pled to herein.

WHEREFORE, Respondent prays for judgment as follows:

1. That all charges against him be dismissed;

2. That the Board find that the Notice of Intended Action and Accusation does not support issuance of discipline or fines against Respondent; and

3. For such other and further relief as may be deemed just and proper in these premises.

DATED: October 31, 2023

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

/s/ Alia A. Najjar

By: _____

ALIA A. NAJJAR, M.D., ESQ.
Nevada Bar No. 12832
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Telephone: 702.893.3383
Facsimile: 702.893.3789
Attorneys for Ajumobi Charles Agu, M.D.

CERTIFICATE OF SERVICE

I hereby certify that on this 31st day of October, 2023, a true and correct copy of **RESPONDENT AJUMOBI CHARLES AGU, M.D.'S ANSWER AND NOTICE OF DEFENSE** was served via electronic mail to the following:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
bkandt@pharmacy.nv.gov
shunting@pharmacy.nv.gov

By /s/ Alia A. Najjar
an Employee of
LEWIS BRISBOIS BISGAARD & SMITH LLP

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EVERGREEN PHARMACY,** **Pharmacy License No. PH04174,** **PAULA LYNNE SANTOS, RPH,** **Certificate of Registration No. 20578, and** **NAZOKAT NIGMATOVA, RPH,** **Certificate of Registration No. 20601,** **Respondents.**	**CASE NOS. 23-007-PH-S** **23-007-RPH-A-S** **23-007-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Paula Lynne Santos, RPh (Santos), Certificate of Registration No. 20578, and Respondent Nazokat Nigmatova, RPh (Nigmatova), Certificate of Registration No. 20601, were pharmacists registered with the Board, and Respondent Evergreen Pharmacy (Evergreen), Pharmacy License No. PH04174, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Nigmatova was employed as managing pharmacist of Evergreen from January 12, 2022, to October 24, 2022, and Santos was employed as managing pharmacist of Evergreen from October 24, 2022, to August 25, 2023.

3. On January 5, 2023, a Board inspector conducting an annual inspection of Evergreen found multiple violations of law:

A. The biennial controlled substance inventory dated 12/31/21 contained white-out on both the CII and CIII-V sections, in violation of 21 CFR 1304.11.

B. There was no pharmacist signature on the CII invoices acknowledging receipt of the product, in violation of NRS 453.251, NAC 639.487 and NAC 639.523.

C. Santos was unable to electronically retrieve a record of on hand quantities for CII products; the manual CII log had not been updated since 6/2022; and the pharmacy had not performed back-counting on CII products, in violation of 21 CFR 1304.04, 21 CFR 1304.11, NRS 453.246 and NAC 639.485.

D. There was no manual sign-in log showing pharmacy personnel on duty nor an electronic log or records, in violation of NAC 639.245(1).

E. There was no change in managing pharmacist controlled substance inventory conducted on either January 12, 2022, or October 24, 2022, in violation of NAC 453.475.

F. In-service training records for pharmaceutical technician Valeria Tafoya, Certificate of Registration No. PT19598, were unavailable at the time of inspection, in violation of NAC 639.254(2).

G. The pharmaceutical technician in training logs for Karen Gonzalez, Certificate of Registration No. PT29263, and Arleth Valencia, Certificate of Registration No. PT28486, did not identify the year that training was done, only had the name of the technician on the first page, and had no signature or log by the pharmacist or technician, in violation of NAC 639.240(1) and NAC 639.247(1)(b).

H. During the inspection, 2 pharmacists and 7 technicians were observed working, in violation of the pharmacist/technician ration set forth in NAC 639.250(1).

I. Two refrigerators containing dispensed medications were outside the appropriate temperature range at the time of inspection: 49.3 and 48.2 degrees F; there was no temperature log to determine how long the refrigerators had been outside the temperature range; and the refrigerator storing inventory medications was reported to have an electronic temperature

monitoring system, yet staff were unable to provide an electronic history nor was there a manual log, constituting multiple violations of NAC 639.527.

APPLICABLE LAW

4. Performing any duties as a license or registration holder in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

5. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

6. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

7. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

8. Any violation of any of the provisions of NRS Chapter 639 or NAC Chapter 639 by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

COUNT ONE

Violation of Federal Controlled Substances Act

9. Based upon the allegations in Paragraph 3 herein, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR

1304.04 and 21 CFR 1304.11. As the managing pharmacists of Evergreen at the time of the violations alleged herein, Nigmatova and Santos are therefore subject to discipline pursuant to NRS 639.210(11), (12) and (15), NRS 639.220(1) and/or NAC 639.702. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Evergreen is responsible for those violations, including all errors and omissions of pharmacy personnel, and subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

COUNT TWO
Violations of State Law

10. Based upon the allegations in Paragraph 3 herein, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.235, NRS 453.251, NRS 453.475, NAC 639.240(1), NAC 639.245(1), NAC 639.247(1)(b), NAC 639.250(1), NAC 639.254(2), NAC 639.485, NAC 639.487, NAC 639.523 and/or NAC 639.527. As the managing pharmacists of Evergreen at the time of the violations alleged herein, Nigmatova and Santos are therefore subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Evergreen is subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

COUNT THREE
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

11. By their conduct as alleged in Paragraph 3 herein, Nigmatova and Santos have performed their duties as managing pharmacists in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4). As the pharmacy/pharmacy owner at which the unprofessional conduct alleged herein occurred, Evergreen is subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration/licenses of these Respondents.

Signed this 21st day of April 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EVERGREEN PHARMACY** **Pharmacy License No. PH04174,** **Respondent.**	**Case No. 23-007-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of APRIL 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EVERGREEN PHARMACY** **Pharmacy License No. PH04174,** **Respondent.**	**Case No. 23-007-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR EVERGREEN PHARMACY

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of April 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Evergreen Pharmacy
4110 S Maryland Pkwy. #17
Las Vegas, NV 89119

Paula Lynne Santos
[redacted]
Las Vegas, NV [redacted]

Nazokat Nigmatova
[redacted]
Las Vegas, NV [redacted]

Nazokat Nigmatova c/o
Evergreen Pharmacy
4110 S Maryland Pkwy. #17
Las Vegas, NV 89119

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **vs.** **EVERGREEN PHARMACY, INC.** **Pharmacy License No. PH04174,** **Respondent.**	**Case No. 23-007-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That Evergreen Pharmacy, Inc. objects to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges, on the following grounds:

The allegations are not properly substantiated with reference materials and/or exhibits. The Notice of Intended Action and Accusation (the "NIAA") makes reference to various documents, including but not limited to:

A) Annual Inspection Report dated January 5, 2023;

B) Biennial Controlled Substance Inventory dated December 12, 2021; and

C) Manual CII Log dated June 2022;

but fails to provide copies of said documents as reference for verification.

Given the lack of reference provided in the NIAA, Evergreen Pharmacy, in preparation for the scheduled hearing on this matter, requests that all documents referenced in this NIAA, along with all previous communication from Evergreen sent to the Board of Pharmacy in response to said documents be sent to Evergreen at the following address:

c/o Paradise Law LLC; PO Box 96537, Las Vegas, NV 89193; EPI@paradiselaw.com

2. That, in answer to the Notice of Intended Action and Accusation, Evergreen Pharmacy, Inc. admits, denies, and alleges as follows:

A. Pamela Kalyan was employed as managing pharmacist of Evergreen from opening day until January 12, 2022 but remained employed as a pharmacist at Evergreen until she terminated her position at the close of business on Friday, December 30, 2022.

B. Nazokat Nigmatova was employed as managing pharmacist of Evergreen from January 12, 2022 to October 24, 2022 but, due to personal reasons, moved to New York in May of 2022. Between May – October 2022, Ms. Nigmatova traveled intermittently to Nevada to work with Ms. Kalyan performing her inventory and reporting duties as managing pharmacist while Evergreen sought out an alternate managing pharmacist.

C. Paula Santos was employed as managing pharmacist of Evergreen from on or about October 24, 2022 until around August 2023. During the first couple months of her employment as managing pharmacist, Ms. Santos also worked with Ms. Kalyan to learn and perform her inventory and reporting duties.

D. On or about January 3, 2023 (not January 5 as noted in the NIAA), the next business day after pharmacist Ms. Kalyan departed the company,[1] a Board inspector conducted an annual inspection of Evergreen. Following this inspection, a telephone call between the Board inspector and Mr. Molokhia (the President of Evergreen Pharmacy, Inc.), and subsequent inspection report, Evergreen submitted a response to the Board of Pharmacy (the "Response") that provided resolution to all matters that were raised during this inspection.

E. Biennial reports were performed by Ms. Kalyan, Ms. Nigmatova, and Ms. Santos, during their employment, as required. A biennial controlled substance inventory was performed annually,

[1] Ms. Kalyan terminated her position at the close of business on Friday, December 30, 2022; Evergreen Pharmacy was closed over the New Year weekend, and reopened on Tuesday, January 3, 2023. The Board inspector arrived at Evergreen at about 10am that day... the next business day after Ms. Kalyan's departure.

at the transition date from one managing pharmacist to the next, and there was an additional inventory taken in June 2022 by Ms. Nigmatova. During the inspection, however, due to Ms. Kalyan's recent and unexpected departure, some of these documents were not readily found. At the time of the inspection, Ms. Santos was in the process of finding and organizing the files and reports that Ms. Kalyan was previously responsible for maintaining. It is my understanding and belief that this information was later provided in the Response.

F. All CII products were recorded electronically. If, during the inspection, Ms. Santos was unable to access the electronic records, it is my understanding and belief that this information was later provided in the Response.

G. As noted in (E) above, at the time of the referenced inspection, due to Ms. Kalyan's recent and unexpected departure, Ms. Santos was in the process of finding and organizing the files and reports that Ms. Kalyan was previously responsible for maintaining. If the sign-in log information was not accessible at the time of the inspection, it is my understanding and belief that this information was later provided in the Response.

H. Valeria Tafoya was already licensed by the Board of Pharmacy as pharmaceutical technician—with no training requirement.

I. In regard to Karen Gonzalez and Arleth Valencia, adequate training logs were maintained in accordance with NAC 639.247(1)(b)("*Maintain a written record that includes: (1) Documentation of the completion of the orientation and training required for each pharmaceutical technician that demonstrates the competency of the pharmaceutical technician to perform the tasks assigned to him or her. (2) Evidence that each pharmaceutical technician has read and is familiar with the written policies of the pharmacy and state and federal laws relating to the practice of pharmacy.*"). The deficiencies alleged in the NIAA are not specific requirements under NAC 639.247(1)(b).

J. As noted in (A) above, Ms. Kalyan terminated her position the previous business day prior to the referenced inspection. On the morning of January 3, 2023, Ms. Kalyan was scheduled to work. Had she not terminated her position, there would have been a 3:7 ratio of pharmacists to technicians—well above the requirements; and 4:7 ratio by the afternoon when the next pharmacist was scheduled. Due to Ms. Kalyan's absence, however, the next scheduled pharmacist was asked to come to work earlier than planned, and even arrived prior to the completion of the inspection. In fact, upon arrival, the third pharmacist met with and spoke to the Board inspector.

K. Pursuant to NAC 639.527(3)(c), all medications that were expired due to the refrigeration failure were properly disposed and recorded. It is my understanding and belief that this information was provided to the Board of Pharmacy in the Response.

3. Respondent concludes that:

In regard to COUNT ONE, Ms. Nigmatova and Ms. Santos neither violated, attempted to violate, assisted, or abetted in the violation of nor conspired to violate 21 CFR 1304.04; 1304.11. All inventory reporting requirements, during the times of their employment, were completed more often than that required. Due to Ms. Kalyan's sudden and unexpected departure from Evergreen, these documents were not readily accessible at the time of the noted inspection but were provided to the BOP in Evergreen's subsequent Response. Furthermore, Ms. Nigmatova was not responsible for any pharmacy activity or record keeping after her October 2022 termination. As such, this COUNT should not reflect negatively on either Ms. Nigmatova or Ms. Santos.

In regard to COUNT TWO, Ms. Nigmatova and Ms. Santos neither violated, attempted to violate, assisted, or abetted in the violation of nor conspired to violate **NRS 453.235**[2]; 251; **475**[3];

[2] Ms. Nigmatova and Ms. Santos did not violate NRS 453.235 specifically, as it does not appear to exist.
[3] Ms. Nigmatova and Ms. Santos did not violate NRS 453.475 specifically, as it does not appear to exist.

NAC 639.240(1); 245(1); 247(1)(b); 250(1); 254(2); 485; 487; 523; and/or 527. All actions performed during their employment were conducted in compliance with all regulations and codes. Furthermore, Ms. Nigmatova was not responsible for any pharmacy activity or record keeping after her October 2022 termination. As such, this COUNT should be dismissed.

In regard to COUNT THREE, Ms. Nigmatova and Ms. Santos have performed all of their duties as managing pharmacists in a competent, skillful, and professional manner. If any associate of Evergreen failed to perform in this manner, this would not be tolerated and the associate would have immediately been terminated. Furthermore, Ms. Nigmatova was not responsible for any pharmacy activity or record keeping after her October 2022 termination. As such, this COUNT should be dismissed.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 9th day of May 2025.

EVERGREEN PHARMACY, INC.
by: ALY MOLOKHIA, President

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EVERGREEN PHARMACY,** **Pharmacy License No. PH04174,** **PAULA LYNNE SANTOS, RPH,** **Certificate of Registration No. 20578, and** **NAZOKAT NIGMATOVA, RPH,** **Certificate of Registration No. 20601,** **Respondents.**	**CASE NOS. 23-007-PH-S** **23-007-RPH-A-S** **23-007-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Paula Lynne Santos, RPh (Santos), Certificate of Registration No. 20578, and Respondent Nazokat Nigmatova, RPh (Nigmatova), Certificate of Registration No. 20601, were pharmacists registered with the Board, and Respondent Evergreen Pharmacy (Evergreen), Pharmacy License No. PH04174, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Nigmatova was employed as managing pharmacist of Evergreen from January 12, 2022, to October 24, 2022, and Santos was employed as managing pharmacist of Evergreen from October 24, 2022, to August 25, 2023.

3. On January 5, 2023, a Board inspector conducting an annual inspection of Evergreen found multiple violations of law:

A. The biennial controlled substance inventory dated 12/31/21 contained white-out on both the CII and CIII-V sections, in violation of 21 CFR 1304.11.

B. There was no pharmacist signature on the CII invoices acknowledging receipt of the product, in violation of NRS 453.251, NAC 639.487 and NAC 639.523.

C. Santos was unable to electronically retrieve a record of on hand quantities for CII products; the manual CII log had not been updated since 6/2022; and the pharmacy had not performed back-counting on CII products, in violation of 21 CFR 1304.04, 21 CFR 1304.11, NRS 453.246 and NAC 639.485.

D. There was no manual sign-in log showing pharmacy personnel on duty nor an electronic log or records, in violation of NAC 639.245(1).

E. There was no change in managing pharmacist controlled substance inventory conducted on either January 12, 2022, or October 24, 2022, in violation of NAC 453.475.

F. In-service training records for pharmaceutical technician Valeria Tafoya, Certificate of Registration No. PT19598, were unavailable at the time of inspection, in violation of NAC 639.254(2).

G. The pharmaceutical technician in training logs for Karen Gonzalez, Certificate of Registration No. PT29263, and Arleth Valencia, Certificate of Registration No. PT28486, did not identify the year that training was done, only had the name of the technician on the first page, and had no signature or log by the pharmacist or technician, in violation of NAC 639.240(1) and NAC 639.247(1)(b).

H. During the inspection, 2 pharmacists and 7 technicians were observed working, in violation of the pharmacist/technician ration set forth in NAC 639.250(1).

I. Two refrigerators containing dispensed medications were outside the appropriate temperature range at the time of inspection: 49.3 and 48.2 degrees F; there was no temperature log to determine how long the refrigerators had been outside the temperature range; and the refrigerator storing inventory medications was reported to have an electronic temperature

monitoring system, yet staff were unable to provide an electronic history nor was there a manual log, constituting multiple violations of NAC 639.527.

APPLICABLE LAW

4. Performing any duties as a license or registration holder in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

5. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

6. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

7. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

8. Any violation of any of the provisions of NRS Chapter 639 or NAC Chapter 639 by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

COUNT ONE
Violation of Federal Controlled Substances Act

9. Based upon the allegations in Paragraph 3 herein, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR

1304.04 and 21 CFR 1304.11. As the managing pharmacists of Evergreen at the time of the violations alleged herein, Nigmatova and Santos are therefore subject to discipline pursuant to NRS 639.210(11), (12) and (15), NRS 639.220(1) and/or NAC 639.702. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Evergreen is responsible for those violations, including all errors and omissions of pharmacy personnel, and subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

COUNT TWO
Violations of State Law

10. Based upon the allegations in Paragraph 3 herein, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.235, NRS 453.251, NRS 453.475, NAC 639.240(1), NAC 639.245(1), NAC 639.247(1)(b), NAC 639.250(1), NAC 639.254(2), NAC 639.485, NAC 639.487, NAC 639.523 and/or NAC 639.527. As the managing pharmacists of Evergreen at the time of the violations alleged herein, Nigmatova and Santos are therefore subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Evergreen is subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

COUNT THREE
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

11. By their conduct as alleged in Paragraph 3 herein, Nigmatova and Santos have performed their duties as managing pharmacists in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4). As the pharmacy/pharmacy owner at which the unprofessional conduct alleged herein occurred, Evergreen is subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration/licenses of these Respondents.

Signed this 21st day of April 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PAULA LYNNE SANTOS, RPH,** **Certificate of Registration No. 20578,** **Respondent.**	**Case No. 23-007-RPH-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of APRIL 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PAULA LYNNE SANTOS, RPH,** **Certificate of Registration No. 20578,** **Respondent.**	**Case No. 23-007-RPH-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

PAULA LYNNE SANTOS, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of April 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Evergreen Pharmacy
4110 S Maryland Pkwy. #17
Las Vegas, NV 89119

Paula Lynne Santos
[redacted]
Las Vegas, NV [redacted]

Nazokat Nigmatova
[redacted]
Las Vegas, NV [redacted]

Nazokat Nigmatova c/o
Evergreen Pharmacy
4110 S Maryland Pkwy. #17
Las Vegas, NV 89119

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
MAY 2 9 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. PAULA LYNNE SANTOS, RPH Certificate of Registration No. 20578, Respondent.	Case No. 23-007-RPH-A-S ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. **That her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds:**

The allegations are vague and overbroad. There are three (3) Respondents and approximately ten (10) allegations listed on the Notice of Intended Action and Accusation (the "Notice"). The Notice, however, does not specify which allegations apply to which Respondent. The Notice does not clearly state which allegations pertain to me and, subsequently, without clear understanding of the allegations, the listed violations ("counts") do not clearly demonstrate how any of these apply to me. Regardless, I am providing answers below, to the best of my knowledge, as to those allegations that might pertain to my employment Evergreen Pharmacy.

2. That, in answer to the Notice of Intended Action and Accusation, she admits, denies, and alleges as follows:

A. I respectfully submit this Answer and Notice of Defense within 20 days or receipt of the Notice of Intended Action and Accusation (the "Notice"). I personally received the Notice on or around May 16, 2025.

B. I was employed as the managing pharmacist of Evergreen from October 24, 2022. During the first couple of months of my employment as managing pharmacist, I worked with Pamela Kalyan (one of the previous managing pharmacists who was, at that time, still employed at Evergreen) to learn and perform my inventory and reporting duties… until Pamela's sudden and unexpected termination on the last business day of 2022.

C. During my first couple of months as managing pharmacist, Pamela was showing/training me on every step of the reporting process. Only one or two business days after Pamela left the company, a Board inspector conducted an annual inspection. Following this inspection, discussion with the inspector, and subsequent inspection report, I reviewed all of the inspector's comments and suggestions and, within another day or two, submitted a response to the Board resolving all of the issues raised in the inspection.

D. On the day of the inspection, I could not access some of the electronic records but, while working with the inspector, didn't have time to contact the software support desk for help. Following the inspection, however, I compiled these records along with a full CII report—all the way back to the initial opening of the pharmacy—confirming complete inventory accuracy. This information was submitted to the Board in response to the inspection.

E. Although I don't specifically recall, I might not have been able to access some electronic personnel records as requested by the inspector. Following the inspection, however, all of this information would have been submitted to the Board within our response.

F. A biennial inventory was performed when I began as managing pharmacist. Since this was almost three years ago, I do not remember if the inventory information was provided to the inspector and I do not have a copy of this inventory. ALL inventory accuracy, however, was verified and provided to the Board within our inspection response. Specifically, I know that I went out of my way to make a FULL AUDIT of the controls to submit to the Board in our reply.

G. As the inspection occurred so long ago, I don't recall the training requirements or schedule of the pharmacists listed in the Notice but, if any records were required to be maintained as advised by the inspector, I began maintaining those records.

H. During the inspection, we were short one pharmacist because Pamela was scheduled to work that day. I recall that there were some technicians working only as clerks—so, the inspectors ratio calculations were a bit skewed. I also called in an additional pharmacist to come to work early to make up for this offset. This issue was quickly resolved that same day because the additional pharmacist arrived during the inspection, and the additional pharmacist even spoke with the inspector prior to the completion of his report.

I. On the day of the inspection, I remember that there was a fault with the refrigeration. The affected medications, however, were properly disposed of and recorded in compliance with regulations. This information was also included in our post-inspection response.

3. Respondent concludes that:

In summary, most of the pharmacy records were sorted and filed by Pamela Kalyan, a previous managing pharmacist. Since Pamela terminated her employment at Evergreen—within only one or two business days before the inspection, I was not readily able to find some documents that were requested by the inspector. Following the inspection, however, all this information was provided to the Board in response.

These allegations also occurred almost three years ago. Following my departure from Evergreen Pharmacy in 2023, I have had no control over the pharmacy's record keeping.

As such, in regard to COUNT ONE, I have neither violated, attempted to violate, assisted, or abetted in the violation of nor conspired to violate 21 CFR 1304.04; 1304.11 and, therefore, I must NOT be "subject to discipline pursuant to NRS 639.210(11), (12) and (15), NRS 639.220(1) and/or NAC 639.702."

In regard to COUNT TWO, I have neither violated, attempted to violate, assisted, or abetted in the violation of nor conspired to violate NRS 453.235; 251; 475; NAC 639.240(1); 245(1); 247(1)(b); 250(1); 254(2); 485; 487; 523; and/or 527 and, therefore, I must NOT be "subject to discipline pursuant to NRS 639.210(12); (15), NRS 639.220(1) and/or NAC 639.702."

In regard to COUNT THREE, the violations alleged in the Notice of Intended Action and Accusation demonstrate no justification to allege that I am "incompetent, unskillful or negligent" or "engaged in unprofessional conduct" during my employment as managing pharmacist of Evergreen. Therefore, I must NOT be "subject to discipline pursuant to NRS 639.210(4)."

Any attempt to penalize me based on these allegations must be denied and/or rejected.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 29 day of May 2025.

PAULA LYNNE SANTOS, RPH

5D

FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EVERGREEN PHARMACY,** **Pharmacy License No. PH04174,** **PAULA LYNNE SANTOS, RPH,** **Certificate of Registration No. 20578, and** **NAZOKAT NIGMATOVA, RPH,** **Certificate of Registration No. 20601,** **Respondents.**	**CASE NOS. 23-007-PH-S** **23-007-RPH-A-S** **23-007-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Paula Lynne Santos, RPh (Santos), Certificate of Registration No. 20578, and Respondent Nazokat Nigmatova, RPh (Nigmatova), Certificate of Registration No. 20601, were pharmacists registered with the Board, and Respondent Evergreen Pharmacy (Evergreen), Pharmacy License No. PH04174, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Nigmatova was employed as managing pharmacist of Evergreen from January 12, 2022, to October 24, 2022, and Santos was employed as managing pharmacist of Evergreen from October 24, 2022, to August 25, 2023.

3. On January 5, 2023, a Board inspector conducting an annual inspection of Evergreen found multiple violations of law:

A. The biennial controlled substance inventory dated 12/31/21 contained white-out on both the CII and CIII-V sections, in violation of 21 CFR 1304.11.

B. There was no pharmacist signature on the CII invoices acknowledging receipt of the product, in violation of NRS 453.251, NAC 639.487 and NAC 639.523.

C. Santos was unable to electronically retrieve a record of on hand quantities for CII products; the manual CII log had not been updated since 6/2022; and the pharmacy had not performed back-counting on CII products, in violation of 21 CFR 1304.04, 21 CFR 1304.11, NRS 453.246 and NAC 639.485.

D. There was no manual sign-in log showing pharmacy personnel on duty nor an electronic log or records, in violation of NAC 639.245(1).

E. There was no change in managing pharmacist controlled substance inventory conducted on either January 12, 2022, or October 24, 2022, in violation of NAC 453.475.

F. In-service training records for pharmaceutical technician Valeria Tafoya, Certificate of Registration No. PT19598, were unavailable at the time of inspection, in violation of NAC 639.254(2).

G. The pharmaceutical technician in training logs for Karen Gonzalez, Certificate of Registration No. PT29263, and Arleth Valencia, Certificate of Registration No. PT28486, did not identify the year that training was done, only had the name of the technician on the first page, and had no signature or log by the pharmacist or technician, in violation of NAC 639.240(1) and NAC 639.247(1)(b).

H. During the inspection, 2 pharmacists and 7 technicians were observed working, in violation of the pharmacist/technician ration set forth in NAC 639.250(1).

I. Two refrigerators containing dispensed medications were outside the appropriate temperature range at the time of inspection: 49.3 and 48.2 degrees F; there was no temperature log to determine how long the refrigerators had been outside the temperature range; and the refrigerator storing inventory medications was reported to have an electronic temperature

monitoring system, yet staff were unable to provide an electronic history nor was there a manual log, constituting multiple violations of NAC 639.527.

APPLICABLE LAW

4. Performing any duties as a license or registration holder in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

5. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

6. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

7. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

8. Any violation of any of the provisions of NRS Chapter 639 or NAC Chapter 639 by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

COUNT ONE

Violation of Federal Controlled Substances Act

9. Based upon the allegations in Paragraph 3 herein, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR

1304.04 and 21 CFR 1304.11. As the managing pharmacists of Evergreen at the time of the violations alleged herein, Nigmatova and Santos are therefore subject to discipline pursuant to NRS 639.210(11), (12) and (15), NRS 639.220(1) and/or NAC 639.702. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Evergreen is responsible for those violations, including all errors and omissions of pharmacy personnel, and subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

COUNT TWO
Violations of State Law

10. Based upon the allegations in Paragraph 3 herein, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.235, NRS 453.251, NRS 453.475, NAC 639.240(1), NAC 639.245(1), NAC 639.247(1)(b), NAC 639.250(1), NAC 639.254(2), NAC 639.485, NAC 639.487, NAC 639.523 and/or NAC 639.527. As the managing pharmacists of Evergreen at the time of the violations alleged herein, Nigmatova and Santos are therefore subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Evergreen is subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

COUNT THREE
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

11. By their conduct as alleged in Paragraph 3 herein, Nigmatova and Santos have performed their duties as managing pharmacists in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4). As the pharmacy/pharmacy owner at which the unprofessional conduct alleged herein occurred, Evergreen is subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration/licenses of these Respondents.

Signed this 21st day of April 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZOKAT NIGMATOVA, RPH,** **Certificate of Registration No. 20601,** **Respondent.**	**Case No. 23-007-RPH-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of APRIL 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZOMAT NIGMATOVA, RPH** **Certificate of Registration No. 20601,** **Respondent.**	**Case No. 23-007-RPH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

NAZOMAT NIGMATOVA, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of April 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Evergreen Pharmacy
4110 S Maryland Pkwy. #17
Las Vegas, NV 89119

Paula Lynne Santos
[redacted]
Las Vegas, NV [redacted]

Nazokat Nigmatova
[redacted]
Las Vegas, NV [redacted]

Nazokat Nigmatova c/o
Evergreen Pharmacy
4110 S Maryland Pkwy. #17
Las Vegas, NV 89119

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
MAY - 8 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **vs.** **NAZOKAT NIGMATOVA, RPH** **Certificate of Registration No. 20601,** **Respondent.**	**Case No. 23-007-RPH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. **That her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds:**

The allegations are vague and overbroad. There are three (3) Respondents and approximately ten (10) allegations listed on the Notice of Intended Action and Accusation (the "NIAA"). The NIAA, however, does not specify which allegations apply to which Respondent. The NIAA does not clearly state which allegations pertain to me and, subsequently, without clear understanding of the allegations, the listed violations ("counts") do not clearly demonstrate why any of these apply to me.

The allegations listed in the NIAA appear to be the result of an annual inspection of Evergreen Pharmacy that was conducted on January 5, 2023, well beyond the time of my employment with Evergreen Pharmacy, and well beyond the time of my responsibility and control of the ongoing operations of Evergreen Pharmacy. As such, any attempt to penalize me based on these allegations must be denied and/or rejected.

2. **That, in answer to the Notice of Intended Action and Accusation, she admits, denies, and alleges as follows:**

A. I was employed as the PIC of Evergreen from January 12, 2022 until October 24, 2022. Prior to my employment, Evergreen's PCI was Pamela Kalyan. Following my employment, Pamela still remained as a pharmacist at Evergreen. In May 2022, however, due to significant personal matters, I moved to New York to live with my Mother. Between May and October 2022, I traveled back and forth to Evergreen to perform my responsibilities while they sought out a new PIC. All the while, Pamela helped to maintain all required records and documentation. As of October 24, 2022, my responsibilities as PIC of Evergreen Pharmacy had ended.

B. On January 5, 2023, I was neither employed by Evergreen Pharmacy, nor was I present at the annual inspection described in the Notice of Intended Action and Accusation.

C. I performed a biennial controlled substance inventory when I first began as PIC, in June 2022, and again in October 2022 upon my termination as PIC. After October 2022, I had no control over the maintenance and record keeping of these inventories. I also have no knowledge of how or when "white-out" appeared in any of the sections.

D. I maintained a manual CII log and electronic CII records during my employment as PIC of Evergreen. Following my termination, I have no knowledge of how or where these records were kept and/or maintained.

E. While employed as PIC, I maintained a log of pharmacy personnel on duty. Following my termination, I have no knowledge of how or where these records were kept and/or maintained.

F. As noted in (C) above, I performed a biennial controlled substance inventory when I first began as PIC, in June 2022, and again in October 2022 upon my termination as PIC. Following my termination, I have no knowledge of how or where these records were kept and/or maintained.

G. Following my October 2022 termination from Evergreen Pharmacy, I have no knowledge of how or where training records were kept and/or maintained.

H. As noted in (B) above, on January 5, 2023, I was neither employed by Evergreen Pharmacy, nor was I present at the annual inspection described in the Notice of Intended Action and Accusation. As such, I can neither admit nor deny as to the number of pharmacists to technicians working that day.

I. I monitored and maintained proper refrigeration temperatures while employed as PIC. As noted in (B) and (H) above, on January 5, 2023, I was neither employed by Evergreen Pharmacy, nor was I present at the annual inspection described in the Notice of Intended Action and Accusation. As such, I can neither admit nor deny as to the temperature and/or log of the medication refrigerators at Evergreen Pharmacy, and I have no knowledge of how or where these records were kept and/or maintained.

3. Respondent concludes that:

In regard to COUNT ONE, I have neither violated, attempted to violate, assisted, or abetted in the violation of nor conspired to violate 21 CFR 1304.04; 1304.11. The violations alleged in the Notice of Intended Action and Accusation are in January 2023—NOT while I was "a managing pharmacist of Evergreen" and, therefore, I must NOT be "subject to discipline pursuant to NRS 639.210(11), (12) and (15), NRS 639.220(1) and/or NAC 639.702."

In regard to COUNT TWO, I have neither violated, attempted to violate, assisted, or abetted in the violation of nor conspired to violate NRS 453.235; 251; 475; NAC 639.240(1); 245(1); 247(1)(b); 250(1); 254(2); 485; 487; 523; and/or 527. The violations alleged in the Notice of Intended Action and Accusation are in January 2023—NOT while I was "a managing

pharmacist of Evergreen" and, therefore, I must NOT be "subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702."

In regard to COUNT THREE, the violations alleged in the Notice of Intended Action and Accusation are in January 2023—NOT while I was performing my "duties as managing pharmacist[]" and, therefore, no justification to allege that I am "incompetent, unskillful or negligent" or "engaged in unprofessional conduct" during my employment as PIC of Evergreen. Therefore, I must NOT be "subject to discipline pursuant to NRS 639.210(4)."

Following my termination from Evergreen Pharmacy, my move to New York, and my subsequent return to Nevada, I have requested, been responsible for, and passed several pharmacy inspections without any noted violations of law. There is absolutely no evidence that any of these allegations pertain to me, or that they existed during my employment at Evergreen Pharmacy. As such, any attempt to penalize me based on these allegations must be denied and/or rejected.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 8 day of May 2025.

NAZOKAT NIGMATOVA, RPH

5E

FILED
APR 2 1 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WELLS PHARMACY NETWORK, LLC, Pharmacy License No. PH01589,** **Respondent.**	**CASE NO. 23-050-PH-O** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Wells Pharmacy Network, LLC, Pharmacy License No. PH01589, located in Ocala, Florida, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. From January 1, 2002, to February 9, 2023, Respondent compounded and dispensed at least twenty-eight (28) prescriptions to Nevada patients for Progesterone 100mg and 200 mg capsules in olive oil without a "statement of significant difference" for each prescription documenting a medical need specific to the patient for the compounded product.

3. On or about January 20, 2023, Respondent entered into a settlement agreement with the Missouri Board of Pharmacy in Case No. 2020-003145 imposing discipline on Respondent's Pharmacy Permit No. 2012040933, for numerous violations of federal and Missouri state law related to compounding drug products and dispensing controlled substances, including, without limitation, various provisions of 21 U.S.C. § 841(a)(1), 21 CFR § 1306.04, Missouri 20 CRS 2220-2.400(9) and 20 CRS 2220- 2.020(2) and (11) (SEE EXHBIT A HERETO).

APPLICABLE LAW

4. A pharmacy engaged in the practice of compounding drug products and dispensing compounded drug products in Nevada shall comply with the provisions of NAC 639.661 -.690, *inclusive*, and related federal law, 21 U.S.C. § 353a, establishing national standards for compounding medications.

5. Pursuant to section 503A(b)(2) of the FD&C Act, codified at 21 U.S.C. § 353a, a compounded drug product is not essentially a copy of a commercially available drug product if a change is made for an identified individual patient, and the prescribing practitioner has determined that the change will produce a significant difference for that patient. If a compounder intends to rely on such a determination to establish that a compounded drug is not essentially a copy of a commercially available drug product, the compounder should ensure that the determination is documented on the prescription in a "statement of significant difference."

6. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

7. The Board may suspend or revoke a license if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

8. The Board may suspend or revoke a license if the holder has violated any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

9. Any violation of any of the provisions of NRS Chapter 639 or NAC Chapter 639 by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

COUNT ONE

Violation of Federal and State Compounding Law/Unprofessional Conduct

10. Respondent, Respondent's owner(s), and/or their personnel engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and violated various provisions of 21 U.S.C. § 353a and related provisions of state law as alleged in paragraphs 2-3 herein and further detailed in the settlement agreement with the Missouri Board of Pharmacy in Case No. 2020-003145. Respondent is responsible for those violations, including all errors and omissions of pharmacy personnel, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3) and therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license of this Respondent.

Signed this 21st day of April 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

Exhibit A

wells pharmacy network
superior science & service

1210 SW 33rd Avenue | Ocala, FL 34474 | 800.622.4510

February 6, 2023

via email pharmacy@pharmacy.nv.gov

Nevada Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

RE: Wells Pharmacy Network, LLC. (NCPDP #1002752)
Nevada Pharmacy License # PH01589

On February 1, 2023, Wells Pharmacy Network ("WPN") received Settlement Agreement 2020-003145 from the Missouri Board of Pharmacy. This Agreement was executed January 20, 2023, and WPN's license was placed on probation through January 20, 2026. The Board disciplined WPN pursuant to its authority to issue discipline for failure to comply with any condition of probation from Settlement Agreement 2017-006791 issued July 2, 2019.

Respectfully submitted,

Sarah Thron
Manager of Sustained Compliance
RegulatoryAffairs@WellsRx.com
(800) 622-4510

STATE OF MISSOURI
MISSOURI BOARD OF PHARMACY

MISSOURI BOARD OF PHARMACY, Petitioner, v. WELLS PHARMACY NETWORK, LLC, Respondent.	Case No. 2020-003145

SETTLEMENT AGREEMENT

Respondent Wells Pharmacy Network, LLC ("Wells Pharmacy"), and the Missouri Board of Pharmacy ("Board") enter into this Settlement Agreement for the purpose of resolving the question of whether Respondent's permit to operate a pharmacy will be subject to additional discipline.

Pursuant to the terms of Section 536.060, RSMo, the parties hereto waive the right to a hearing before the Board, and stipulate and agree that a final disposition of this matter may be effectuated as described below.

Respondent acknowledges that it understands the various rights and privileges afforded it by law, including the right to a hearing before the Board of the charges against it; the right to appear and be represented by counsel; the right to have all charges against it proven upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing against it; the right to a decision upon the record concerning the charges pending against it; and the right to recover attorney's fees incurred in defending this action against its permit. Being aware of these rights provided by operation of law, Respondent knowingly and voluntarily waives each and every one of these rights and freely enters into this Settlement Agreement and agrees to abide by the terms of this document as they pertain to it.

Respondent acknowledges that it has received a copy of the Violation Complaint filed against it with the Board. For the purpose of settling this dispute, Respondent stipulates that the factual allegations contained in this Settlement Agreement are true and stipulates with the Board that Respondent's pharmacy permit, numbered 2012040933, is subject to additional disciplinary action by the Board in accordance with the provisions of Chapters 324 and 338, RSMo.

JOINT STIPULATION OF FACTS AND CONCLUSIONS OF LAW

1. The Board is an agency of the State of Missouri created and established pursuant to Section 338.110, RSMo,[1] for the purpose of executing and enforcing the provisions of Chapter 338, RSMo.

2. Wells Pharmacy Network, LLC, 1210 SW 33 Avenue, Ocala, FL 34474, is permitted by the Board, Permit Number 2012040933. The Pharmacy's permit was current and active at all times relevant herein.

3. Respondent and the Board executed a Settlement Agreement stipulating that Respondent's pharmacy permit is subject to discipline as a result of the Pharmacy's failure to verify valid patient-prescriber relationships prior to dispensing controlled substances and the Pharmacy's dispensing of controlled substance prescriptions based on invalid patient-practitioner relationships.

4. Pursuant to the Joint Agreed Disciplinary Order in the Settlement Agreement, ("Settlement Agreement" or "Order") Respondent's pharmacy permit is subject to probation for a period of three (3) years.

5. Respondent's three-year probationary term began on July 3, 2019 and expired on July 2, 2022.

[1] All statutory references are to the 2016 Revised Statutes of Missouri, unless otherwise stated.

6. The Settlement Agreement requires that Respondent "comply with all applicable provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws" during the probationary term. "State" includes the State of Missouri and all other states and territories of the United States. *See* Order, Section 1.B, p. 7.

7. The Settlement Agreement also requires the following:

> Respondent shall provide the Board with copies of all facility inspection reports by the F.D.A., the Florida Board of Pharmacy, the United States Drug Enforcement Administration, the Missouri Bureau of Narcotics and Dangerous Drugs, any state/federal controlled substance licensing or regulatory entity or any State or federal agency which is inspecting the facility to determine proper procedures. The Report will be provided to the Board, within 30 days of receipt of a report by Respondent.

See Order, Section 1.F, pp. 7-8.

8. Respondent's "failure to comply with any condition of discipline set forth herein constitutes a violation of this disciplinary Agreement." *See* Order, Section 1.H, p. 8.

9. If a violation of the Settlement Agreement occurs during the disciplinary period, "the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline." *See* Order, Section 4, p. 9.

10. Section 338.055.3, RSMo, also authorizes the Board to impose additional discipline against Respondent's permit for violating terms of discipline, to -wit:

> The Board may impose additional discipline on a licensee, registrant or permittee found to have violated any disciplinary terms previously imposed under this section or by agreement. The additional discipline may include, singly or in combination, censure, placing the licensee, registrant, or permittee named in the complaint on additional probation on such terms and conditions as the board deems appropriate, which additional probation shall not exceed five years, or suspension for a period not to exceed three years, or revocation of the license, certificate, or permit.

Violations of Missouri law

A. Compounding essential copies of FDA-approved, commercially available products for Missouri patients

11. The Pharmacy dispensed compounded progesterone capsules 100mg and 200mg to Missouri patients between April 1, 2020 and June 30, 2020 which were essential copies of FDA-approved commercially available products.

12. Seven of the compounded products were prescribed as "progesterone in olive oil" or "progesterone (olive oil)" 100mg or 200mg capsules.

13. Those seven prescriptions did not contain documentation on the prescription record of a medical need specific to that patient for the compounded product at the time the prescription was dispensed.

14. The Board issued a Letter of Warning to Respondent on April 16, 2021 as a result of this activity.

15. The Pharmacy dispensed compounded progesterone capsules 100mg and 200mg to Missouri patients between July 1, 2021 and September 30, 2021 which were essential copies of FDA-approved commercially available products.

16. Four of the compounded products were prescribed as "progesterone in olive oil" or "progesterone (olive oil)" 100mg or 200mg capsules.

17. Respondent acknowledged that these four prescriptions "did not have the details documented properly" in that they did not contain documentation on the prescription record of a medical need specific to that patient for the compounded product at the time the prescription was dispensed.

18. Missouri law prohibits the compounding of essential copies of commercially available products without a documented patient need on the prescription record, to-wit:

(9) Compounding of drug products that are commercially available in the marketplace or that are essentially copies of commercially available Federal Drug Administration (FDA) approved drug products is prohibited. There shall be sufficient documentation within the prescription record of the pharmacy of the specific medical need for a particular variation of a commercially available compound. 20 CSR 2220-2.400(9)

19. Respondent violated 20 CSR 2220-2.400(9) by compounding essential copies of commercially available products without documenting the medical need for compounded product specific to the patient at the time the prescription was dispensed to Missouri patients.

B. Invalid controlled substance prescription

20. On September 27, 2021, Respondent dispensed prescription no. 4397252 containing testosterone 100mg/ml cream written by a Florida prescriber for a Missouri patient.

21. Testosterone is a controlled substance.

22. The Missouri patient reported having a telephone visit with an unlicensed individual, but had no contact with the actual prescriber.

23. Missouri regulation 20 CSR 2220-2.020(11) provides:

(11) Prescriptions processed by any classification of licensed pharmacy must be provided by a practitioner licensed in the United States, authorized by law to prescribe drugs, and who has performed a medical evaluation of the patient as required by law. A pharmacist shall not dispense a prescription drug if the pharmacist has knowledge, or reasonably should know under the circumstances, that the prescription order for such drug was issued on the basis of an Internet-based questionnaire or without a valid pre-existing patient-practitioner relationship.

24. Respondent's staff's dispensing and shipment of controlled substance prescriptions to a patient in the State of Missouri prescribed by a Florida practitioner who had not performed any medical examination of the Missouri patient is in violation of 20 CSR 2220-2.020(11).

25. Missouri regulation 20 CSR 2220-2.020(2) also provides:

(2) If a pharmacist knows or has reason to believe that a person for whom a prescription has been written is not under the prescribers care or treatment

> at the time the prescription is presented for filling or refilling, the pharmacist shall consult with their prescriber and ascertain that the prescriber intends for the person to receive the drugs or medicines. The pharmacist shall do this no matter when the prescription originally was written and even if the prescription authorizes refills PRN.

26. Respondent and its staff had reason to believe that the Missouri patient was not under the care of a Florida prescriber and failed to verify the prescription with the prescriber in violation of 20 CSR 2220-2.020(2).

27. Federal law also imposes a duty on pharmacists who fills prescriptions to verify their legitimacy, to-wit;

> (a) Unlawful acts
> Except as authorized by this subchapter, it shall be unlawful for any person knowingly or intentionally--
> (1) to manufacture, distribute, or dispense, or possess with intent to manufacture, distribute, or dispense, a controlled substance. . . .
> 21 U.S.C. § 841(a)(1).

28. 21 CFR 1306.4(a) provides that a prescription for a controlled substance:

> to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

29. Respondent and its staff violated 21 U.S.C. § 841(a)(1) by dispensing controlled substances to a Missouri patient under a prescription written by Florida practitioner outside of the usual course of professional treatment.

Violation of Settlement Agreement with Missouri Board of Pharmacy

30. Respondent underwent four regulatory inspections during its probation in Missouri: Respondent was inspected on October 13, 2020 and December 14, 2021 by the Florida Board of Pharmacy and Respondent was inspected on July 21, 2020 and June 15, 2021 by the California Board of Pharmacy.

31. Respondent did not provide Petitioner with the inspection reports from the aforementioned inspections within 30 days of the date of receipt of the reports.

32. Respondent violated Section 1.F of the Order by failing to provide Petitioner with copies of the Florida and California inspection reports within 30 days of receipt.

JOINT CONCLUSIONS OF LAW

33. Respondent's failure to comply with the conditions of discipline set forth herein constitutes a violation of the Settlement Agreement.

34. Since Respondent violated the disciplinary terms of the Settlement Agreement, the Board is authorized under the terms of the Agreement to impose further discipline on Respondent's permit.

35. Since Respondent violated the disciplinary terms of the Settlement Agreement, the Board is authorized under §338.055.3, RSMo, to impose additional discipline on Respondent's permit.

CALIFORNIA CHARGES

36. The Board has dismissed allegations relating to violations resulting from California Board of Pharmacy inspections in 2020 and 2021, but reserves the right to purse any of these allegations or take action as a result of any factual findings by the California Board or reviewing court, or disciplinary action taken by or agreed to with the California Board in the future.

JOINT AGREED DISCIPLINARY ORDER

Based upon the foregoing, the parties mutually agree and stipulate that the following shall constitute the disciplinary order entered by the Board in this matter under the authority of Section 621.045.3, RSMo, to settle and resolve all charges and claims contained in the Violation Complaint in case number 2020-003145 except as expressly reserved herein:

1. Respondent's pharmacy permit number 2012040933 shall be placed on **PROBATION** for a period of **THREE (3) YEARS.** The period of probation shall constitute the disciplinary period. The terms of discipline shall be as follows:

A. Respondent shall pay all required fees for licensing to the Board and shall renew its pharmacy license prior to October 31 of each licensing year.

B. Respondent shall comply with all provisions of Chapter 338, Chapter 195, and all applicable federal and state drug laws, rules and regulations and with all federal and state criminal laws. "State" here includes the State of Missouri, and all other states and territories of the United States.

C. If requested, Respondent shall provide the Board a list of all licensed pharmacists employed by Respondent, and the individuals' current home addresses and telephone numbers.

D. If, after disciplinary sanctions have been imposed, Respondent fails to keep its pharmacy license current, the period of unlicensed status shall not be deemed or taken as any part of the time of discipline so imposed.

E. Respondent shall report to the Board, on a preprinted form supplied by the Board office, once every six (6) months (due by each January 1 and July 1), beginning with

whichever date occurs first after this Agreement becomes effective, stating truthfully whether or not it has complied with all terms and conditions of its disciplinary order.

F. Respondent shall provide the Board with copies of all facility inspection reports by the F.D.A., the Florida Board of Pharmacy, the United States Drug Enforcement Administration, the Missouri Bureau of Narcotic and Dangerous Drugs, any state/federal controlled substance licensing or regulatory entity or any State or federal agency which is inspecting the facility to determine proper procedures. The report will be provided to the Board, within 30 days of receipt of a report by Respondent.

G. Respondent shall make a representative of the pharmacy available for personal interviews to be conducted by a member of the Board or the Board of Pharmacy staff. Said meetings will be at the Board's discretion and may occur periodically during the disciplinary period. Respondent will be notified and given sufficient time to arrange these meetings.

H. Respondent's failure to comply with any condition of discipline set forth herein constitutes a violation of this disciplinary Agreement.

I. The parties to this Agreement understand that the Board of Pharmacy will maintain this Agreement as an open record of the Board as provided in Chapters 324, 338, 610, RSMo.

J. Respondent shall provide the Board a listing of all prescriptions provided to Missouri residents for each calendar year. The listing is due by December 31 of each year during the disciplinary period. The listing should include the patient's name and address, prescriber's name and address, prescription number and date, drug name/strength, and quantity dispensed.

K. Respondent agrees that it will make itself available for inspection by inspectors employed by the Missouri Board of Pharmacy between January 1 and December 31 of each year it is under discipline. This also includes the beginning and ending years of the discipline. The Respondent shall reimburse the Board for travel expenses and meals incurred to facilitate these inspections including, but not limited to, airfare, lodging, shuttle, and transportation expenses within seven (7) days of being provided a notice and valid receipts for said expenses. Travel expenses and meals shall be governed by the recognized Missouri Office of Administration guidelines for state employee travel.

L. Respondent shall not serve as an intern training facility for Missouri interns.

2. Upon the expiration of said discipline, Respondent's permit as a pharmacy in Missouri shall be fully restored if all other requirements of law have been satisfied; provided, however, that in the event the Board determines that the Respondent has violated any term or condition of this Settlement Agreement, the Board may, in its discretion, after an evidentiary hearing, vacate and set aside the discipline imposed herein and may suspend, revoke, or otherwise lawfully discipline the Respondent.

3. No order shall be entered by the Board pursuant to the preceding paragraph of this Settlement Agreement without notice and an opportunity for hearing before the Board in accordance with the provisions of Chapter 536, RSMo.

4. If the Board determines that Respondent has violated a term or condition of this Settlement Agreement, which violation would also be actionable in a proceeding before the Administrative Hearing Commission or the circuit court, the Board may elect to pursue any lawful remedies or procedures afforded it and is not bound by this Settlement Agreement in its determination of appropriate legal actions concerning that violation. If any alleged violation of

this Settlement Agreement occurred during the disciplinary period, the Board may choose to conduct a hearing before it either during the disciplinary period, or as soon thereafter as a hearing can be held to determine whether a violation occurred and, if so, it may impose further discipline. The Board retains jurisdiction to hold a hearing to determine if a violation of this Settlement Agreement has occurred.

5. The terms of this Settlement Agreement are contractual, legally enforceable, binding, and not merely recitals. Except as otherwise contained herein, neither this Settlement Agreement nor any of its provisions may be changed, waived, discharged, or terminated, except by an instrument in writing signed by the party against whom the enforcement of the change, waiver, discharge, or termination is sought.

6. Respondent hereby waives and releases the Board, its members and any of its employees, agents, or attorneys, including any former board members, employees, agents, and attorneys, of, or from, any liability, claim, actions, causes of action, fees, costs, and expenses, and compensation, including, but not limited to, any claims for attorney's fees and expenses, including any claims pursuant to Section 536.087, RSMo, or any claim arising under 42 U.S.C. §1983, which may be based upon, arise out of, or relate to any of the matters raised in this litigation, or from the negotiation or execution of this Settlement Agreement. The parties acknowledge that this paragraph is severable from the remaining portions of this Settlement Agreement in that it survives in perpetuity even in the event that any court of law deems this Settlement Agreement or any portion thereof void or unenforceable.

The Settlement Agreement goes into effect on the date it is signed by the Board's Executive Director.

RESPONDENT:

WELLS PHARMACY NETWORK, LLC

By: Kris Fishman
As Authorized Agent for
WELLS PHARMACY
NETWORK, LLC

Printed: Kris Fishman

Date: Jan 18, 2023

PETITIONER:

MISSOURI BOARD OF PHARMACY

By:
Kimberly Grinston
Executive Director

Date: 1-20-2023

NEWMAN, COMLEY & RUTH P.C.

By: Alicia Embley Turner

Alicia Embley Turner #48675
601 Monroe, Suite 301
P.O. Box 537
Jefferson City, MO 65102-0537
Tel: (573) 634-2266
Fax: (573) 636-3306
turnera@nerpc.com

Attorneys for Petitioner

Kenneth C. Scheuber

From: Joe Dodge
Sent: Wednesday, February 8, 2023 1:01 PM
To: Darlene Nases
Cc: Kenneth C. Scheuber; Dena M. McClish
Subject: RE: New Case

Assigned to Ken

Thanks,

Joe Dodge, Pharm D
Inspector

Nevada State Board of Pharmacy
1140 N. Town Center Dr Ste 300
Las Vegas, NV, 89144

Office: 702.486.6420 Ext 157
Fax: 702.486.7903
E-mail: j.dodge@pharmacy.nv.gov
Web Page: www.bop.nv.gov

NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

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From: Darlene Nases <dnases@pharmacy.nv.gov>
Sent: Wednesday, February 8, 2023 11:30 AM
To: Joe Dodge <j.dodge@pharmacy.nv.gov>
Cc: Kenneth C. Scheuber <KSCHEUBER@pharmacy.nv.gov>; Dena M. McClish <dmcclish@pharmacy.nv.gov>
Subject: New Case

Hey Joe,

I opened case no. 23-050-PH-O. Please let me know who it's assigned to.

Regards,

Darlene Nases
Assistant Board Coordinator
Nevada State Board of Pharmacy
(775) 850-1440
dnases@pharmacy.nv.gov



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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WELLS PHARMACY NETWORK, LLC,** **Pharmacy License No. PH01589,** **Respondent.**	**CASE NO. 23-050-PH-O** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of APRIL 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WELLS PHARMACY NETWORK, LLC,** **Pharmacy License No. PH01589,** **Respondent.**	**CASE NO. 23-050-PH-O** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

AUTHORIZED REPRESENTATIVE FOR WELLS PHARMACY NETWORK, LLC

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of April 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

WELLS PHARMACY NETWORK, LLC
1210 SW 33rd Ave
Ocala, FL 34474

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
MAY 23 2025
NEVADA STATE BOARD OF PHARMACY

Jason O. Balogh (SBN 238199)
jason@baloghlaw.com
BALOGH LAW
6680 Alhambra Avenue, Suite 101
Martinez, CA 94553
Telephone/Fax: (925) 575-8056

Attorneys for Respondent
WELLS PHARMACY NETWORK LLC
Application for *Pro Hac Vice* Pending

BEFORE THE NEVADA STATE BOARD OF PHARMACY

In the Matter of: NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WELLS PHARMACY NETWORK, LLC Pharmacy License No. PH01589 Respondent.	Case No.: 23-050-PH-O **RESPONDENT WELLS PHARMACY NETWORK LLC'S ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State board of Pharmacy, declares:

OBJECTIONS

1. That Respondent's objection to the Notice of Intended Action and Accusation ("Accusation") as being incomplete or failing to state clearly the charges against Respondent, is hereby interposed on the following grounds:

   a. Respondent objects to the Accusation because it does not state acts or omissions upon which the Board may proceed.

   b. Respondent further objects to the form of the Accusation on the ground that it is so

indefinite or uncertain that the Respondent cannot identify the transaction or prepare a defense.

c. The Accusation is incomplete, vague and ambiguous because it does not specifically identify by name the Nevada patients who received 28 prescriptions for Progesterone 100mg and 200mg capsules allegedly dispensed between January 1, 2022 and February 9, 2023 that are the subject of the Accusation.

d. The Accusation is incomplete, vague and ambiguous because it does not inform Respondent of the legal basis for requiring a "statement of significant difference" for each of the 28 prescriptions at issue.

e. The Accusation is incomplete, vague and ambiguous because it does not inform Respondent of the factual basis for finding that Respondent is compounding essential copies of commercially available drugs.

f. Respondent objects to the Accusation's use of the 2023 Settlement Agreement with Missouri as a basis for discipline because such discipline would constitute multiple punishments for the same offense.

ANSWER

2. That, in answer to the Notice of Intended Action and Accusation, Respondent admits, denies and alleges as follows:

a. Respondent alleges that it has complied and continues to comply with all applicable federal and state laws applicable to compounding pharmacies.

b. Respondent denies that it compounds essential copies of commercially available drug products.

c. Respondent admits that it entered into a Settlement Agreement with the Missouri Board of Pharmacy in 2023 as described in paragraph 3 and Exhibit A of the Accusation.

d. With the exception of paragraph 3 and Exhibit "A" of the Accusation, Respondent denies each and every, all and singular, generally and specifically, the allegations contained in the Accusation , and each violation, cause of discipline and cause of denial alleged therein, and further denies that the Board is entitled to recover costs from Respondent for the

investigation and enforcement of the matters alleged in the Accusation.

3. Respondent asserts the following as new matters by way of defense:

FIRST AFFIRMATIVE DEFENSE

(Failure to State a Cause of Action)

As its first, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that the Accusation does not state facts sufficient to state a cause of action against Respondent.

SECOND AFFIRMATIVE DEFENSE

(Fault of Others)

As its second, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that the violations of which the Board complains, if any there were, were proximately caused by the negligence and fault of other persons, firms, corporations, including the Board, the Board's employees, agents, officers, directors and representatives.

THIRD AFFIRMATIVE DEFENSE

(In Pari Delicto)

As its third, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that the Board's claims against Respondent are barred, in whole or in part, by the doctrine of *in pari delicto*.

FOURTH AFFIRMATIVE DEFENSE

(Indemnification for Cost Recovery)

As its fourth, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that if it should be established that it is in any manner legally responsible for the Board's alleged costs for investigating and enforcing this matter, which is denied, then this Respondent is entitled to indemnity and/or contribution from the Board, in direct proportion to the negligence or other actionable conduct which proximately caused or contributed to the costs sought to be recovered by the Board herein, if any.

FIFTH AFFIRMATIVE DEFENSE

(Comparative Fault)

As its fifth, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that the Board was itself partially, if not wholly, negligent on its respective part and, pursuant to the doctrine of comparative negligence, should be barred from (1) disciplining Respondent, (2) denying renewal of Respondent's license and (3) recovering costs of investigating and enforcing the matters alleged in the Accusation in proportion to its negligence.

SIXTH AFFIRMATIVE DEFENSE

(Board's Own Negligence)

As its sixth, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that at the time and place of the happening or matters set forth in the Accusation on file herein, the Board was careless, negligent, or otherwise at fault in and about the matters and things set forth in said Accusation, and that if the Board sustained any costs in investigating and enforcing the matters alleged in the Accusation, the same was proximately caused by the Board's carelessness, recklessness, or negligence, thereby barring the Board from (1) disciplining Respondent, (2) denying renewal of Respondent's license and (3) recovering costs of investigating and enforcing the matters alleged in the Accusation.

SEVENTH AFFIRMATIVE DEFENSE

(Apportionment of Fault)

As its seventh, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that persons, firms, or entities other than this Respondent caused or contributed to the damages the Board claims to have suffered, and thus any award of costs made in the Board's favor in this action must be divided between such persons, firms, or entities, so that each pays only his, her, or its fair share in relationship to his, her, or its amount of fault.

EIGHTH AFFIRMATIVE DEFENSE

(Ratification)

As its eighth, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that the Board assisted, consulted, and/or approved the actions of this Respondent, thereby estopping the Board from (I) disciplining Respondent, (2) denying renewal of Respondent's license and (3) recovering costs of investigating and enforcing the matters alleged in the Accusation.

NINTH AFFIRMATIVE DEFENSE

(Doctrine of Waiver)

As its ninth, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that the Board has waived its right to discipline Respondent for such matters and is barred from (1) disciplining Respondent, (2) denying renewal of Respondent's license and (3) recovering costs of investigating and enforcing the matters alleged in the Accusation.

TENTH AFFIRMATIVE DEFENSE

(Entrapment)

As its tenth, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that the Board induced Respondent to commit the violations set forth in the Accusation, and that said inducement was a proximate cause of the violations which form the causes for discipline and license denial alleged by the Board in the Accusation thereby barring the Board from (1) disciplining Respondent, (2) denying renewal of Respondent's license and (3) recovering costs of investigating and enforcing the matters alleged in the Accusation.

ELEVENTH AFFIRMATIVE DEFENSE

(Failure to Mitigate)

As its eleventh, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that the Board failed to mitigate its costs in investigating and enforcing the matters contained in the Accusation and is

therefore barred from recovering the costs therefore from Respondent.

TWELFTH AFFIRMATIVE DEFENSE

(Statute of Limitations)

As its twelfth, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that the Accusation, and each and every violation and cause for discipline and/or denial contained therein, are barred by the applicable statute of limitations.

THIRTEENTH AFFIRMATIVE DEFENSE

(Doctrine of Laches)

As its thirteenth, separate and affirmative defense to the Accusation, and each and every violation and cause for discipline and/or denial contained therein, are barred by the doctrine of laches.

FOURTEENTH AFFIRMATIVE DEFENSE

(Doctrine of Unclean Hands)

As its fourteenth, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that the Accusation, and each and every violation and cause for discipline and/or denial contained therein, are barred by the doctrine of unclean hands.

FIFTEENTH AFFIRMATIVE DEFENSE

(Doctrine of Estoppel)

As a fifteenth, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent responds that the Accusation, and each and every violation and cause for discipline and/or denial contained therein, is barred by the doctrine of estoppel.

SIXTEENTH AFFIRMATIVE DEFENSE

(Uncertainty)

As a sixteenth, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that the Accusation is uncertain.

SEVENTEENTH AFFIRMATIVE DEFENSE

(Intervening Acts)

As a seventeenth, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that the Accusation, and each and every violation and cause for discipline and/or denial contained therein, were the result of the intervening actions of others and were not proximately caused by the actions or omissions of this Respondent.

EIGHTEENTH AFFIRMATIVE DEFENSE

(Standing)

As an eighteenth, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that the Accusation, and each and every violation and cause for discipline and/or denial contained therein, are barred to the extent that the Board lacks standing to assert the claims set forth in the Accusation.

NINETEENTH AFFIRMATIVE DEFENSE

(Good Faith)

As a nineteenth, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that all of Respondent's actions with respect to the matters contained in the Accusation were done in good faith.

TWENTIETH AFFIRMATIVE DEFENSE

(Consent)

As a twentieth, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that the Board knowingly and voluntarily agreed to, and participated in, those actions which the Board claims to have caused the violations, causes for discipline and causes for denial alleged in the Accusation.

TWENTY-FIRST AFFIRMATIVE DEFENSE

(Superseding Cause)

As a twenty-first, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent asserts that some or all of the

violations alleged by the Board in the Accusation were caused by an event that occurred after any alleged actions of this Respondent, thus Respondent is not responsible for some or all of the violations alleged in the Accusation.

TWENTY-SECOND AFFIRMATIVE DEFENSE

(Reservation of Rights to Amend Notice of Defense)

As a twenty third, separate and affirmative defense to the Accusation, and each violation, cause for discipline and cause for denial alleged therein, this Respondent reserves the right to amend this Notice of Defense within the statutory time allowed to assert any additional matters relevant to this action.

WHEREFORE, Respondent WELLS PHARMACY NETWORK LLC denies that the Board is entitled to any relief whatsoever in this action, either as prayed for in the Accusation or otherwise, and prays for: (1) an administrative determination in favor of Respondent and against the Board on the Accusation and each and every Cause for Discipline and Cause for Denial contained therein; (2) award Respondent his costs and expenses, including attorneys' fees, for the defense of this action; and (3) award Respondent such further and additional relief as just and proper.

Dated: May 22, 2025

Respectfully submitted,

BALOGH LAW LTD.

Jason Balogh
Attorneys for Respondent
WELLS PHARMACY NETWORK LLC
Application for *Pro Hac Vice* Pending

PROOF OF SERVICE

I am over the age of 18 years and not a party to this action. My business address is 6680 Alhambra Ave., Suite 101, Martinez, California 94553.

On May 23, 2025, I served a true copy of **RESPONDENT WELLS PHARMACY NETWORK LLC'S ANSWER AND NOTICE OF DEFENSE**

addressed as shown on the attached Service List, as follows:

☐ **By Mail:** I caused the foregoing document(s) to be transmitted in a sealed envelope to the above-named addressees, as follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. postal service on that same day with postage thereon fully prepaid at Martinez, California in the ordinary course of business.

☐ **By Overnight Delivery:** I caused the foregoing document(s) to be deposited in a sealed envelope with Federal Express, with delivery charges fully prepaid, for overnight delivery to the above-named addressees.

☒ **By Email:** I caused an electronic copy of the foregoing document to be sent to the email addresses listed on the attached Service List.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed at Martinez, California, on May 23, 2025.

Dmytro Chyrkin

SERVICE LIST

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521
OFFICE: (775) 850-1440
FAX: (775) 850-1444
TeamBC@Pharmacy.nv.gov
bkandt@pharmacy.nv.gov

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APR 21 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #17244,** **Pharmacy License No. PH02188, and** **KIMBERLY KERSTEN, RPH,** **Certificate of Registration No. 20889,** **Respondents.**	**CASE NOS. 23-174-PH-S** **23-174-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Kimberly Kersten, née Sandoval, RPh (Kersten), Certificate of Registration No. 20889, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #17244, Pharmacy License No. PH02188, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Kersten was employed as managing pharmacist by CVS Pharmacy #17244 at the time of the events alleged herein.

3. On or about May 10, 2023, practitioner J.W. issued a prescription for 3-year-old patient A.R. for Cefdinir 250 mg/ml suspension for reconstitute with directions to take 1.8ml (oral) 2 times per day for 10 days.

4. The prescription was submitted to CVS Pharmacy #17244, where pharmaceutical technician Emalyn Bustos performed data entry, erroneously entering directions to take 18ml twice

a day, and the CVS computer system designated this prescription no. 241056. Bustos printed the label and performed the multipackage accuracy scan.

5. Kersten performed the DUR override, data entry verification activity, warning verification activity, and final product verification for prescription no. 241056 and failed to detect the erroneous direction to take 18ml twice a day.

6. Prescription no. 241056 was dispensed to A.R.'s father on May 10, 2023; at that time patient counseling was offered not by Kersten, but by pharmaceutical technician Emalyn Bustos, and refused.

7. A.R. received a 18 ml dosage on the first day before the error was detected.

8. On May 11, 2023, in the course of correcting the error, pharmaceutical technician Shelly Weber deleted the records for prescription no. 241056 from the CVS computer system.

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Kersten)

9. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

10. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription. NAC 639.252 and NAC 639.702.

11. Kersten engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she erroneously filled and dispensed prescription no. 241056 and failed to detect the erroneous direction to take 18ml twice a day, and is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Failure to Provide Medication Counseling to Patient/Unprofessional Conduct

(Respondent Kersten)

12. A pharmacist shall provide medication counseling to a patient when dispensing a prescription that has not been previously dispensed to the patient from that pharmacy, shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness, and shall document medication counseling to a patient when dispensing a prescription. NRS 639.266; NAC 639.707; NAC 639.708.

13. Kersten violated NRS 639.266, NAC 639.707(1) and/or (4), NAC 639.708, and/or engaged in unprofessional conduct as defined in NAC 639.945(1)(i) when she failed to provide medication counseling to A.R.'s father when prescription no. 241056 was dispensed, and is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

COUNT THREE

Pharmacy/Pharmacy Owner Responsibility

(Respondent CVS Pharmacy #17244)

14. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

15. Prescription records must be maintained by a pharmacy in conformance with NRS 639.236 and NAC 639.706.

16. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, CVS Pharmacy #17244 is responsible for those violations, including all errors and omissions of Kersten and any other pharmacy personnel in erroneously filling and dispensing prescription no. 241056 as alleged in Paragraphs 4-6, 11 and 13, and the deletion of the records for prescription no. 241056 from the CVS computer system as alleged in Paragraph 8, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license and certificate of registration of these Respondents.

Signed this 21st day of April 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #17244,** **Pharmacy License No. PH02188,** **Respondent.**	**Case No. 23-174-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of APRIL 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #17244,** **Pharmacy License No. PH02188,** **Respondent.**	**Case No. 23-174-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR CVS PHARMACY #17244

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of April 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

CVS Pharmacy #17244
4100 Blue Diamond Rd.
Las Vegas, NV 89139

CVS Pharmacy #17244 c/o
Brian J. Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #17244,** **Pharmacy License No. PH02188, and** **KIMBERLY KERSTEN, RPH,** **Certificate of Registration No. 20889,** **Respondents.**	**CASE NOS. 23-174-PH-S** **23-174-RPH-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Kimberly Kersten, née Sandoval, RPh (Kersten), Certificate of Registration No. 20889, and Respondent CVS Pharmacy #17244, Pharmacy License No. PH02188, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about April 22, 2025, Respondents were served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing. On or about June 3, 2025, Sandoval filed an Answer and Notice of Defense to the Accusation. CVS Pharmacy #17244 is entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondents are fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter

622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Respondents do not contest the allegations in the Accusation, but acknowledge that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. Kersten engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she erroneously filled and dispensed prescription no. 241056 and failed to detect the erroneous direction to take 18ml twice a day, and is therefore subject to discipline pursuant to NRS 639.210(4), NAC 639.252 and/or NAC 639.702.

B. Kersten violated NRS 639.266, NAC 639.707(1) and/or (4), NAC 639.708, and/or engaged in unprofessional conduct as defined in NAC 639.945(1)(i) when she failed to provide medication counseling to patient A.R.'s father when prescription no. 241056 was dispensed, and is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

C. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, CVS Pharmacy #17244 is responsible for those violations, including all errors and omissions of Kersten and any other pharmacy personnel in erroneously filling and dispensing prescription no. 241056, and the subsequent deletion of the records for prescription no. 241056

from the CVS computer system in violation of NRS 639.236 and NAC 639.706, and is therefore subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

6. Those violations are plead with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Kimberly Kersten, née Sandoval, RPh, Certificate of Registration No. 20889, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Kersten shall pay a fine of One Thousand Five Hundred Dollars ($1,500.00) for the violations; and

B. Pursuant to NRS 622.400, Kersten shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent #17244, Pharmacy License No. PH02188, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), CVS Pharmacy #17244 shall pay a fine of Three Thousand Dollars ($3,000.00) for the violations; and

B. Pursuant to NRS 622.400, CVS Pharmacy #17244 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 17, 2025. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by September 1, 2025.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by September 1, 2025.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in

the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025

_____
CVS PHARMACY #17244
Pharmacy License No. PH02188

Signed this ___ day of _____ 2025

_____
KIMBERLY KERSTEN, RPH
Certificate of Registration No. 20889

Signed this ___ day of _____ 2025

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Kimberly Kersten, née Sandoval, RPh, Certificate of Registration No. 20889, and Respondent CVS Pharmacy #17244, Pharmacy License No. PH02188, in Case Nos. 23-174-PH-S and 23-174-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July 2025.

_____
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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FILED
APR 21 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #17244,** **Pharmacy License No. PH02188, and** **KIMBERLY KERSTEN, RPH,** **Certificate of Registration No. 20889,** **Respondents.**	**CASE NOS. 23-174-PH-S** **23-174-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Kimberly Kersten, née Sandoval, RPh (Kersten), Certificate of Registration No. 20889, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #17244, Pharmacy License No. PH02188, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Kersten was employed as managing pharmacist by CVS Pharmacy #17244 at the time of the events alleged herein.

3. On or about May 10, 2023, practitioner J.W. issued a prescription for 3-year-old patient A.R. for Cefdinir 250 mg/ml suspension for reconstitute with directions to take 1.8ml (oral) 2 times per day for 10 days.

4. The prescription was submitted to CVS Pharmacy #17244, where pharmaceutical technician Emalyn Bustos performed data entry, erroneously entering directions to take 18ml twice

a day, and the CVS computer system designated this prescription no. 241056. Bustos printed the label and performed the multipackage accuracy scan.

5. Kersten performed the DUR override, data entry verification activity, warning verification activity, and final product verification for prescription no. 241056 and failed to detect the erroneous direction to take 18ml twice a day.

6. Prescription no. 241056 was dispensed to A.R.'s father on May 10, 2023; at that time patient counseling was offered not by Kersten, but by pharmaceutical technician Emalyn Bustos, and refused.

7. A.R. received a 18 ml dosage on the first day before the error was detected.

8. On May 11, 2023, in the course of correcting the error, pharmaceutical technician Shelly Weber deleted the records for prescription no. 241056 from the CVS computer system.

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Kersten)

9. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

10. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription. NAC 639.252 and NAC 639.702.

11. Kersten engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she erroneously filled and dispensed prescription no. 241056 and failed to detect the erroneous direction to take 18ml twice a day, and is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Failure to Provide Medication Counseling to Patient/Unprofessional Conduct

(Respondent Kersten)

12. A pharmacist shall provide medication counseling to a patient when dispensing a prescription that has not been previously dispensed to the patient from that pharmacy, shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness, and shall document medication counseling to a patient when dispensing a prescription. NRS 639.266; NAC 639.707; NAC 639.708.

13. Kersten violated NRS 639.266, NAC 639.707(1) and/or (4), NAC 639.708, and/or engaged in unprofessional conduct as defined in NAC 639.945(1)(i) when she failed to provide medication counseling to A.R.'s father when prescription no. 241056 was dispensed, and is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

COUNT THREE

Pharmacy/Pharmacy Owner Responsibility

(Respondent CVS Pharmacy #17244)

14. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

15. Prescription records must be maintained by a pharmacy in conformance with NRS 639.236 and NAC 639.706.

16. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, CVS Pharmacy #17244 is responsible for those violations, including all errors and omissions of Kersten and any other pharmacy personnel in erroneously filling and dispensing prescription no. 241056 as alleged in Paragraphs 4-6, 11 and 13, and the deletion of the records for prescription no. 241056 from the CVS computer system as alleged in Paragraph 8, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license and certificate of registration of these Respondents.

Signed this 21st day of April 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KIMBERLY KERSTEN, RPH,** **Certificate of Registration No. 20889,** **Respondent.**	**Case No. 23-174-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of APRIL 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KIMBERLY KERSTEN, RPH,** **Certificate of Registration No. 20889,** **Respondent.**	**Case No. 23-174-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

KIMBERLY KERSTEN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of April 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Kimberly Kersten, RPH
[redacted]
Henderson, NV [redacted]

Kimberly Kersten, RPH c/o
CVS Pharmacy #17244
4100 Blue Diamond Rd.
Las Vegas, NV 89139

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KIMBERLY KERSTEN, RPH,** **Certificate of Registration No. 20889,** **Respondent.**	**Case No. 23-174-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

none

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows: I understand the allegations being made against me and take them very seriously. I deeply regret that actions that took place that day. My practice as a pharmacist has changed greatly since this mistake and I work everyday to make sure this type of error is not committed by myself or my team again. I am much more cautious when verifying any prescription, especially the one's of pediatric patients. I make sure that I counsel each and every patient who picks up a prescription from my pharmacy but especially a reconstituted prescription to ensure the parent received adequate counseling. Technicians at my pharmacy have been retrained to understand that the pharmacist is the only one to offer counseling to a patient or caregiver. My team has also been retrained on the importance of misfill prescriptions and to be very cautious in handeling these so that a prescription is never deleted erroneously again. I will continue to work every day to push the safety of our patients first and avoid anything like this ever happening again.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 3 day of June 2025.

KIMBERLY KERSTEN, RPH

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #17244,** **Pharmacy License No. PH02188, and** **KIMBERLY KERSTEN, RPH,** **Certificate of Registration No. 20889,** **Respondents.**	**CASE NOS. 23-174-PH-S** **23-174-RPH-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Kimberly Kersten, née Sandoval, RPh (Kersten), Certificate of Registration No. 20889, and Respondent CVS Pharmacy #17244, Pharmacy License No. PH02188, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about April 22, 2025, Respondents were served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing. On or about June 3, 2025, Sandoval filed an Answer and Notice of Defense to the Accusation. CVS Pharmacy #17244 is entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondents are fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter

622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Respondents do not contest the allegations in the Accusation, but acknowledge that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. Kersten engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she erroneously filled and dispensed prescription no. 241056 and failed to detect the erroneous direction to take 18ml twice a day, and is therefore subject to discipline pursuant to NRS 639.210(4), NAC 639.252 and/or NAC 639.702.

B. Kersten violated NRS 639.266, NAC 639.707(1) and/or (4), NAC 639.708, and/or engaged in unprofessional conduct as defined in NAC 639.945(1)(i) when she failed to provide medication counseling to patient A.R.'s father when prescription no. 241056 was dispensed, and is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

C. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, CVS Pharmacy #17244 is responsible for those violations, including all errors and omissions of Kersten and any other pharmacy personnel in erroneously filling and dispensing prescription no. 241056, and the subsequent deletion of the records for prescription no. 241056

from the CVS computer system in violation of NRS 639.236 and NAC 639.706, and is therefore subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

6. Those violations are plead with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Kimberly Kersten, née Sandoval, RPh, Certificate of Registration No. 20889, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Kersten shall pay a fine of One Thousand Five Hundred Dollars ($1,500.00) for the violations; and

B. Pursuant to NRS 622.400, Kersten shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent #17244, Pharmacy License No. PH02188, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), CVS Pharmacy #17244 shall pay a fine of Three Thousand Dollars ($3,000.00) for the violations; and

B. Pursuant to NRS 622.400, CVS Pharmacy #17244 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 17, 2025. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by September 1, 2025.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by September 1, 2025.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in

the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025

_____
CVS PHARMACY #17244
Pharmacy License No. PH02188

Signed this ___ day of _____ 2025

_____
KIMBERLY KERSTEN, RPH
Certificate of Registration No. 20889

Signed this ___ day of _____ 2025

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Kimberly Kersten, née Sandoval, RPh, Certificate of Registration No. 20889, and Respondent CVS Pharmacy #17244, Pharmacy License No. PH02188, in Case Nos. 23-174-PH-S and 23-174-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July 2025.

_____
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MELISSA GAUDA, RPH,** **Certificate of Registration No. 22866,** **Respondent.**	**Case No. 24-141-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Melissa Gauda, Certificate of Registration No. 22866, was a pharmacist registered with the Board.

FACTUAL ALLEGATIONS

2. Respondent was employed as managing pharmacist by CVS Pharmacy #82, Pharmacy License No. PH02276, at the time of the events alleged herein.

3. On or about January 29, 2024, in the course of dispensing prescription no. 1264373 for hydroxyzine HCt 25mg tablet #30 to the father of patient A.L., a minor, at CVS Pharmacy #82, Respondent also erroneously dispensed a return to stock bottle of cyclobenzaprine 5mg.

4. A.L. ingested one tablet of the erroneously dispensed cyclobenzaprine 5mg and suffered somnolence, confusion, lethargy, and other adverse events.

5. On or about October 10, 2024, pursuant to NRS 639.2895 the Board issued a citation to Respondent and assessed an administrative fine of $500, served on Respondent by

certified mail, return receipt requested, addressed to the Respondent at her last address of record. Respondent failed to pay the fine.

6. On or about February 5, 2025, the Board issued a second notice to Respondent of the citation d and $500 administrative fine, served on Respondent by certified mail, return receipt requested, addressed to the Respondent at her last address of record. Respondent failed to pay the fine.

APPLICABLE LAW

7. The failure to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(d) and is grounds for suspension or revocation of a pharmacist registration issued by the Board. NRS 639.210(4).

8. Performing any duties as the holder of a pharmacist registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of the registration issued by the Board. NRS 639.210(4).

9. Violating any term or condition of an order issued by the Board or the staff of the Board constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(l) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

10. Respondent engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she erroneously dispensed a return to stock bottle of cyclobenzaprine 5mg to A.L., resulting in patient harm, and is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Unprofessional Conduct – Failure to Comply with Board Order

11. By failing to contest citation or timely pay the administrative fine of $500 for unprofessional conduct , Respondent has violated a Board order and therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(l), and is subject to discipline pursuant to NRS 639.210(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 21st day of April 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MELISSA GAUDA, RPH,** **Certificate of Registration No. 22866,** **Respondent.**	**Case No. 24-141-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of APRIL 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MELISSA GAUDA, RPH,** **Certificate of Registration No. 22866,** **Respondent.**	**Case No. 24-141-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Melissa Gauda, RPh

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of April 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Melissa Gauda
[redacted]
Henderson, NV [redacted]

CVS Pharmacy #82
c/o Melissa Gauda
6432 Losee Road
North Las Vegas, NV 89086

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of May 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Melissa Gauda
[redacted]
Las Vegas, NV [redacted]

CVS Pharmacy #82
c/o Melissa Gauda
6432 Losee Road
North Las Vegas, NV 89086

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

51

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GE MEDICAL SYSTEMS INFORMATION TECHNOLOGIES,** **License No. WH03740,** **Respondent.**	**Case No. 24-211-WH-O** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent GE Medical Systems Information Technologies, License No. WH03740, was a wholesaler licensed by the Board.

FACTUAL ALLEGATIONS

2. Respondent, doing business as GE Healthcare, engaged in the business of soliciting, brokering, shipping and/or delivering prescription-only medical products into this State from 465 Pan America Drive in El Paso, TX, without a license to engage in business as a wholesaler in Nevada for that location.

3. On or about October 10, 2024, pursuant to NRS 639.2895 the Board issued a cease-and-desist order and citation to Respondent and assessed an administrative fine of $5000 for unlicensed wholesaler distribution into Nevada. (SEE EXHIBIT A HERETO).

4. Respondent failed to pay the fine.

5. Respondent subsequently applied for a license to engage in business as a wholesaler from 465 Pan America Drive in El Paso, TX, and, on or about December 5, 2024, was issued License No. WH03740.

APPLICABLE LAW

6. Any person who engages in the business of wholesale distribution or furnishing medical products that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of NRS Chapter 639. NRS 639.100(1) and (3); NRS 639.233(1); NAC 639.593. Engaging in the business of wholesale distribution without a license is a felony. NRS 639.100(2).

7. Violating any term or condition of an order issued by the Board or the staff of the Board constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(l) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

COUNT ONE

Unprofessional Conduct – Failure to Comply with Board Order

8. By failing to contest the cease-and-desist order and citation or timely pay the administrative fine of $5000 for unlicensed wholesaler distribution into this State in violation of Nevada law, Respondent has violated a Board order and therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(l), and is subject to discipline pursuant to NRS 639.210(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license of this Respondent.

Signed this 21st day of APRIL 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

Exhibit A

JOE LOMBARDO
Governor



HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

October 10, 2024

VIA CERTIFIED U.S. MAIL

GE Healthcare
465 Pan America Drive
El Paso, TX 79907

Re: CEASE-AND-DESIST ORDER: Unlicensed Activity in Nevada (Case No. 24-211-WH-O)

To Whom It May Concern:

The Nevada State Board of Pharmacy (Board) has determined that GE Healthcare is engaged in the business of soliciting, brokering, shipping and/or delivering prescription-only medical products into this State from 465 Pan America Drive in El Paso, TX, without a license to engage in business as a wholesaler in Nevada for that location. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.233 and NAC 639.593.

GE Healthcare is hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST from engaging in the business of soliciting, brokering, shipping and/or delivering prescription-only medical products into this State from 465 Pan America Drive in El Paso, TX. This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unlicensed activity.

The Board has assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3). GE Healthcare must pay this administrative fine within 30 days of receipt of this citation. Payment must be by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

GE Healthcare has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this notice. *See* NRS 639.2895(2). If you have any questions, please do not hesitate to contact Board staff at 775-850-1440.

Sincerely,

Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GE MEDICAL SYSTEMS INFORMATION TECHNOLOGIES,** **License No. WH03740,** **Respondent.**	**Case No. 24-211-WH-O** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of APRIL 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GE MEDICAL SYSTEMS INFORMATION TECHNOLOGIES,** **License No. WH03740,** **Respondent.**	**Case No. 24-211-WH-O** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR
GE Medical Systems Information Technologies

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21ST day of April 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

GE Medical System Information Technologies
465 Pan America Dr, Suite 10
El Paso, TX 79907

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

Quarles

FILED
MAY 15 2025
NEVADA STATE BOARD OF PHARMACY

Quarles & Brady LLP
Attorneys at Law
One Renaissance Square
Two North Central Avenue
Suite 600
Phoenix, Arizona 85004-2322
602-229-5200
Fax 602-229-5690

Writer's Direct Dial: 602-229-5439
E-Mail: Nicholas.Meza@quarles.com

May 15, 2025

Brett Kandt
General Counsel
Nevada Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, Nevada 89521

RE: GE Medical Systems Response to Notice of Intended Action and Accusation (Case No: 24-211-WH-O)

Dear Mr. Kandt:

This firm represents GE Medical Systems Information and Technologies, Inc. ("GE Medical") in response to the above-referenced matter and in response to the Notice of Intended Action and Accusation (the "Accusation") filed by the Nevada State Board of Pharmacy (the "Board") on or about April 21, 2025. The Accusation alleges that GE Medical failed to an October 10, 2024 cease and desist letter and failed to pay the associated administrative fine of $5,000. As explained herein, GE Medical never received the cease and desist letter. Accordingly, we are respectfully requesting dismissal of the Accusation.

As noted in the Accusation, GE Medical is currently licensed and in good standing in Nevada as a nonresident wholesale distributor (License # WH03740). GE Medical's current license is issued to 465 Pan American Dr., ***Suite 10***, El Paso, Texas 79907.[1] See GE Medical License, attached hereto as **Attachment 1**. The business has maintained this address since 2021. The cease and desist letter attached to the Accusation was sent to the address above. However, it did not contain a suite number. *See* October 10, 2024 Cease and Desist Letter, attached hereto as **Attachment 2**. The corporate complex at 465 Pan American Drive is occupied by multiple business, unaffiliated with GE Medical.[2]

[1] Note also, GE Medical also maintains Suite 11 at this location. However, this is maintained as a visitor entrance.
[2] An unaffiliated company, Sceli Logistics occupies 465 Pan American Dr., El Paso, Texas 79907, having no suite number. It is likely the cease and desist was delivered to this location.

Consequently, GE Medical did not intentionally disregard the Board's correspondence because the cease and desist letter was not delivered to the appropriate personnel due to the addressing error. As a result, the letter was never received by the individuals responsible for handling and responding to regulatory matters. Furthermore, we understand that the Board sends such notices exclusively by mail and does not issue them via email. Therefore, there was no alternative method by which GE Medical could have become aware of the letter or its contents until the Accusation was received.

GE Medical takes its regulatory obligations seriously and is committed to full cooperation with the Board. We respectfully request that the Board consider these circumstances in its review of the allegations at hand and dismiss this matter. Please let us know if any further information is needed to assist in resolving this matter.

Very truly yours,

Nicholas H. Meza

NHM:nhm
Enclosures

Attachment 1

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 08/07/2024
Amount: $ 1050.00
License #: WH03740

GE Medical Systems Information Technologies, Inc.
465 Pan American Dr. Suite 10
El Paso TX 79907

(ID Card)

NEVADA STATE BOARD OF PHARMACY

License #
WH03740
Active

Wholesaler
Effective Date:12/05/2024
Expires:10/31/2026

GE Medical Systems Information Technologies, Inc.
465 Pan American Dr. Suite 10
El Paso TX 79907

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY

Wholesaler

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

Expires: 10/31/2026
STATUS: Active

License Type: Wholesaler
License #: WH03740
Effective Date: 12/05/2024
DEA #:
Managing Pharmacist :

GE Medical Systems Information Technologies, Inc.
465 Pan American Dr. Suite 10
El Paso TX 79907

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Attachment 2

JOE LOMBARDO
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

October 10, 2024

VIA CERTIFIED U.S. MAIL

GE Healthcare
465 Pan America Drive
El Paso, TX 79907

Re: CEASE-AND-DESIST ORDER: Unlicensed Activity in Nevada (Case No. 24-211-WH-O)

To Whom It May Concern:

The Nevada State Board of Pharmacy (Board) has determined that GE Healthcare is engaged in the business of soliciting, brokering, shipping and/or delivering prescription-only medical products into this State from 465 Pan America Drive in El Paso, TX, without a license to engage in business as a wholesaler in Nevada for that location. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.233 and NAC 639.593.

GE Healthcare is hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST from engaging in the business of soliciting, brokering, shipping and/or delivering prescription-only medical products into this State from 465 Pan America Drive in El Paso, TX. This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unlicensed activity.

The Board has assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3). GE Healthcare must pay this administrative fine within 30 days of receipt of this citation. Payment must be by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

GE Healthcare has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this notice. *See* NRS 639.2895(2). If you have any questions, please do not hesitate to contact Board staff at 775-850-1440.

Sincerely,

Nevada State Board of Pharmacy

Tele: 775-850-1440 • Fax: 775-850-1444 • Web: bop.nv.gov
• E-mail: pharmacy@pharmacy.nv.gov

9171 9690 0935 0313 8186 41

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FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HILL-ROM COMPANY, INC.,** **License No. MP00038,** **Respondent.**	**CASE NOS. 24-500-MP-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Hill-Rom Company, Inc., License No. MP00038, was a medical products provider licensed by the Board.

FACTUAL ALLEGATIONS

2. On or about November 8, 2023, the Board conducted an inspection of Respondent's facility and determined that Respondent was engaged in the business of selling, leasing, supplying and/or distributing medical devices to hospitals and other licensed care facilities in this State without a license to engage in business as a wholesaler.

3. On or about November 26, 2024, the Board conducted an inspection of Respondent's facility and determined that Respondent continued to engage in the business of selling, leasing, supplying and/or distributing medical devices to hospitals and other licensed care facilities in this State without a license to engage in business as a wholesaler.

4. On or about February 13, 2025, Board staff issued a cease-and-desist order with a citation and $5000 fine against Respondent pursuant to NRS 639.2895 for Respondent engaging in the business of selling, leasing, supplying and/or distributing medical devices to hospitals and

other licensed care facilities in this State without a license to engage in business as a wholesaler in violation of NRS 639.100(1), NRS 639.233 and NAC 639.593.

APPLICABLE LAW

5. Any person who engages in the business of selling, leasing, supplying and/or distributing medical devices, that are restricted by federal law to sale by or on the order of a physician, to any health care facility, agency, practitioner or provider in this State must be licensed as a wholesaler pursuant to NRS 639.100(1), NRS 639.233 and NAC 639.593. *See also* NAC 639.6937 ("medical products wholesaler" defined).

6. Performing any duties as the owner of a business or an entity licensed by the Board or as the employee of any such business in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

7. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

8. Violating any law or regulation relating to the practices of a medical products provider constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.6941(1)(a) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

9. The Board may suspend or revoke a license if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any provision of Chapter 639 of the Nevada Revised Statutes. NRS 639.210(12).

10. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3). A medical

products provider is responsible for the acts of his or her business administrator and employees. NAC 639.6941(2).

COUNT ONE

Violation of State Law – Unlicensed Wholesale Distribution of Medical Products

11. By engaging in the business of selling, leasing, supplying and/or distributing medical devices to hospitals and other licensed care facilities in this State without a license to engage in business as a wholesaler, as alleged herein, Respondent, Respondent's owner(s), and/or Respondent's personnel violated NRS 639.100(1), NRS 639.233 and/or NAC 639.593, and Respondent therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(3) and NRS 639.210(12).

COUNT TWO

Unprofessional Conduct

2. By engaging in the business of selling, leasing, supplying and/or distributing medical devices to hospitals and other licensed care facilities in this State without a license to engage in business as a wholesaler, as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.6941(1)(a), NAC 639.945(1)(i) and/or NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 639.210(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license of this respondent.

Signed this 21st day of APRIL 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HILL-ROM COMPANY, INC.,** **License No. MP00038,** **Respondent.**	**Case No. 24-500-MP-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, June 4, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file-stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of APRIL 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HILL-ROM COMPANY, INC.,** **License No. MP00038,** **Respondent.**	**Case No. 24-500-MP-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR HILL-ROM COMPANY, INC.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of April 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

HILL-ROM COMPANY, INC.
1889 E Maule #C
Las Vegas, NV 89119

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 29th day of April 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

HILL-ROM COMPANY, INC.
1889 E Maule #C
Las Vegas, NV 89119

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
MAY 23 2025
NEVADA STATE BOARD OF PHARMACY

William J. Stilling (NBN 9915)
STILLING & HARRISON, PLLC
222 S. Main St., Ste. 500
Salt Lake City, Utah 84101
Telephone: 801-341-2021
Facsimile: (801) 341-2021
Email: bstilling@SHhealthlawyers.com

Attorney for Respondent Hill-Rom Company, Inc.,

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HILL-ROM COMPANY, INC.,** **License No. MP00038,** **Respondent.**	**CASE NOS. 24-500-MP-S** **RESPONDENT'S ANSWER AND NOTICE OF DEFENSE**

Respondent Hill-Rom Company, Inc., by and through its counsel William J. Stilling, of and for Stilling & Harrison, PLLC, files this Answer and Notice of Defense in response to the Notice of Intended Action and Accusation in the above-captioned case ("Notice").

REQUEST FOR HEARING

Respondent requests a hearing on the Notice.

RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice, Respondent admits, denies, and alleges as follows. Each reference to a "paragraph" is reference to a paragraph in the Notice.

JURISDICTION

1. Respondent admits the allegations in paragraph 1.

FACTUAL ALLEGATIONS

2. Respondent is without sufficient information with which to form a basis as to the truth of the allegations asserted in paragraph 2 and therefore denies the same. On November 8, 2023, Respondent possessed a Nevada MDEG license.

3. Respondent is without sufficient information with which to form a basis as to the truth of the allegations asserted in paragraph 3 and therefore denies the same. On November 26, 2024, Respondent possessed a Nevada MDEG license.

4. Respondent admits that it received a cease-and-desist order with the terms described in paragraph 4. Respondent has ceased distributing any prescription medical devices to hospitals and any licensed facilities.

APPLICABLE LAW

5. Paragraph 5 is a statement of law and is not susceptible to admission or denial

6. Paragraph 6 is a statement of law and is not susceptible to admission or denial.

7. Paragraph 7 is a statement of law and is not susceptible to admission or denial.

8. Paragraph 8 is a statement of law and is not susceptible to admission or denial.

9. Paragraph 9 is a statement of law and is not susceptible to admission or denial.

10. Paragraph 10 is a statement of law and is not susceptible to admission or denial.

COUNT ONE
Violation of State Law - Unlicensed Wholesale Distribution of Medical Product

11. Respondent denies the allegations in paragraph 11.

COUNT TWO
Unprofessional Conduct

12. Respondent denies the allegations in paragraph 12.

OTHER DEFENSES

13. Counts 1 and 2 fail to state a claim upon which relief can be granted.

RESERVATION OF RIGHTS

14. Respondent reserves the right to assert other factual, legal, and equitable defenses.

15. Respondent reserves the right to amend this Answer.

MITIGATION

16. Immediately upon receiving notification of the cease-and-desist order, the individuals responsible for responding to regulatory actions ensured that the Hill-Rom facility stopped shipping any prescription medical devices to hospitals or other facilities. Hill-Rom is in compliance with the cease-and-desist order to cease distributing prescription medical devices in Nevada.

17. Hill-Rom sells hospital beds to hospitals, which accounts for the vast majority of its operations in Nevada. The hospital beds themselves are not prescription medical devices but the sensors that can be attached to the beds are prescription medical devices. Hillrom is not currently supplying the prescription medical device sensors into Nevada.

18. On March 4, 2025, Hill-Rom submitted an application to become licensed as a Nevada wholesaler. After being informed that the license application had a deficiency that needed correction, Hill-Rom resubmitted on May 7, 2025. The application deadline for the July 16-17 Nevada Board of Pharmacy meeting is June 2. Hill-Rom expects the application to appear on the Board's agenda for the July 16-17, 2025 meeting.

OTHER

19. To the extent Respondent has not expressly admitted a factual allegation, it denies all such allegations.

PRAYER FOR RELIEF

20. Respondent asks that the Board:

a. Dismiss all Causes of Acton in the Notice or that the Board finds that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on the Respondent.

21. That the Board provide further relief to Respondent as it finds just and proper.

DATED this 23rd day of May 2025.

William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents
Hill-Rom Company, Inc.

CERTIFICATE OF SERVICE

I hereby certify that on May 23, 2025, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
Nevada State Board of Pharmacy
(bkandt@pharmacy.nv.gov)

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

Greg Zunino
Senior General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
Nevada State Board of Pharmacy
zunino@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

David Wuest
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
dwuest@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail

Yenh Long
Deputy Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206,
Reno, NV 895219
ylong@pharmacy.nv.gov

- ☐ U.S. Mail postage prepaid
- ☐ Hand delivery
- ☐ Overnight Mail
- ☐ Facsimile
- ☑ Electronic Mail



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HILL-ROM COMPANY, INC.,** **License No. MP00038,** **Respondent.**	**CASE NOS. 24-500-MP-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Brett Kandt, General Counsel, Respondent Hill-Rom Company, Inc., License No. MP00038, by and through counsel, William J. Stilling, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about April 22, 2025, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about May 23, 2025, Respondent filed an Answer and Notice of Defense to the Accusation.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent does not admit or contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that by engaging in the business of selling, leasing, supplying and/or distributing prescription medical devices to hospitals and other licensed care facilities in this State while licensed as a a medical products provider but without a license to engage in business as a wholesaler, Respondent, Respondent's owner(s), and/or Respondent's personnel violated NRS 639.100(1), NRS 639.233 and/or NAC 639.593, and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.6941(1)(a), NAC 639.945(1)(i) and/or NAC 639.945(1)(k), and Respondent therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(3) and NRS 639.210(4) and (12).

7. Those violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Hill-Rom Company, Inc., License No. MP00038, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Two Thousand Five Hundred Dollars ($2,500.00) for the violations by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by September 1, 2025; and

B. Pursuant to NRS 622.400, Respondent shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by September 1, 2025.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon that Respondent not inconsistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 16, 2025. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in

the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025

HILL-ROM COMPANY, INC.
License No. MP00038

Signed this ___ day of _____ 2025

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

WILLIAM J. STILLING, ESQ.
Counsel for Respondent

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Hill-Rom Company, Inc., License No. MP00038, in Case No. 24-500-MP-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July 2025.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SMITH'S PHARMACY #315, Pharmacy License No. PH03897,** **ALYSSA MERCEDES GARCIA, PT, Certificate of Registration No. PT20499, and** **OCTAVIA LORAINE BROOKS, RPH, Certificate of Registration No. 20950,** **Respondents.**	**CASE NOS. 25-076-PH-S** **25-076-PT-S** **25-076-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Alyssa Garcia, PT (Garcia), Certificate of Registration No. PT20499, was a pharmaceutical technician registered with the Board, Respondent Octavia Loraine Brooks, RPh (Brooks), Certificate of Registration No. 20950, was a pharmacist registered with the Board, and Respondent Smith's Pharmacy #315, Pharmacy License No. PH03897, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Garcia was employed as a pharmaceutical technician by Smith's Pharmacy #315, located at 8525 W Warm Springs Road in Las Vegas, and Brooks was employed as managing pharmacist of the pharmacy, at the time of the events alleged herein.

3. On or about February 13, 2025 Smith's Pharmacy #315 submitted DEA Form 106 documentation to the Board reporting the theft of controlled substances after an investigation produced evidence that Garcia diverted 9515 Alprazolam 1mg tablets, 19,908 Alprazolam 2mg tablets, and 1,018 Tramadol 50mg tablets.

4. On or about January 24, 2025, Respondent was terminated from employment by Smith's Pharmacy #315 due to policy violations and unprofessional conduct related to the theft.

5. The investigation revealed that Brooks failed to comply with Smith's Pharmacy policies and procedures to prevent and detect diversion, including, without limitation, failing to maintain balance on hand (BOH) manual changes reports weekly to review for suspicious or unexplainable manual changes for controlled substances, failing to question and/or research suspicious changes, and failing to research inventory discrepancies and report any evidence of theft or unexplainable loss.

6. On or about March 11, 2025, the Board served Garcia with an order of summary suspension of her Certificate of Registration No. PT20499 pursuant to NRS 233B.127(3) and noticed a hearing before the Board on April 16, 2025. Board staff attempted service of the order of summary suspension on Garcia by certified mail, return receipt requested, addressed to Garcia at her last address of record.

7. Garcia failed to appear at the April 16, 2025, hearing, and the Board upheld the suspension of her Certificate of Registration No. PT20499 pending the filing of an accusation.

APPLICABLE LAW

8. It is a felony offense to acquire a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 843(a)(3); 21 U.S.C. § 846; NRS 453.331(1)(d); NRS 453.391(1).

9. It is a felony offense to possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 844; 21 U.S.C. § 846; NRS 453.336(1); NRS 453.381(8)

10. It is a criminal offense to use a controlled substance except as authorized by law. 42 U.S.C. § 12210; NRS 453.411(1).

11. Pharmacies shall establish and maintain effective controls and procedures to prevent or guard against theft and misuse of controlled substances. NAC 453.400.

12. Supplying or diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

15. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

16. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

17. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of

any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

18. The pre-hearing suspension of any certificate, license or registration of a practitioner pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

COUNT ONE
Unlawful Acquisition of Controlled Substances
(Respondent Garcia)

19. By diverting and acquiring controlled substances as alleged herein, Garcia violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 846, NRS 453.331(1)(d) and/or NRS 453.391(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT TWO
Unlawful Possession of Controlled Substances
(Respondent Garcia)

20. By diverting and possessing controlled substances as alleged herein, Garcia violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 844, 21 U.S.C. § 846, NRS 453.336(1), NRS 453.381(8) and/or NRS 454.316(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT THREE
Unlawful Use of Controlled Substances
(Respondent Garcia)

21. By diverting and using controlled substances as alleged herein, Garcia violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 42 U.S.C. § 12210 and/or NRS 453.411(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT FOUR
Unprofessional Conduct – Diversion
(Respondent Garcia)

22. By diverting controlled substances as alleged herein, Garcia engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4).

COUNT FIVE
Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction
(Respondent Garcia)

23. By diverting controlled substances as alleged herein, Garcia was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

COUNT SIX
Managing Pharmacist Responsibility
(Respondent Brooks)

24. As the managing pharmacist of Smith's Pharmacy #315 at the time of the diversion of controlled substances by Garcia and the related violations of law as alleged herein, and by her failure to comply with Smith's Pharmacy policies and procedures to prevent or guard against theft and misuse of controlled substances in violation of NAC 453.400, Brooks is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

COUNT SEVEN
Pharmacy/Pharmacy Owner Responsibility
(Respondent Smith's Pharmacy #315)

25. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Smith's Pharmacy #315 is responsible for those violations, including all errors and omissions of Respondents Garcia and Brooks, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration and pharmacy license of these Respondents.

Signed this 9th day of June 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SMITH'S PHARMACY #315,** **Pharmacy License No. PH03897,** **Respondent.**	**Case No. 25-076-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 9th day of June 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SMITH'S PHARMACY #315,** **Pharmacy License No. PH03897,** **Respondent.**	**Case No. 25-076-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR SMITH'S PHARMACY #315

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 12th day of June 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Smith's Pharmacy #315
8525 W Warm Springs Rd.
Las Vegas, NV 89113

And via Electronic Mail:
Richard Bowman – (richard.boman@SFDC.com)
Paul Howse – (paul.howse@stores.sfdc.com)

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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FILED
JUN 11 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SMITH'S PHARMACY #315,** **Pharmacy License No. PH03897,** **ALYSSA MERCEDES GARCIA, PT,** **Certificate of Registration No. PT20499, and** **OCTAVIA LORAINE BROOKS, RPH,** **Certificate of Registration No. 20950,** **Respondents.**	**CASE NOS. 25-076-PH-S** **25-076-PT-S** **25-076-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Alyssa Garcia, PT (Garcia), Certificate of Registration No. PT20499, was a pharmaceutical technician registered with the Board, Respondent Octavia Loraine Brooks, RPh (Brooks), Certificate of Registration No. 20950, was a pharmacist registered with the Board, and Respondent Smith's Pharmacy #315, Pharmacy License No. PH03897, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Garcia was employed as a pharmaceutical technician by Smith's Pharmacy #315, located at 8525 W Warm Springs Road in Las Vegas, and Brooks was employed as managing pharmacist of the pharmacy, at the time of the events alleged herein.

3. On or about February 13, 2025 Smith's Pharmacy #315 submitted DEA Form 106 documentation to the Board reporting the theft of controlled substances after an investigation produced evidence that Garcia diverted 9515 Alprazolam 1mg tablets, 19,908 Alprazolam 2mg tablets, and 1,018 Tramadol 50mg tablets.

4. On or about January 24, 2025, Respondent was terminated from employment by Smith's Pharmacy #315 due to policy violations and unprofessional conduct related to the theft.

5. The investigation revealed that Brooks failed to comply with Smith's Pharmacy policies and procedures to prevent and detect diversion, including, without limitation, failing to maintain balance on hand (BOH) manual changes reports weekly to review for suspicious or unexplainable manual changes for controlled substances, failing to question and/or research suspicious changes, and failing to research inventory discrepancies and report any evidence of theft or unexplainable loss.

6. On or about March 11, 2025, the Board served Garcia with an order of summary suspension of her Certificate of Registration No. PT20499 pursuant to NRS 233B.127(3) and noticed a hearing before the Board on April 16, 2025. Board staff attempted service of the order of summary suspension on Garcia by certified mail, return receipt requested, addressed to Garcia at her last address of record.

7. Garcia failed to appear at the April 16, 2025, hearing, and the Board upheld the suspension of her Certificate of Registration No. PT20499 pending the filing of an accusation.

APPLICABLE LAW

8. It is a felony offense to acquire a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 843(a)(3); 21 U.S.C. § 846; NRS 453.331(1)(d); NRS 453.391(1).

9. It is a felony offense to possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 844; 21 U.S.C. § 846; NRS 453.336(1); NRS 453.381(8)

10. It is a criminal offense to use a controlled substance except as authorized by law. 42 U.S.C. § 12210; NRS 453.411(1).

11. Pharmacies shall establish and maintain effective controls and procedures to prevent or guard against theft and misuse of controlled substances. NAC 453.400.

12. Supplying or diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

15. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

16. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

17. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of

any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

18. The pre-hearing suspension of any certificate, license or registration of a practitioner pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

COUNT ONE
Unlawful Acquisition of Controlled Substances
(Respondent Garcia)

19. By diverting and acquiring controlled substances as alleged herein, Garcia violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 846, NRS 453.331(1)(d) and/or NRS 453.391(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT TWO
Unlawful Possession of Controlled Substances
(Respondent Garcia)

20. By diverting and possessing controlled substances as alleged herein, Garcia violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 844, 21 U.S.C. § 846, NRS 453.336(1), NRS 453.381(8) and/or NRS 454.316(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT THREE
Unlawful Use of Controlled Substances
(Respondent Garcia)

21. By diverting and using controlled substances as alleged herein, Garcia violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 42 U.S.C. § 12210 and/or NRS 453.411(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT FOUR
Unprofessional Conduct – Diversion
(Respondent Garcia)

22. By diverting controlled substances as alleged herein, Garcia engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4).

COUNT FIVE
Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction
(Respondent Garcia)

23. By diverting controlled substances as alleged herein, Garcia was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

COUNT SIX
Managing Pharmacist Responsibility
(Respondent Brooks)

24. As the managing pharmacist of Smith's Pharmacy #315 at the time of the diversion of controlled substances by Garcia and the related violations of law as alleged herein, and by her failure to comply with Smith's Pharmacy policies and procedures to prevent or guard against theft and misuse of controlled substances in violation of NAC 453.400, Brooks is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

COUNT SEVEN
Pharmacy/Pharmacy Owner Responsibility
(Respondent Smith's Pharmacy #315)

25. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Smith's Pharmacy #315 is responsible for those violations, including all errors and omissions of Respondents Garcia and Brooks, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration and pharmacy license of these Respondents.

Signed this 11th day of June 2025.

Yenh Long, Pharm.D.,
Deputy Executive Secretary of the Nevada State Board of Pharmacy,
for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **OCTAVIA LORAINE BROOKS, RPH,** **Certificate of Registration No. 20950,** **Respondent.**	**Case No. 25-076-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of June 2025.

Yenh Long, Pharm.D.
Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **OCTAVIA LORAINE BROOKS, RPH,** **Certificate of Registration No. 20950,** **Respondent.**	**Case No. 25-076-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

OCTAVIA LORAINE BROOKS, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of June 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Octavia Brooks, RPH
[redacted]
Las Vegas, NV [redacted]

Octavia Brooks, RPH c/o
Smith's Food and Drug Pharmacy #315
8525 West Warm Springs Rd.
Las Vegas, NV 89113

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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FILED
JUN 0 9 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SMITH'S PHARMACY #315,** **Pharmacy License No. PH03897,** **ALYSSA MERCEDES GARCIA, PT,** **Certificate of Registration No. PT20499, and** **OCTAVIA LORAINE BROOKS, RPH,** **Certificate of Registration No. 20950,** **Respondents.**	**CASE NOS. 25-076-PH-S** **25-076-PT-S** **25-076-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Alyssa Garcia, PT (Garcia), Certificate of Registration No. PT20499, was a pharmaceutical technician registered with the Board, Respondent Octavia Loraine Brooks, RPh (Brooks), Certificate of Registration No. 20950, was a pharmacist registered with the Board, and Respondent Smith's Pharmacy #315, Pharmacy License No. PH03897, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Garcia was employed as a pharmaceutical technician by Smith's Pharmacy #315, located at 8525 W Warm Springs Road in Las Vegas, and Brooks was employed as managing pharmacist of the pharmacy, at the time of the events alleged herein.

3. On or about February 13, 2025 Smith's Pharmacy #315 submitted DEA Form 106 documentation to the Board reporting the theft of controlled substances after an investigation produced evidence that Garcia diverted 9515 Alprazolam 1mg tablets, 19,908 Alprazolam 2mg tablets, and 1,018 Tramadol 50mg tablets.

4. On or about January 24, 2025, Respondent was terminated from employment by Smith's Pharmacy #315 due to policy violations and unprofessional conduct related to the theft.

5. The investigation revealed that Brooks failed to comply with Smith's Pharmacy policies and procedures to prevent and detect diversion, including, without limitation, failing to maintain balance on hand (BOH) manual changes reports weekly to review for suspicious or unexplainable manual changes for controlled substances, failing to question and/or research suspicious changes, and failing to research inventory discrepancies and report any evidence of theft or unexplainable loss.

6. On or about March 11, 2025, the Board served Garcia with an order of summary suspension of her Certificate of Registration No. PT20499 pursuant to NRS 233B.127(3) and noticed a hearing before the Board on April 16, 2025. Board staff attempted service of the order of summary suspension on Garcia by certified mail, return receipt requested, addressed to Garcia at her last address of record.

7. Garcia failed to appear at the April 16, 2025, hearing, and the Board upheld the suspension of her Certificate of Registration No. PT20499 pending the filing of an accusation.

APPLICABLE LAW

8. It is a felony offense to acquire a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 843(a)(3); 21 U.S.C. § 846; NRS 453.331(1)(d); NRS 453.391(1).

9. It is a felony offense to possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 844; 21 U.S.C. § 846; NRS 453.336(1); NRS 453.381(8)

10. It is a criminal offense to use a controlled substance except as authorized by law. 42 U.S.C. § 12210; NRS 453.411(1).

11. Pharmacies shall establish and maintain effective controls and procedures to prevent or guard against theft and misuse of controlled substances. NAC 453.400.

12. Supplying or diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

15. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

16. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

17. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of

any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

18. The pre-hearing suspension of any certificate, license or registration of a practitioner pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

COUNT ONE
Unlawful Acquisition of Controlled Substances
(Respondent Garcia)

19. By diverting and acquiring controlled substances as alleged herein, Garcia violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 846, NRS 453.331(1)(d) and/or NRS 453.391(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT TWO
Unlawful Possession of Controlled Substances
(Respondent Garcia)

20. By diverting and possessing controlled substances as alleged herein, Garcia violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 844, 21 U.S.C. § 846, NRS 453.336(1), NRS 453.381(8) and/or NRS 454.316(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT THREE
Unlawful Use of Controlled Substances
(Respondent Garcia)

21. By diverting and using controlled substances as alleged herein, Garcia violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 42 U.S.C. § 12210 and/or NRS 453.411(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT FOUR
Unprofessional Conduct – Diversion
(Respondent Garcia)

22. By diverting controlled substances as alleged herein, Garcia engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4).

COUNT FIVE
Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction
(Respondent Garcia)

23. By diverting controlled substances as alleged herein, Garcia was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

COUNT SIX
Managing Pharmacist Responsibility
(Respondent Brooks)

24. As the managing pharmacist of Smith's Pharmacy #315 at the time of the diversion of controlled substances by Garcia and the related violations of law as alleged herein, and by her failure to comply with Smith's Pharmacy policies and procedures to prevent or guard against theft and misuse of controlled substances in violation of NAC 453.400, Brooks is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

COUNT SEVEN
Pharmacy/Pharmacy Owner Responsibility
(Respondent Smith's Pharmacy #315)

25. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Smith's Pharmacy #315 is responsible for those violations, including all errors and omissions of Respondents Garcia and Brooks, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration and pharmacy license of these Respondents.

Signed this 9th day of June 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALYSSA MERCEDES GARCIA, PT,** **Certificate of Registration No. PT20499,** **Respondent.**	**Case No. 25-076-PT-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 9th day of JUNE 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALYSSA MERCEDES GARCIA, PT,** **Certificate of Registration No. PT20499,** **Respondent.**	**Case No. 25-076-PT-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

ALYSSA MERCEDES GARCIA, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of June 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Alyssa Garcia
[redacted]
Reno, NV [redacted]

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of June 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Alyssa Garcia
[redacted]
Las Vegas, NV [redacted]

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
APR 16 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALYSSA GARCIA, PT,** **Certificate of Registration No. PT20499,** **Respondent.**	**CASE NO. 25-076-PT-S** **ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, April 16, 2025. Brett Kandt, Esq., prosecuted the case before the Board. Respondent Alyssa Garcia, PT, Certificate of Registration No. PT20499, failed to appear. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The Board finds that probative evidence exists in the record to establish each of the following facts by a preponderance of the evidence:

1. On March 11, 2025, the Executive Secretary of the Nevada State Board of Pharmacy (Board) issued an Order of Summary Suspension of the certificate of registration of Respondent Alyssa Garcia, PT, Certificate of Registration No. PT20499, pursuant to NRS 233B.127(3), and noticed a hearing (See EXHIBIT A hereto).

2. On or about March 11, 2025, Board staff attempted service of the Order of Summary Suspension on Respondent by certified mail, return receipt requested, addressed to the Respondent at her last address of record,.

3. On or about March 19, 2025, Board staff attempted service of the Notice of Hearing on Respondent by certified mail, return receipt requested, addressed to the Respondent at her last address of record.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and Respondent, because at the time of the events herein, Respondent held a pharmaceutical technician registration issued by the Board.

2. Board staff satisfied the notice and service requirements of NRS 233B.127(3) and NRS 639.245, and Respondent was given sufficient legal notice of the hearing.

3. If a respondent fails to appear at a scheduled hearing and the Board finds that the respondent was given sufficient legal notice of the hearing, it may accept the allegations as true. NRS 622A.350.

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The Order of Summary Suspension of the certificate of registration of Respondent Alyssa Garcia, PT, Certificate of Registration No. PT20499, shall remain in effect pending the timely filing and service of a Notice of Intended Action and Accusation, Statement to Respondent and Notice of Hearing, and until such time as an evidentiary hearing on the charges is held.

2. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 17th day of April.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18th day of April 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Alyssa Garcia, PT
[redacted]
Las Vegas, NV [redacted]

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

Exhibit A

FILED
MAR 1 1 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ALYSSA GARCIA, PT,
Certificate of Registration No. PT20499,

Respondent.

CASE NO. 25-076-PT-S

ORDER OF SUMMARY SUSPENSION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), has determined that the certificate of registration of Respondent Alyssa Garcia, PT, Certificate of Registration No. PT20499, is subject to summary suspension pursuant to Nevada Revised Statute (NRS) 233B.127(3), based upon the following preliminary findings:

1. Upon information and belief, on or about January 24, 2025, Respondent was terminated from employment by Smith's Pharmacy #315, License No. PH03897, due policy violations and unprofessional conduct related to the theft of 9,515 tablets of Alprazolam 1mg, 19,908 tablets of Alprazolam 2mg, and 1,018 tablets of Tramadol 50mg. Smith's Pharmacy #315 filed a police report with the Las Vegas Metropolitan Police Department and an investigation is ongoing.

2. As of the date of this Order, the Executive Secretary has reasonably determined that the health, safety, or welfare of the public in the State of Nevada is at risk of imminent harm based upon the finding in paragraph 1 above.

3. Based on the foregoing, the Executive Secretary has reasonably determined that a summary suspension of Certificate of Registration No. PT20499 is necessary to remove the risk of imminent harm to the health, safety and welfare of the public.

Accordingly, pursuant to NRS 233B.127(3):

IT IS HEREBY ORDERED that the Certificate of Registration No. PT20499 is **SUMMARILY SUSPENDED** until further order of the Board; and,

IT IS FURTHER ORDERED that pursuant to NRS 233B.127(3), a hearing before the Board on this matter is set for Wednesday, April 16, 2025, at 9:00 AM, or soon thereafter at the following location:

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

Respondent is therefore directed to provide the Board with any evidence or information that would show that either the factual or legal reasons for the summary suspension are incorrect or otherwise demonstrate that her conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3).

IT IS SO ORDERED.

Entered this 11th day of March 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 12th day of March 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Alyssa M. Garcia
[redacted]
Las Vegas, NV [redacted]

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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FILED
JUN 30 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MATTHEW OKEKE, M.D.,
Certificate of Registration No. CS10935,

Respondent.

Case Nos. 19-013-CS-S
25-241-CS-S

REQUEST FOR JUDICIAL NOTICE

COMES NOW Gregory L. Zunino, Senior General Counsel, pursuant to NRS 233B.123(5), and requests that the members of the Nevada State Board of Pharmacy take judicial notice of the Findings of Fact, Conclusions of Law and Order ("Order") issued by the Nevada Board of Medical Examiners on June 13, 2025. A true and correct copy of the Order is attached hereto as Exhibit 1.

Dated this 30th day of June 2025.

Gregory L. Zunino
Senior General Counsel
Nevada State Board of Pharmacy

Exhibit 1
19-013-CS-S
25-241-CS-S
Matthew Okeke

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **MATTHEW OBIM OKEKE, M.D.** **Respondent.**	**Case Nos. 24-22461-1** **24-22461-2** **24-22461-3** **24-22461-4**

FILED

JUN 13 2025

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

The above-entitled matter came on regularly for adjudication and decision before the Nevada State Board of Medical Examiners (Board), during a regularly scheduled Board meeting on June 6, 2025, at the Board's office located at 9600 Gateway Drive, Reno, NV 89521 (video-conferenced to 325 E. Warm Springs Road, Suite 225, Las Vegas, NV 89119), on the Complaints filed herein. Matthew Obim Okeke, M.D., (Respondent), who was duly served with notice of the adjudication, was present and represented by his counsel, Liborius Agwara, Esq. The adjudicating members of the Board participating in these Findings of Fact, Conclusions of Law, and Order (FOFCOL) were, Nick M. Spirtos, M.D., F.A.C.O.G., Ms. Maggie Arias-Petrel, Ms. Pamela Beal, Irwin B. Simon, M.D., FACS, Joseph Olivarez, P.A.-C, and Jason B. Farnsworth, RRT, MBA. Henna Rasul, Senior Deputy Attorney General, served as legal counsel to the Board.

The Board, having received and read the Complaints and exhibits admitted in the matter and filed into the record in this case, the "Findings and Recommendations" prepared by the Hearing Officer, Patricia Halstead, Esq., who presided over the hearing, and the transcript of the hearing, proceeded to make a decision pursuant to the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), NRS Chapter 622A, and NRS Chapter 233B, as applicable.

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

The Board, after due consideration of the record, evidence, and law, and being fully advised in the premises, makes its FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER in this matter, as follows:

FINDINGS OF FACT

I.

Respondent held a license to practice medicine in the State of Nevada issued by the Board at all relevant times.

A. Case Nos. 24-22461-1, 24-22461-2, and 24-22461-3

1. On February 21, 2024, the Investigative Committee filed its formal Complaint in Case No. 24-22461-1, alleging Respondent violated the Medical Practice Act. Respondent was personally served with the Complaint on or about February 27, 2024. A First-Amended Complaint was filed October 29, 2024, and a copy was served upon Respondent November 4, 2024. The First-Amended Complaint alleged two hundred eleven (211) violations of the Nevada Medical Practice Acts, including: sixty-six (66) violations of NRS 630.301(4), Malpractice (Counts I-LXVI), thirteen (13) violations of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records (Counts LXVII-LXXIX), fifty-seven (57) violations of NRS 630.306(1)(b)(3), Violation of Statutes and Regulations of the Nevada State Board of Pharmacy (Counts LXXX-CXXXVI), sixty-one (61) violations of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized, or Otherwise Inappropriate Prescribing of Controlled Substances Listed in Schedule II, III, or IV (Counts CXXXVII-CXCVII), seven (7) violations of NRS 630.306(2)(b)(1), Engaging in Conduct Which is Intended to Deceive (Counts CXCVIII-CCIV), and seven (7) violations of NRS 630.305(1)(d), Charging for Services Not Rendered (Counts CCV-CCXI). Respondent did not file an answer in response to the allegations set forth in the Complaint or the First-Amended Complaint.

2. On February 21, 2024, the Investigative Committee filed its formal Complaint in Case No. 24-22461-2, alleging Respondent violated the Medical Practice Act. Respondent was personally served with the Complaint on or about February 27, 2024. A First-Amended Complaint was filed June 27, 2024, and a copy was served upon Respondent via email and U.S.

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mail. The First-Amended Complaint alleged twenty-four (24) violations of the Nevada Medical Practice Acts, including: five (5) violations of NRS 630.301(4), Malpractice (Counts I-V), five (5) violations of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records (Counts VI-X), six (6) violations of NRS 630.306(1)(b)(3), Violation of Statutes and Regulations of the Nevada State Board of Pharmacy (Counts XI-XVI), four (4) violations of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized, or Otherwise Inappropriate Prescribing of Controlled Substances Listed in Schedule II, III, or IV (Counts XVII-XX), and four (4) violations of NRS 630.306(2)(b)(1), Engaging in Conduct Which is Intended to Deceive (Counts XXI-XXIV). Respondent did not file an answer in response to the allegations set forth in the Complaint or the First-Amended Complaint.

3. On February 23, 2024, the Investigative Committee filed its formal Complaint in Case No. 24-22461-3, alleging Respondent violated the Medical Practice Act. Respondent was personally served with the Complaint on or about February 29, 2024. A First-Amended Complaint was filed October 29, 2024, and a copy was served upon Respondent via U.S. Mail and email on or about October 29, 2024. The First-Amended Complaint alleged seven (7) violations of the Nevada Medical Practice Acts, including: one (1) violation of NRS 630.301(4), Malpractice (Count I), one (1) violation of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records (Count II), one (1) violation of NRS 630.306(1)(b)(3), Violation of Statutes and Regulations of the Nevada State Board of Pharmacy (Count III), one (1) violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct (Count IV), one (1) violation of NRS 630.301(9), Disreputable Conduct (Count V), one (1) violation of NRS 630.301(7), Violation of Patient Trust and Exploitation of Physician and Patient Relationship for Financial or Personal Gain (Count VI), and one (1) violation of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized, or Otherwise Inappropriate Prescribing of Controlled Substances Listed in Schedule II, III, or IV (Count VII). Respondent did not file an answer in response to the allegations set forth in the Complaint or the First-Amended Complaint.

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

4. An Order was filed on March 26, 2024, scheduling the Early Case Conference (ECC) for the pending matters in Case Nos. 24-22461-1, 24-22461-2, and 24-22461-3. This Order was served upon Respondent's counsel by U.S. Mail and email.

5. On April 26, 2024, an Order Staying Proceedings was filed in Case Nos. 24-22461-1, 24-22461-2, and 24-22461-3, staying the proceedings pending confirmation of a potential settlement agreement. This Order was served upon Respondent's counsel by U.S. Mail and email.

6. On May 22, 2024, an Order Scheduling Status Conference was filed in Case Nos. 24-22461-1, 24-22461-2, and 24-22461-3, setting a status conference for May 23, 2024, at 2:00 p.m. This Order was served upon Respondent's counsel by U.S. Mail and email. On May 23, 2024, as noticed by the Order, a status conference commenced whereby the parties appeared. The pending matters were placed back on calendar and dates for Prehearing and Hearing were agreed to and as a result, a Scheduling Order was issued on May 24, 2024, setting the Prehearing Conference for June 27, 2024, at 10:00 a.m., and a Hearing date was set for September 9-11, 2024, in Case No. 24-22461-1, September 16-17, 2024, in Case No. 24-22461-2, and October 21-22, 2024, in Case No. 24-22461-3.

B. Case No. 24-22461-4

7. On May 17, 2024, the Investigative Committee filed its formal Complaint in Case No. 24-22461-4, alleging Respondent violated the Medical Practice Act. Respondent was personally served with the Complaint on or about May 20, 2024. The Complaint alleged seven (7) violations of the Nevada Medical Practice Acts, including: one (1) violation of NRS 630.301(4), Malpractice (Count I), one (1) violation of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records (Count II), one (1) violation of NRS 630.306(2)(b)(1), Engaging in Conduct Which is Intended to Deceive (Count Ill), one (1) violation of NRS 630.254(3), Failure to Notify the Board Regarding Office Closure and Location of Patient Records (Count IV), one (1) violation of NRS 630.254(1), Failure to Notify the Board Regarding Change of Mailing Address (Count V), one (1) violation of NAC 630.230(2), Failure to Provide Patient Records to Patient Upon Request (Count Vl), and one (I) violation of NRS 630.3065(2)(c), Knowing or Willful Failure to Comply

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Reno, Nevada 89521
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with a Provision in NRS Chapter 630 (Count VII). Respondent did not file an answer in response to the allegations set forth in the Complaint.

8. An Order was filed June 12, 2024, scheduling the ECC for the pending matter in Case No. 24-22461-4. This Order was served upon Respondent's counsel by U.S. Mail and email. The ECC was held at the scheduled time wherein all parties appeared telephonically. As a result of the ECC, the pending matters in Case Nos. 24-22461-1, 24-22461-2, 24-22461-3 and 24-22461-4 were consolidated and new dates for Prehearing and Hearing were set.

9. An Amended Scheduling Order was filed on June 28, 2024, scheduling the Prehearing Conference for the pending matters for August 21, 2024. This Order was served upon Respondent's counsel by email and certified U.S. Mail. A hearing date was set for October 21, 2024, through October 24, 2024. At the time fixed for the Prehearing Conference, legal counsel for the Investigative Committee, Sarah A. Bradley, Deputy Executive Director, appeared, as well as the Hearing Officer, Patricia Halstead, Esq., and counsel for Respondent, Liborius Agwara, Esq. At the Prehearing Conference, counsel for the Investigative Committee provided the Hearing Officer with the mandated Prehearing Conference Disclosures and had copies of both the Prehearing Conference Statement and the mandated Prehearing Disclosures available for the parties. Respondent was timely and properly served with the Prehearing Conference Statement and the mandated Prehearing Disclosures in accord with NRS and NAC Chapters 630, NRS Chapters 241, 622A, and 233B, and the requirements of due process.

10. On October 21, 2024, through October 24, 2024, hearings were held before the Hearing Officer to receive evidence and to hear arguments on each of the four (4) cases. The Hearing Officer received the complete Record of Proceedings, including the transcript of the testimony received and the exhibits admitted. Upon receipt of the Record of Proceedings, the hearings were closed. The Hearing Officer filed the Findings and Recommendations on May 19, 2025.' The matters were scheduled for final adjudication on June 6, 2025, at a regularly scheduled Board meeting. The notice of the adjudication was mailed to Respondent on May 7, 2025, via U.S. Certified Mail, with a copy by email as well. On May 19, 2025, Respondent was sent a copy of the Hearing Officer's Findings and Recommendations via U.S.

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
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Certified Mail, with a copy by email. Additionally, on May 29, 2025, via Fed Ex 2-Day mail, Respondent was given a copy of the Investigative Committee's Memorandum of Costs and Disbursements and Attorneys' Fees and a packet of the materials to be presented at the scheduled Board meeting.

II.

Pursuant to NRS 622A.300(5)(a), the Findings and Recommendations of the Hearing Officer are hereby approved by the Board in their entirety and are hereby specifically incorporated and made part of this Order by reference. *See* **Exhibit 1**.

III.

In accord with the Findings and Recommendations, the Board hereby finds that the following counts, as recapitulated above, have been established by a preponderance of the evidence:

1. In Case No. 24-22461-1, Counts I-LXVI, sixty-six (66) violations of NRS 630.301(4); Counts LXXVII-LXXIX, thirteen (13) violations of NRS 630.3062(1)(a); Counts LXXX-CXXXVI, fifty-seven (57) violations of NRS 630.306(1)(b)(3); Counts CXCVIII-CCIV, seven (7) violations of NRS 630.306(1)(b)(1); and Counts CCV-CCXI, seven (7) violations of NRS 630.305(1)(d) were proven.

2. In Case No. 24-22461-2, Count I, one (1) violation of NRS 630.301(4); Counts VI-VII, two (2) violations of NRS 630.3062(1)(a); and Counts XI-XII, two (2) violations of NRS 630.306(1)(b)(3) were proven.

3. In Case No. 24-22461-3, the Board found all seven (7) Counts set forth in the First-Amended Complaint were proven.

4. In Case No. 24-22461-4, Count II, one (1) violation of NRS 630.3062(1)(a); Count IV, one (1) violation of NRS 630.254(3); Count V, one (1) violation of NRS 630.254(1); and Count VI, one (1) violation of NAC 630.230(2) were proven.

IV.

If any of the foregoing Findings of Fact is more properly deemed a Conclusion of Law, it may be so construed.

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Nevada State Board of Medical Examiners
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Reno, Nevada 89521
(775) 688-2559

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(775) 688-2559

CONCLUSIONS OF LAW

I.

The Board has jurisdiction over Respondent and the Complaints, and an adjudication of this matter by the Board members as set forth herein is proper.

II.

Respondent was timely and properly served with the Complaints, and all notices and orders in advance of the hearing and adjudication thereon, in accord with NRS and NAC Chapters 630, NRS Chapters 241, 622A and 233B, and the requirements of due process.

III.

With respect to the allegations of the Complaints, the Board concludes that Respondent has violated sixty-eight (68) violations of NRS 630.301(4), seventeen (17) violations of NRS 630.3062(1)(a), sixty (60) violations of NRS 630.306(1)(b)(3), seven (7) violations of NRS 630.306(2)(b)(1), seven (7) violations of NRS 630.305(1)(d), one (1) violation of NRS 630.306(1)(p), one (1) violation of NRS 630.301(9), one (1) violation of NRS 630.301(7), one (1) violation of NRS 630.3062(1)(h), one (1) violation of NRS 630.254(3), one (1) violation of NRS 630.254(1), and one (1) violation of NAC 630.230(2). Accordingly, Respondent is subject to discipline pursuant to NRS 630.352.

IV.

The Board finds that, pursuant to NRS 622.400, it may recover from Respondent reasonable and necessary attorneys' fees and costs incurred by the Board as part of its investigative, administrative and disciplinary proceedings against Respondent as it hereby enters this Findings of Fact, Conclusions of Law, and Order finding that Respondent has violated the Medical Practice Act, which the Board has the authority to enforce.

V.

The Board has reviewed the Investigative Committee's Memorandum of Costs and Disbursements and Attorneys' Fees, and the Board finds them to be the actual fees and costs incurred by the Board as part of its investigative, administrative and disciplinary proceedings against Respondent, and finds them to be reasonable based on: (1) the abilities, training,

education, experience, professional standing and skill demonstrated by Board staff and attorneys; (2) the character of the work done, its difficulty, its intricacy, its importance, the time and skill required, the responsibility imposed and the prominence and character of the parties where, as in this case, they affected the importance of the litigation; (3) the work actually performed by the Board's attorneys and staff, and the skill, time and attention given to that work; and (4) the product of the work and benefits to the Board and the people of Nevada that were derived therefrom.

VI.

If any of the foregoing Conclusions of Law is more properly deemed a Finding of Fact, it may be so construed.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause appearing therefore,

IT IS HEREBY ORDERED that:

1. Pursuant to NRS 630.352(4)(e) and NRS 622A.410(1), respectively, Respondent's license to practice medicine, License No. 14957, is immediately revoked and Respondent may not apply for licensure in the State of Nevada for a period of seven (7) years from the service of this Order;

2. Respondent shall reimburse the Board the reasonable costs and expenses actually incurred in the investigation and prosecution of this case in the amount of fifty-nine thousand five hundred thirty-eight dollars and seventy-seven cents ($59,538.77), which amount shall be stayed, and which will become immediately due and payable upon Respondent's application for licensure in the State of Nevada;

3. Case No. 21-22461-1 is hereby closed, and if and when, Respondent reapplies for licensure, the Board may reinstate the monitoring requirements from this matter that have not been completed, as well as any other new requirements it deems necessary to ensure Respondent's competency and the safety of the public;

4. Respondent shall be issued a Public Letter of Reprimand; and

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

5. This Order shall be reported to the appropriate entities, including the National Practitioner Databank (NPDB).

IT IS SO ORDERED.

DATED this 13th day of June, 2025.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

NICK M. SPIRTOS, M.D., F.A.C.O.G.
President of the Board

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
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Reno, Nevada 89521
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CERTIFICATION

I certify that the foregoing is the full and true original FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER on file in the office of the Board of Medical Examiners in the matter of Matthew Obim Okeke, M.D., Case Nos. 24-22461-1, 24-22461-2, 24-22461-3, and 24-22461-4.

I further certify that Nick M. Spirtos, M.D., F.A.C.O.G., is the President of the Nevada State Board of Medical Examiners and that full force and credit is due to his official acts as such; and that the signature to the foregoing ORDER is the signature of said Nick M. Spirtos, M.D., F.A.C.O.G.

IN WITNESS THEREOF, I have hereunto set my hand in my official capacity as Secretary-Treasurer of the Nevada State Board of Medical Examiners.

DATED this 13th day of June, 2025.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Maggie Arias-Petrel

MAGGIE ARIAS-PETREL
Secretary-Treasurer and Public Member of the Board

EXHIBIT 1

EXHIBIT 1

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against	Case No.s: 24-22461-1 24-22461-2 24-22461-3 24-22461-4 24-22461-5
MATTHEW OBIM OKEKE, M.D.,	
Respondent.	

FINDINGS AND RECOMMENDATIONS

FILED

MAY 19 2025

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

TO: Sarah A. Bradley
Deputy Executive Director
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

Matthew Obim Okeke, M.D.
c/o Liborius Agwara, Esq.
2785 E. Desert Inn Rd., Ste. 280
Henderson, NV 89121

The above-referenced matters came for hearing on October 21, 2024 through October 24, 2024. The hearings were held by video conferencing between the State of Nevada Board of Medical Examiners' Reno and Las Vegas offices, with counsel for the Investigative Committee of the State of Nevada Board of Medical Examiners (the "IC"), Sarah A. Bradley, and the undersigned hearing officer appearing in Reno, and Respondent Dr. Matthew Obim Okeke ("Respondent") appearing from Las Vegas along with his counsel Liborius Agwara, Esq. The matters were presented out of sequence commencing with Matter 4. For purposes of ease for drafting this Findings and Recommendations, the matters will be addressed in the same order.

Matter 4

Matter 4 is premised upon a Complaint for seven claims for relief. Count I is Malpractice, a violation of NRS 630.301(4), premised upon the allegation, in summary, that is was improper for Respondent to prescribe a benzodiazepine (specifically alprazolam, the brand name of which

is Xanax) when he knew or should have known that the patient was also taking opioids; and/or that Respondent failed to consider outside medical records regarding the patient's use of opioids; and/or by failing to properly document the patient's treatment.

Count II alleges a violation of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records, and is premised upon the allegations that the patent records at issue were copied and pasted with data from other patients; and/or backdated; and/or failed to document review or discussion of the patient's Prescription Monitoring Program ("PMP") report; and/or failed to ensure the patient medications were updated and accurate each visit; and/or failed to document any attempt to obtain outside medical records related to the patient's use of opioids as prescribed be any other provider.

Count III is a charge of Engaging in Conduct that is Intended to Deceive, a violation of NRS 630.306(2)(b)(1), and is premised upon the allegation that Respondent was not forthright when representing to the Investigative Committee of the Nevada Board of Medical Examiners (the "IC") that he had only seen the subject patient twice.

Count IV alleges a violation of NRS 630.254(3), Failure to Notify the Board Regarding Office Closure and Location of Patient Records as related to Respondent's closing of his office referred to as "Grand Desert."

Count V, Failure to Notify the Board Regarding Change of Mailing Address, a violation of NRS 630.254(1), is self-explanatory and relates to the closing of Respondent's office.

Count VI is for Failure to Provide Patient Records to Patient Upon Request, a violation of NAC 630.230(2), and is premised upon the allegation that requested patient records had not been timely provided and that the location of the records remains unknown.

The final charge, Count VII, is for Knowing or Willful Failure to Comply with a Provision of NRS Chapter 630, a violation of NRS 630.3065(2)(c), and is premised upon Respondent's alleged knowingly and willful failure to have provided contact information upon the closure of his office and his failure to disclose the location of the patient records that are the subject of Count VI.

Throughout the course of the hearing, IC Exhibits 1 through 10 were admitted.

The IC's first witness was the IC's Chief Investigator Ernesto Diaz, who authenticated exhibits and through whom Exhibits 1-5 were admitted. Mr. Diaz also supported Count III, Engaging in Conduct that is Intended to Deceive, a violation of NRS 630.306(2)(b)(1), by testifying that medical records contradict Respondent's response to IC inquiries regarding having only seen Patient A twice.

The IC's next witness was Bryan Czerniski, M.D., a licensed Nevada psychiatrist, who testified to his credentials (*see* Exhibits 9-10, which were admitted), and opined that Respondent fell below the standard of care by prescribing a benzodiazepine, specifically alprazolam, to a patient who was on opioids and by further failing to document related risk factors. Transcript pp. 47-50 (abbreviated hereafter as "T" with page numbers following). According to Dr. Czerniski, Respondent should have checked the patient's PMP report before prescribing any controlled substance. T 50. Dr. Czerniski further testified that the combination of a benzodiazepine with an opioid can lead to respiratory distress and increase the chances of "mortality by tenfold," (T 53-54), and that alprazolam (a benzodiazepine) should not be utilized long-term for someone with anxiety due to the state of withdrawal causing more anxiety, especially if there is a history of alcohol use disorder because the withdrawal can induce alcohol cravings. T 56-57, 63-65, 86. Dr. Czerniski expressed concern about the alprazolam prescription due to a history of seizures and the withdrawal increasing the chance of seizures. T 57-58. Based upon these risks, Dr. Czerniski testified that the alprazolam should have been tapered off. T 59.

According to Dr. Czerniski, Respondent's records indicate that after Respondent checked the PMP report, he did decrease the alprazolam dosage but did so too abruptly without proper titration and then inexplicably bumped the dosage back up. T 60-61, 107. Dr. Czerniski further testified that there is no indication that Respondent collaborated to establish a shared treatment program with the patient's other provider(s) in light of the alprazolam he had prescribed and opioid prescription another provider had prescribed, nor did Respondent document the basis for his alprazolam prescription and dosage changes. T 62, 99.

As to Respondent's medical records, Dr. Czerniski noted concerns about notations being cloned, meaning copied and pasted from other records. T 66, 71-3. He also expressed that the medication list was unclear due to duplication and dosages, and that date entries were either auto-populated after the visit or subject to having been changed, which is contrary to records being required to be maintained as they were made after they are finalized. T 67-68, 71.

Adverse reactions as a result of the benzodiazepine prescription of alprazolam with the opioids as specific to Patient A was brought out in cross-examination, as to which Dr. Czerniski testified that the adverse reactions resulted in twelve emergency department visits, with ten of those during times the PMP report was kept, and eight of those having followed within two days of the Xanax prescription (alprazolam, which again, is a benzodiazepine). T 78-79. Notes related thereto provide "[p]rofound sedation due to medication of substances" but there is no way of knowing if the patient was compliant with medication instructions; although, the description is consistent with an overdose of alprazolam or a mixture of alprazolam and opiates, which Dr. Czerniski opined was the cause. T 79-83.

It was established on cross-examination that the patient had already been prescribed benzodiazepines by another provider, Dr. Kroegel, in 2019, and that when Respondent saw the patient three years later in September 2021 and October 2021, according to Dr. Czerniski, Respondent should have taken the patient off the alprazolam in consultation with the patient's other providers by tapering the patient off in consideration of the patient's seizure disorder and "rebound anxiety." T 89-96, 99-100.

The IC's next witness was Darla Zarley who is the Prescription Monitoring Program Administrator for the Nevada State Board of Pharmacy. T 120. Relevant to the charges, Ms. Zarley testified that the PMP records indicate that Respondent first ran a PMP inquiry for the patient on September 16, 2021, at which time Respondent prescribed the patient alprazolam (a benzodiazepine) despite the patient already being prescribed oxycodone (an opioid). T 123.

The next to testify was Johnna LaRue, the Deputy Chief of Investigations and Compliance Officer for the Nevada State Board of Medical Examiners. T 131. Ms. LaRue testified that Respondent's license was moved from active to inactive on June 9, 2023 in accordance with

admitted Exhibit 6, which is an email from Respondent's counsel requesting that Respondent's license be moved to inactive. Exhibit 7, which is an allegation letter regarding Respondent's failure to provide Patient B his or her records, was also admitted through Ms. LaRue. T 136-38. Exhibit 8, which is an envelope marked undeliverable to Respondent's address on file with the Board was also admitted. T 138-39. Ms. LaRue further testified that Patient B's records were never provided despite having been requested. T 140. On cross-examination, Ms. LaRue indicated that she did not follow up on the returned mail with Respondent by calling him but that she had tried to email him with no response. T 142-43.

Respondent for his case presented only his testimony, by which he testified that it is not his practice to prescribe benzodiazepines but will continue such prescriptions for existing users (T 146); Respondent lowered the patient's benzodiazepine prescription because he was not comfortable with the amount currently prescribed (T 148-49); the patient was not prescribed the benzodiazepine by him originally (T 149); that the reduction he gave was drastic so he increased it again to help the patient cope (T 150); and that he still maintains the address where his practice was located and that the Board has on file but there was no one there to sign for the mail the Board sent that was returned (T 150).

On cross-examination, Respondent acknowledged that he did not note any reasoning for the changes to the benzodiazepine prescription dosages. T 151. Then on re-direct, Respondent testified that the two times he saw the patient in 2021 and 2022 he was just covering and, therefore, did not want to make drastic changes to the patient's prescriptions. T 153.

Counts I and II

As to whether Respondent committed malpractice by prescribing benzodiazepines while he knew or should have known that the patient was taking opioids, the rub is that the patient was already prescribed benzodiazepines when the patient was seen by Respondent, who testified he was covering for another provider. Per the IC's expert, although it was inappropriate to allow the benzodiazepine prescription to continue, that being Xanax in particular, it also was not appropriate to cease the prescription altogether. Given the foregoing, I cannot recommend a finding that Respondent committed malpractice by continuing to prescribe the benzodiazepine.

However, it remains that Respondent's records are not appropriately reflective of the basis for his actions with respect to the continuing prescription, its increase and decrease, and there is no indication that he took care to address the problems that arise with the prescription in consideration of concurrent opioid use. The records also have cloned entries. The manner by which the records tracked prescriptions is also problematic in that, as testified to by Dr. Czerniski, the medication list was unclear due to duplication and dosages, and that date entries were either auto-populated after the visit or subject to having been changed, which is contrary to records being required to be maintained as they were made after they are finalized. T 6-68, 71. The failure to make and maintain appropriate medical records is pleaded as the basis for malpractice claim as well as the failure to maintain complete medical records claim. Given the duplicity, I recommend finding a violation on Count II.

Count III

Count III is engaging in conduct that is meant to deceive and is premised upon Respondent's written response to the IC's investigation whereby Respondent indicates that he only saw the patient at issue twice, which was not accurate. Respondent actually saw the patient eight times - twice in 2021 and six times in 2018. T 102; Exhibit 3.

The letter upon which Count II is based was written by Respondent's counsel but was adopted by Respondent and his signature appears on it. *See* Exhibit 2. The letter from the IC that the Respondent was answering referenced treatment of the patient "for years" and was focused on the prescription of narcotics to the identified patient. *See* Exhibit 1. The times that Respondent saw the patient and prescribed narcotics were the two visits in 2021.

In reviewing the statute, NRS 630.306, it is focused on actions that are the basis for initiating an investigation and, if warranted, disciplinary proceedings, and is not tailored to responding to the IC once an investigation is underway; but, even assuming the statute could be applied in such an instance, given the context of the inquiry and the timeframe Respondent could assume was at issue, I cannot find that Respondent referencing the two recent visits rises to the level of an intentional deception, particularly when Respondent provided all the records that included the visits from 2018. T 37-38.

Counts IV, V, and VI

Counts IV, V, and VI are for failure to notify the Board about the office closure and location of records; failure to notify the Board regarding a change of address; and failure to provide patient records to a patient upon request. Respondent did not defend his failure to provide patient records. As to the office closure and change of address, Respondent testified that he maintains that address although he closed his practice.

Given Respondent closed his practice, mail sent by the Board was returned, and the patient records remain unaccounted for, I submit that Respondent should be held accountable for each of these three counts. If a practitioner closes an office and cannot be reached by the Board by certified mailing, that is a problem and is the exact problem the mandates outlined in the counts are meant to address. It is particularly unacceptable that the patient records at issue in Count VI remain unaccounted for.

Matter 1

Matter 1 commenced upon the amendment of the Complaint as provided for on the record. A true and correct copy of the Complaint as amended was filed on October 29, 2024. The exhibits were also addressed and updated on the record. The parties stipulated that Respondent was out of the country from February 26, 2017 through March 11, 2017; September 27, 2017 through October 2, 2017; and June 30, 2018 through July 7, 2018; and November 9, 2018 through November 23, 2018, as stated in paragraph two of the Complaint as amended.

Counts 1-66 are for malpractice, a violation of NRS 630.301(4), as alleged with regard to patients A through NNN, and is premised upon the allegation that Respondent failed to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when rendering medical services because he billed for services not rendered, prescribed controlled substances via paper prescriptions when he was out of the country, failed to check the PMP as required by Nevada law, and failed to examine patients prior to writing prescriptions for controlled substances.

Counts 67 through 79 relate to patients A through M and are for failure to maintain complete medical records, a violation of NRS 630.3062(1)(a), premised upon Respondent's

alleged failure to completely and correctly document medical care and treatment and/or by over-reliance on templated material in the records, causing the same to be untimely, illegible, inaccurate, and incomplete.

Counts 80 through 136 relate to patients C, E, and J through NNN excluding L and M, and are premised upon alleged violations of statutes and regulations of the Nevada State Board of Pharmacy, a violation of NRS 630.306(1)(b)(3), specifically Respondent's alleged failure to run PMP reports as required to prescribe controlled substances.

Counts 137 through counts 197 plead violations of NRS 630.3062(1)(b)(3), Fraudulent, Illegal, Unauthorized, or Otherwise Inappropriate Prescribing of Controlled Substances Listed in Schedule II, III, or IV, in relation to patients C, E, G, and I through NNN, alleging that Respondent pre-signed prescription pads for his staff or other practitioners to utilize while he was out of the country.

Counts 198 to 204 are premised upon alleged violations of Engaging in Conduct that is Intended to Deceive, a violation of NRS 630.306(2)(b)(1), in relation to patients A, B, D, E, F, G, and H based upon providing services under his name and NPI number that he did not provide, which is deceptive.

Counts 205 through 211, relate to alleged violations of NRS 630.305(1)(d), Charging for Services Not Rendered, for allegedly charging patients A, B, D, E, F, G, and H for services that were not rendered.

The parties stipulated to numerous exhibits as identified on the record and removed others based upon Respondent's stipulation to not running PMP's for 57 patients as is relevant to Counts 80-136.

The IC's first witness was Ernesto Diaz, the Board's Chief Investigator, who testified as to Respondent's National Provider Identification number and to patient visit records of November 12-14, 2018 and November 20-21, 2018 – dates Respondent was out of the country. Transcript of October 22, 2024, pp. 50-56. The same testimony was given for the dates of February 28, 2017; September 27, 2017; November 24, 2018; November 9-10, 2018; November 16-19, 2018, in

addition to some overlap of prior dates. T 57-59. On cross-examination, Respondent implied the visits were by "telemed." T 60-62.

The IC then called Dr. Jayleen Chen, a psychiatrist, who testified as to her qualifications and that Respondent did not meet the standard of care by failing to have established a "bona fide patient/prescriber relationship" when having purportedly seen patients and prescribing controlled substances while out of the country, as well as failing to write progress notes to support the prescriptions. T 62, 67-71.

Per Dr. Chen, billing records indicate that the visits were office visits, that being that the place of service was the office; and, if the visits were by telehealth, that should have been noted. T 75-79. Dr. Chen also testified that electronic prescriptions, versus paper, are now the norm for prescribing controlled substances but, in relation to this matter, Respondent purported to have issued paper prescriptions while out of the country. T 80. It was surmised by Dr. Chen that the paper prescriptions were dated in such a manner as to be issued while Respondent was out of the country (T 81-86) as opposed to being filled out with "do not fill" until a certain date, which is the proper manner to issue future prescriptions. T 83. Dr. Chen also testified that it is not allowed for someone other than Respondent to have given the paper prescriptions to the patients. T 87. Dr. Chen further testified that Respondent's records contained copying and pasting and duplicate medication listings with differing dosages. T 89-91, 107. Dr. Chen also confirmed that a check of the PMP database was not undertaken when it should have been. T 93. On cross-examination, Dr. Chen was questioned about other care workers who are part of a treatment team billing under Respondent's Medicare billing code, which was referenced as "14." T 102-103. On redirect Dr. Chen testified that compromised prescribing credentials must be reported. T 110.

Respondent testified and addressed his experience (T 118-19); that he did not run the required PMP inquiries based upon his electronic medical record program giving the same information (T 119-21, 123-26, 138); and that, at the time at issue, it was acceptable to "postdate" written prescriptions (that being to write a future date), which is what Respondent did so that his patients would not run out of their prescriptions and face withdrawal symptoms (T 121, 126, 140-42). Respondent also testified that he was on the telephone with the provider seeing his patients

on unidentified occasions when the provider treating the patient had questions (T 122-23), and that other levels of providers would bill Medicaid under a general billing number that was also reflective of the number he used and, therefore, the usage of that number was not necessarily identifying as to him (T 126-131). On cross-examination, Respondent testified that a billing code "20" as opposed to a "14" would be the other psychiatrist affiliated with the office or the nurse practitioner but likely the nurse practitioner because the other psychiatrist would have put their name (T 136-37).

After Respondent's testimony, Darla Zarley of the Nevada State Board of Pharmacy was recalled as a witness by the IC, and testified that Respondent's EMR system was not integrated with the PMP system until July of 2020 (T of October 23, 2024, pp. 6-7) and reiterated that a PMP report was required to be run as of January 1, 2018. T 9.

Counts I – LXVI

Counts I-LXVI are for malpractice, defined by NAC 630.040 as "the failure of a physician . . . in treating a patient to use reasonable care, skill, or knowledge ordinarily used for similar circumstances," and are premised upon billing for services not rendered, prescribing controlled substances via paper prescriptions while out of the country, failing to run PMP reports as required by law, and failing to examine patients prior to writing prescriptions for controlled substances.

Respondent stipulated to being out of the country for the dates at issue and, therefore, did not examine the patients (and only conferring by phone with providers who did see them on occasion per his own testimony); admitted to not running the PMP reports as required by law; postdated prescriptions without complying with NAC 453.450(4), which applies to Schedule II substances, and otherwise postdated written prescriptions for controlled substances outside of Schedule II substances; and billed for treatment of the identified patients as demonstrated by billing records that, regardless of the PT code (which Respondent referred to as a Medicaid code that could apply to other levels of providers), reference Respondent as the provider by and

through his name, electronic signature, and NPI Code. As such, I recommend finding against Respondent for these counts.[1]

Counts LXVII - LXXIX

These counts allege that Respondent failed to maintain timely, eligible, accurate and complete medical records relating to the diagnosis, treatment and care of the identified patients by failing to completely and correctly document his care and treatment for each of the patients at issue and/or over-relying on templated material. The only direct testimony regarding the same came from Dr. Chen who substantiated the allegations and, therefore, I suggest finding against Respondent on these counts.

Counts LXXX – CXXXVI

These counts are for violation of statutes and regulations of the Nevada State Board of Pharmacy and is premised upon failure to run the PMP reports as addressed in counts I – LXVI. Based upon Respondent's admission to failing to run the PMP reports, Respondent should be found to have violated these counts.

Counts CXXXVII – CXCVII

These counts are for fraudulent, illegal, unauthorized, or otherwise inappropriate prescribing of controlled substances listed in Schedule II, III, or IV and are based upon the postdating of the prescriptions as was addressed in counts I – LXVI; however, the premise is that Respondent postdated the prescriptions and then provided them to office staff or other practitioners to hand out while he was out of the office. There is no testimony that was proffered to substantiate that and, contrary thereto, Respondent indicates that he postdated the prescriptions and himself provided them during previous appointments. October 22, 2024 T 139-40. This was not refuted by the IC and, therefore, I cannot recommend that Respondent be held in violation of these counts as pleaded.

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[1] There are numerous patients at issue and, given the parties treated them as a block to which all allegations and defenses apply, the undersigned hearing officer likewise did so and, therefore, did not address each patient individually in making the above findings. This applies to all of the counts addressed with respect to Matter 1.

Counts CXCVIII – CCIV and Counts CCV - CCXI

These counts are in relation to seven identified patients who Respondent purported to provide services to while he was out of the country and are premised upon engaging in conduct intended to deceive and charging for services not rendered.[2] As set forth herein, I find that services were purportedly rendered and billed for that did not take place. To the extent that is deceptive, I recommend a finding that Respondent violated these counts.

Matter 2

This matter is similar to Matter 1 in that it alleges malpractice based upon prescribing an identified patent benzodiazepines when the patient was taking opioids and also prescribing five patients controlled substances by paper prescription when he was out of the country; failing to run each patient's PMP report; and failing to examine the patients prior to writing the prescriptions. The complaint also alleges counts for failure to maintain complete medical records in the same manner as addressed in Matter 1, that being over reliance upon templated material and/or cutting and pasting; counts premised upon violation of statutes and regulations of the Nevada State Board of Pharmacy for the failure to run the PMP reports; counts for fraudulent, illegal, unauthorized, or otherwise inappropriate prescribing of controlled substances listed in Schedule II, III, or IV by pre-signing paper prescriptions and providing them to staff and/or other practitioners to provide to patients while he was out of the country; and counsel for engaging in conduot that is intended to deceive by making misleading statements in response to the IC investigation. Matter 2 was heard on October 23, 2024 and continued through October 24, 2024 and is summarized as follows.

The IC's first witness was its Chief Investigator Ernesto Diaz who authenticated records and addressed Respondent's response to the IC investigation letter whereby Respondent indicated that he never authorized Dr. Victor Bruce to write any prescriptions. October 23, 2024 Transcript, pp. 20-41. Mr. Diaz also testified that as of his time at the IC, since March 2020, he had not received any information about Respondent's prescribing credentials being compromised. T 43.

[2] The IC's statutory citation at to counts CXCVIII - CCIV is "NRS 630.306(2)(b)(1)" but is apparently meant to be NRS 630.306(1)(b)(1).

On cross-examination Mr. Diaz was asked about the scope of any investigation he personally performed. T 46-49.

The IC next called Darla Zarley, the Prescription Monitoring Program Administrator with the Nevada State Board of Pharmacy who testified that the PMP reports run for the patients at issue were not run within the time period at issue as required by law. T 51-54. Ms. Zarley also testified that she was not notified of Respondent's prescribing credentials having become compromised. T 55. On cross-examination, Ms. Zarley testified that the PMP report showed that Respondent prescribed controlled substances to the patients subject to the complaint (T 57), and that the prescription should have been called in by the prescriber who saw the patient (T 59). As to Exhibit 20 in particular, Ms. Zarley testified that it looked like a person named "Mary" called the prescription in on behalf of Respondent. T 59-60. In response to questioning from the undersigned hearing officer, Ms. Zarley further testified that the prescribing credentials would come from whoever called in the prescription and, as to Exhibit 20, the number given was not Respondent's but could have been written down wrong. T 61-64. Respondent's prescribing credentials were then identified for the record. T 64-65. It was then established that a prescriber would not necessarily know if his or her credentials were being improperly used, which is why prescribers are required to run their related reports every six months to ensure their credentials are related solely to prescriptions they have issued. T 65-66. In follow up it was established that Exhibit 17 contains Respondent's credentials, as is the case for Exhibit 25, and a query for Respondent attributes Exhibit 20 to him. T 67-70. As for each of the prescriptions in Exhibits 17, 20, and 25, they were called in and would have been written down by the pharmacist. T 71.

The IC's next witness was Jayleen Chen, M.D., a psychiatrist who testified to her credentials and experience. Dr. Chen then testified that she opined that Respondent fell below the standard of care by prescribing benzodiazepines to Patient A who has been receiving opioids from another provider as well as having failed to run the PMP and took issue with the clarity and accuracy, by way of copying and pasting, of Patient A's records. T 79-91, 97-98, 101, 109-10, 126-27. Dr. Chen then addressed Respondent prescribing a controlled substance to Patient B on a date Respondent should have seen the patient to properly do so but was out of the country and for

which no PMP inquiry was made. T 113-15. Moving to Patient C, Dr. Chen testified that Patient C was prescribed a controlled substance on a date when Respondent was out of the country and, therefore, undertook the prescription without having seen the patient and for which no PMP report was run. T 115-18. The same testimony was also given for Patient D and Patient E, each action testified to by Dr. Chen having been deemed by her to fall below the appropriate standard of care. T 118-23. Dr. Chen then expressed ongoing concern about the clarity of the records and cutting and pasting versus providing tailored notations for different visits. T 124-26.

On cross-examination, Respondent represented that Sana Behavior Health is a treatment facility or hospital of which he was the medical director and, therefore, his role was to oversee treatment of all patients. T 130-31, 134. It was also established that three of the five patients at issue were Respondent's patients. T 132-33; October 24, 2024 T 5. As to Patient D in particular, by reference to Exhibit 21, Dr. Chen testified that she attributed that patient's care to Respondent because Respondent was listed as the psychiatrist on the record and a prescription was written under Respondent's name (which patients were Respondent's was never sorted on the record). T 133-36. Dr. Chen testified that when the prescription for Patient D that is part of the record as Exhibit 20 was written, Respondent was out of the country and, therefore, someone else wrote the prescription and Dr. Chen assumes it was authorized by Respondent; however, under questioning she acknowledged that the pharmacist writes the physician's name and could have put the primary doctor as opposed to the physician that ordered the prescription. T 138-41. Dr. Chen then testified that she was assuming Respondent was the attending physician for Patient D and that if that was not the case and was the medical director then she "could see that being ok," referring to Respondent not being present to provide care given his role of overseeing patient care. October 24, 2024 T 6. With Respondent not having left to go out of the country until the evening of November 8, 2019, Dr. Chen also testified that the prescription for Patient B could have been issued by Respondent that day (T 7-8), and that her main concern with Patient A was Respondent's failure to run a PMP report and lack of appropriate record documentation but agreed that it was not appropriate for Respondent to run a PMP for a patient that was not his (T 9-10).

On redirect, Dr. Chen reiterated that to prescribe a controlled substance, a PMP report must be run by the prescriber and that the prescriber must see the patient. T 12-13. As to Patient B, looking at Exhibit 14, the attending physician for October 10, 2019 was Respondent and for November 8, 2019 was Debra Perkins and it was surmised that Respondent provided the prescription dated for November 8, 2019 on October 10, 2019, which is inconsistent with Respondent's statement in Exhibit 4 that he did not postdate the November 8, 2019 prescription. T 13-15.

On recross, Respondent established that Exhibit 17 was a written prescription that was undertaken while Respondent was out of the country and, therefore "had nothing to do with [Respondent]" and that Dr. Chen did not "have a problem with whatever role, if any, that [Respondent] played with respect to these exhibits [17, 20, and 25]," which Dr. Chen agreed with. T 17-18.

On final redirect, Dr. Chen reiterated the requirement for post-dating prescriptions at the time, that being that they had to have the date of the day they were undertaken and had to provide "do no fill" until a certain date with no more than three prescriptions from the same issuing date. T 19-20.

When the undersigned hearing officer attempted to clarify Dr. Chen's testimony with respect to whether it was appropriate that the called in prescriptions were attributed to Respondent even though he was out of the country when they were issued, Dr. Chen stated that it was appropriate because Respondent was the medical director. T 20-22.

Counts I-V

These are malpractice claims based upon several allegations, the first of which is that Respondent prescribed Patient A benzodiazepines while she was taking opioids. This was attributed to Respondent having failed, admittedly, to run a PMP report.

Exhibit 7 contains Patient A's medical records and Respondent is consistently listed as her attending physician from 2013 to 2019. As such, Patient A does not present a scenario where Respondent was covering for another provider or was unfamiliar with her prescription history. Thus, to the extent it was not refuted that Patient A should not have been prescribed

benzodiazepines while taking opioids, I recommend that Respondent be held accountable for this portion of this count.

The remaining basis of the malpractice claim is that Respondent prescribed controlled substances to Patients A through E while he was out of the country, without checking a PMP report, and without conducting corresponding examinations. As to Patient A, the record does not reflect, so far as undersigned has been able to determine, that Patient A was prescribed any controlled substances while Respondent was out of the country and without conducting corresponding examinations, although he did not run PMP reports in conjunction with prescribing controlled substances for other dates and should be held accountable for that reason. With respect to Patient B, it was determined that Respondent could have personally seen that patient to facilitate the prescription but, again, did not run the PMP report, for which he should be held accountable. As to Patients C, D, and E, those were Sana Behavioral Health patients and, per testimony, their prescriptions could have been appropriately linked to Respondent as the Medical Director and not necessarily as the attending physician, which Dr. Chen testified was not problematic.[3] The fact that the burden was not met as to those patients as to each of the counts (not just the malpractice counts) was somewhat conceded by the IC on the record. T 31-32. To the extent that what remains of this count is duplicative of what remains of counts XI-XVI as to Patients A and B, undersigned recommends that these violations be accounted for in the latter counts and not encompassed in allegations of malpractice.

Counts VI-X

These counts relate to patients A through E and are premised upon Respondent's failure to maintain complete medical records in that such records were lacking in relevant notations, reflected copying and pasting, etc. This was a consistent concern throughout each of the hearings and the state of the records was no different in relation to this matter. As such, Respondent should

[3] Undersigned was surprised to hear Dr. Chen testify, and even clarify when queried by undersigned, that prescriptions could be called in under Respondent's name as the facility Medical Director when he was not the physician who saw the patient or directed the prescription. I do not believe this to actually be accurate but that is what the record bore out and I have rendered this recommendation in accordance with the record and the testimony provided.

be held accountable for these counts in relation to Patients A and B (with the counts as to Patients C, D, and E being excluded for the reasons set forth above).

Counts XI-XVI

These counts are for violation of pharmacy regulations related to Respondent's admitted failure to run PMP reports in relation to Patients A through E. To the extent Respondent is responsible therefore in relation to Patients A and B, Respondent should be held accountable.

Counts XVII-XX

These counts are for fraudulent, illegal, unauthorized, or otherwise inappropriate prescribing of controlled substances for allegedly pre-signing prescriptions and would be relevant as to Patients C, D, and E. For the reasons set forth above, the burden of proof for these counts have not been satisfied.

Counts XXI-XXIV

These counts are based upon Respondent's statements in response to investigative inquires by the IC that he checks "the PMP regularly" and in relation to what he guessed may have taken place with regard to Patients C, D, and E. As noted elsewhere herein, undersigned does not interpret the conduct complained of as a violation of NRS 630.306(1)(b)(3), but which is presumably meant to refer to NRS 630.306(1)(b)(1), because undersigned does not interpret the statute to include conduct or statements made in response to an already pending IC investigation. The statute states that deceitful conduct "constitutes grounds for initiating disciplinary action." Given disciplinary action had already commenced by way of an opened investigation, I do not find that this conduct is actionable as pleaded. How I interpret that statute is that deceitful conduct can be the basis to open an investigation and subject a physician to subsequent consequences. That being said, there is no doubt that such misrepresentations support a lack of credibility and support related culpability.

Matter 3

This matter involves a patient with whom Respondent admittedly had a personal/sexual relationship and entails counts for malpractice; failure to maintain complete medical records; violation of statutes and regulations regarding the Nevada State Board of Pharmacy; unsafe or

unprofessional conduct; disreputable conduct; violation of a patient's trust and exploitation of physician/patient relationship for financial or personal gain; and fraudulent, illegal, unauthorized, or otherwise inappropriate prescribing of controlled substances.

The parties stipulated to the admission of exhibits 1-6, 10, and 11.

The IC's first witness was Ernesto Diaz, the Chief of Investigations for the IC who testified to having reviewed text messages between Respondent and the Patient dated February 2021 through June 2021.

The IC next called Darla Zarley, the administrator of the Prescription Monitoring Program, who testified that a prescribing physician is required to run a PMP report each time a controlled substance is prescribed and every 90 days thereafter. October 24, 2024 transcript, p. 29. Ms. Zarley also testified to Exhibits 4 and 5, which demonstrated that Respondent ran two PMP reports in relation to the Patient on March 18, 2022 as reflected in Exhibit 4 despite having prescribed controlled substances to her on several other occasions (Exhibit 5). T 27-29.

The IC then called Jayleen Chen, M.D., a psychiatrist who testified to her credentials and who further testified to the impropriety of having a romantic relationship with a patient. T 32-37. Dr. Chen expressed concern regarding medications being prescribed with no premise therefore being documented, high dosages, and failure to run PMP reports, as well as concern about Respondent's romantic relationship with the patient and incomplete records that were, at times, hard to follow and included inapplicable diagnosis and cutting and pasting. T 38-48.

Respondent testified that he was already dating the Patient when he began to treat her and admitted it was wrong for him to do so, indicating that the Patient then began to threaten and extort him, including threatening to report him to the Nevada States Board of Medical Examiners, and that he had been negatively financially impacted as a result of his relationship and the Patient's demands upon him. T 53-57.

Count I

This is a count for malpractice, a violation of NRS 630.301(4) and is based upon Respondent having treated the Patient while having a personal relationship with her; prescribing controlled substances without running corresponding PMP reports; and failing to justify in his

medical records a prescription for Ambien and a prescription for Adderall, which was overprescribed. These allegations have been substantiated and Respondent should be held accountable.

Count II

This count is premised upon failure to maintain accurate and complete medical records, a violation of NRS 630.3062(1)(a). Dr. Chen's testimony was that the records kept were insufficient and her testimony was not disputed. Respondent should be held accountable for such.

Count III

Count III is for violation of statutes and regulations of the Nevada State Pharmacy Board, a violation of NRS 630.306(1)(b)(3), and is premised upon Respondent's failure to run PMP reports, which was established and for which Respondent should be held accountable.

Count IV

This count is for unsafe or unprofessional conduct, a violation of NRS 630.306(1)(p), and is based upon the overprescribing of Adderall and engaging in a personal relationship with the Patient and/or prescribing her controlled substances. This conduct was established and unrefuted. Respondent should be held accountable accordingly.

Count V

Disreputable conduct as set forth in NRS 630.301(9) is conduct that brings the medical profession into disrepute, including, without limitation, conduct that violates any provision of a code of ethics adopted by the Board by regulation based on a national code of ethics. Having a sexual relationship with a patient is patently unethical and is a violation of the same statute, subsection (5), "engaging by a practitioner in any sexual activity with a patient who is currently being treated by the practitioner." While not charged under section 5, which is exactly on point, it remains that the same conduct brings the medical profession into disrepute and is a violation for which Respondent should be held accountable.

Count VI

Count VI is for violation of patient trust and exploitation of the physician and patient relationship for financial or personal gain, a violation of NRS 630.301(7). Respondent's position

was that he was the victim of exploitation at the hands of the Patient in that the Patient utilized their relationship to exploit Respondent for financial gain; however, it cannot be overlooked that it was Respondent that put himself into that position for personal gain – that being the benefits of an ongoing personal/sexual relationship. Regardless of the fact that Respondent may have already been dating the Patient when he started treating her, her reliance upon him for medications and/or treatment that then becomes tied to an ongoing sexual relationship is exploitive, cannot be condoned, and was unequivocally a breach of trust regardless of any unfavorable actions the Patient may have responded with.

Count VII

The final count is for the fraudulent, illegal, unauthorized or otherwise inappropriate prescribing of controlled substances, a violation of NRS 630.3062(1)(h). Prescribing controlled substances to a patient without whom Respondent was personally involved was inappropriate and Respondent should be held accountable accordingly.

Matter 5

Matter 5 was dismissed by and through an Order for Dismissal With Prejudice, filed on October 29, 2024, and signed by Brett W. Frey, M.D., Chair of the IC.

BASED UPON THE FOREGOING, in summary, it is recommended that Respondent be held accountable for the following:

Matter 1: Counts I-LXVI;
Counts LXVII-LXXIX;
Counts LXXX-CXXXVI;
Counts CXCVIII-CCIV; and
Counts CCV-CCXI

Matter 2: One count of Counts I-V for prescribing benzodiazepines to Patient A while she was prescribed opioids;
Two counts of Counts VI-X for the medical records related to Patients A and B;

Two counts of Counts XI-XVI for failing to run PMP reports as to Patients A and B;

Matter 3: All Counts

Matter 4: Counts II, IV, V, and VI;

Matter 5: Dismissed

RESPECTFULLY SUBMITTED this 19th day of May 2025.

Patricia Halstead, Esq.,
Hearing Officer
615 S. Arlington Ave.
Reno, NV 89509
(775) 322-2244
phalstead@halsteadlawoffices.com

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 19th day of May, 2025, I served a file-stamped copy of the foregoing **FINDINGS AND RECOMMENDATIONS,** via USPS Certified Mail, postage pre-paid, to the following parties:

MATTHEW OBIM OKEKE, M.D.
c/o Liborius Agwara
LAW OFFICES of LIBO AGWARA, LTD
2785 E. Desert Inn Rd., Ste 270
Las Vegas, NV, 89121

Tracking N 9489 0178 9820 3037 2108 67

With courtesy copy by email to:

Liborius Agwara, Esq., at libolaw@yahoo.com

DATED this 19th day of May, 2025.

Valerie Jenkins

VALERIE JENKINS
Legal Assistant
Nevada State Board of Medical Examiners

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of June, 2025, I personally served a true and correct copy of the foregoing **REQUEST FOR JUDICIAL NOTICE** by placing a copy in the United States Mail, postage prepaid, addressed to the following:

Matthew Okeke c/o Liborius Agwara, Esq.
2785 E. Desert Inn Road, Suite 270
Las Vegas, NV 89121

And by sending a copy via email to: libolaw@yahoo.com

Darlene Nases

DARLENE NASES
BOARD COORDINATOR/
CUSTODIAN OR RECORDS

FILED
MAR 0 6 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW OKEKE, M.D.,** **Certificate of Registration No. CS10935,** **Respondent.**	**Case No. 19-013-CS-S** **ORDER VACATING DECISION**

Respondent Matthew Okeke, M.D. (Respondent), by and through counsel, Liborius Agwara, Esq., petitioned the Nevada State Board of Pharmacy (Board) to vacate its Findings of Fact, Conclusions of Law, and Order dated January 17, 2024 (Order). By issuance of the Order, the Board revoked Respondent's Certificate of Registration No. CS10935 after Respondent failed to appear for the scheduled hearing. Pursuant to NRS 622A.390, Respondent petitioned the Board to vacate the Order on the ground that Respondent was reasonably unaware of the hearing due to circumstances beyond his control. The Board, acting through its undersigned President pursuant to NRS 622A.390(4), found good cause to vacate the Order and proceed with disciplinary proceedings stemming from the First Amended Notice of Intended Action and Accusation on file herein.

NOW, THEREFORE, the Order is hereby VACATED, and the disciplinary charges currently pending against Respondent shall be heard at the Board's next available public meeting. Respondent understands and acknowledges that Respondent's Certificate of Registration No. CS10935 has been placed on inactive status pursuant to NAC 453.285(1). Accordingly, Respondent shall not prescribe or unlawfully possess controlled substances pending the final disposition of these disciplinary proceedings. This decision is effective immediately.

Entered this 6th day of March 2024.

Helen Park, President
Nevada State Board of Pharmacy

FILED
JAN 17 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. MATTHEW OKEKE, M.D., Certificate of Registration No. CS10935, Respondent.	Case No. 19-013-CS-S FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

This matter came before the Nevada State Board of Pharmacy at its regularly scheduled meeting on Wednesday, January 17, 2024. Gregory L. Zunino, Senior General Counsel, prosecuted the case before the Board. Respondent Matthew Okeke, M.D., Certificate of Registration No. CS10935, failed to appear after being properly served notice of the time, date, and place of the hearing. Pursuant to NRS 622A.350(2) and NRS 638.244(2), the Board adopted, as its Findings of Fact and Conclusions of Law, the allegations, averments, and legal conclusions stated in the Notice of Intended Action and Accusation on file herein. Those allegations, averments, and legal conclusions are restated below with minor conforming changes, as appropriate, to reflect the Board's determination to impose professional discipline in this case.

FINDINGS OF FACT

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent Matthew Okeke, M.D. (Respondent), because Respondent, at the time of the violations alleged herein, held a Nevada controlled substance registration, Certificate of Registration No. CS10935.

2. Respondent is a physician licensed by the Nevada State Board of Medical Examiners to practice psychiatry in Nevada. During the time periods discussed herein, Respondent was a "practitioner" as that term is defined at NRS 453.126.

3. Between February 28, 2017, and November 21, 2018, Respondent maintained a psychiatric practice in Las Vegas, Nevada. During that time frame, while engaged at various times in overseas travel, Respondent issued or caused to be issued at least one hundred twenty (120)

prescriptions for controlled substances. These included prescriptions for alprazolam, clonazepam, diazepam, lacosamide, pregabalin, lisdexamfetamine, and buprenorphine.

4. Respondent was located outside of the United States during the periods from: 1) February 26 to March 11, 2017; 2) September 27 to October 2, 2017; 3) June 30 to July 17, 2018; and 4) November 9 to November 23, 2018.

5. While engaged in overseas travel as stated above, Respondent employed the following methods of issuing prescriptions for controlled substances: 1) Respondent pre-signed certain of the prescriptions and supplied then to persons under his supervision or control for subsequent distribution to consumers; 2) Respondent authorized or directed one or more persons under his supervision or control to issue prescriptions to consumers by affixing Respondent's signature to those prescriptions via a rubber stamp imprinted with Respondent's signature; and 3) Respondent authorized or directed one or more persons under his supervision or control to telephonically issue prescriptions for consumers using Respondent's name and controlled substances registration number.

6. During the periods described herein, Respondent intentionally failed to maintain patient treatment charts and/or records from which a person could reasonably determine whether Respondent had a bona fide therapeutic relationship with the persons to whom prescriptions for controlled substances were issued under Respondent's name and controlled substances registration number.

7. Respondent caused, directed, or permitted one or more persons under his supervision or control to issue prescriptions for controlled substances even though such person(s) were not licensed or registered under state or federal law to prescribe controlled substances. Respondent knew or should have known that such person(s) was not licensed or registered under state or federal law to prescribe controlled substances.

8. On or about March 9, 2020, the Nevada State Board of Medical Examiners disciplined Respondent for malpractice and for failure to maintain proper medical records.

9. On or about September 7, 2022, Respondent entered a guilty plea pursuant to a plea agreement of committing the offense of intentional failure to maintain adequate records, a gross misdemeanor violation of NRS 422.510(1).

10. On or about September 7, 2022, Discovery Mind Center Ltd. (Discovery Mind Center), a Nevada limited-liability company, entered a guilty plea pursuant to a plea agreement of submitting false claims to defraud Medicaid, a felony violation of NRS 422.540; and of using the identifying information of an older person for unlawful purposes, a felony violation of NRS 205.463.

11. At the time of the offenses described in paragraph 10 above, Respondent owned, controlled, and/or managed Discovery Mind Center. Respondent entered guilty pleas on behalf of Discovery Mind Center.

12. On or about December 8, 2022, the Nevada State Board of Medical Examiners disciplined Respondent for failure to maintain proper medical records.

13. On or about January 17, 2023, Respondent and Discovery Mind Center were sentenced for the criminal offenses described in paragraph 10 above. Discovery Mind Center was ordered to pay $330,000 in restitution, and Respondent was sentenced to probation and ordered to pay $300,000 in costs and penalties.

14. On or about February 21, 2023, Matthew Okeke, M.D., Ltd., a Nevada limited-liability company, was convicted pursuant to a plea agreement of one count of submitting false claims: Medicaid fraud, a category D felony in violation of NRS 422.540(1)(a) and NRS 422.540(2)(a), and one count of obtaining and using personal identifying information of an older person for unlawful purposes, a category D felony in violation of NRS 205.463(1) and NRS 205.463(3)(a).

15. At the time of the offenses described in paragraph 14 above, Respondent owned, controlled, and/or managed Matthew Okeke, M.D., Ltd., a Nevada limited-liability company. Respondent entered guilty pleas on behalf of the company.

16. On or about February 21, 2023, Matthew Okeke, M.D., Ltd., a Nevada limited-liability company, was sentenced for the offenses described in paragraph 14 above. The company was ordered to pay a fine of $100,000.00, among other fees and assessments.

17. Respondent was charged individually with the offenses described in paragraphs 9, 10, and 14 above. As noted above, Respondent entered into plea agreements whereby he avoided individual convictions for all offenses except the gross misdemeanor offense described in paragraph 9 above.

18. On or about October 25, 2022, Respondent submitted to the Board his application to renew his certificate of registration to prescribe controlled substances. The application specifically directed Respondent to disclose any charges, arrests, or convictions. Respondent disclosed the conviction described in paragraph 9 above, referring to it as a "misdemeanor for record keeping," but he omitted to disclose the individual charges and/or arrests related to the more serious offenses described in paragraphs 10 and 14 above.

CONCLUSIONS OF LAW

19. In Nevada, it is unlawful to dispense a controlled substance except as authorized by NRS Chapter 453. *See* NRS 453.321(1)(a). "Dispense" is defined to include the act of prescribing a controlled substance. *See* NRS 453.056.

20. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration from the Board. NRS 453.226(1)(a); NRS 453.231(3). A practitioner who fails to secure and maintain such a registration is subject to criminal and/or civil penalties for prescribing controlled substances without a registration. *See* NRS 453.232; NRS 453.553; NRS 453.5531.

21. In addition to any criminal or civil penalties that may apply, the Board may revoke or suspend the existing registration of any practitioner who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4).

22. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner: 1) performs, without the required registration, any task or operation for which

registration is required; 2) performs his or her duties in an incompetent, unskillful, or negligent manner; 3) performs or engages in any fraudulent or deceitful transaction; or, 4) prescribes a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship. *See* NAC 639.945(1)(h)-(o).

23. Additionally, the Board may revoke or suspend the registration of any practitioner who has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to controlled substances, *see* NRS 639.210(11), or who has violated any Nevada statute or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, *see* NRS 639.210(12).

24. Further, the Board may revoke or suspend the registration of any practitioner who has been convicted of a crime involving moral turpitude, dishonesty or corruption. *See* NRS 639.210(7)(c).

25. Finally, the Board may revoke or suspend the registration of any practitioner who "[h]as willfully made to the Board or its authorized representative any false statement which is material to the administration or enforcement of any of the provisions of [NRS chapter 639]." *See* NRS 639.210(9).

26. In addition to or in lieu of revoking or suspending a practitioner's certificate of registration due to any violation described herein, the Board may impose an administrative fine upon such practitioner. The fine may not exceed $10,000 for each offense. *See* NRS 639.255(1)(f) and (3).

COUNT ONE

Failure to Comply with Federal Registration Requirements

27. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribed controlled substances in Nevada without their having obtained a registration from the Drug Enforcement Division of the U.S. Department of Justice. This constitutes a violation of federal law relating to controlled substances. *See* 21 U.S.C. 822(a)(2); 21 C.F.R. § 1306.03(a)(1). It also constitutes a violation of NRS 639.210(11), an offense for which the Board may impose administrative discipline.

COUNT TWO

Failure to Comply with State Registration Requirements

28. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada without their having obtained a registration from the Board. This violates state law relating to controlled substances. *See* NRS 453.321(1); NRS 453.226. It also constitutes a violation of NRS 639.210(12), an offense for which the Board may impose administrative discipline.

COUNT THREE

Participating in Deceitful Transactions

29. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada.

30. Respondent engaged in the conduct described herein as part of a scheme to bill Medicaid for services that Respondent did not provide. In this regard, Respondent used prescriptions to falsely document patient visits that never occurred.

31. By causing prescriptions to be issued in the manner described herein, Respondent engaged in unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(h).

COUNT FOUR

Issuing Pre-signed Prescriptions

32. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada by supplying patients with written prescriptions that Respondent had signed or stamped in advance of his overseas travel.

33. By causing prescriptions to be issued in the manner described herein, Respondent violated NRS 639.2353 by issuing pre-signed prescriptions. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 639.210(12). Through his conduct,

Respondent has potentially subjected other persons to administrative discipline. *See* NAC 639.295(15). (a physician assistant is subject to discipline for supplying patients with pre-signed prescriptions).

COUNT FIVE

Issuing Prescriptions from Unauthorized Locations

34. Between May 18, 2022, and January 22, 2023, while located outside the United States, Respondent caused prescriptions for controlled substances to be issued in his name and under his controlled substances registration number.

35. By engaging in the conduct described herein, Respondent prescribed controlled substances from locations other than his office and/or a location properly registered with the Board. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 453.226; NRS 639.210(12); NAC 453.130(3).

COUNT SIX

Performing Duties in an Incompetent, Unskillful, or Negligent Manner

36. Respondent failed to maintain patient charts and records from which the Board and/or a member of the Board's staff could reasonably ascertain whether Respondent maintained bona fide therapeutic relationships with the persons to whom prescriptions for controlled substances were issued between May 18, 2022, and January 22, 2023. Pursuant to NRS 453.246 and NAC 639.945(1)(o), Respondent had a legal duty to maintain such records.

37. By failing to maintain records as required by NRS 453.246 and NAC 639.945(1)(o), Respondent violated state law relating to controlled substances and/or performed his duties in an incompetent, unskillful and/or negligent manner. This is a conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NAC 639.945(1)(i).

38. By subjecting persons under his supervision or control to potential disciplinary action, Respondent performed his duties in an incompetent, unskillful and/or negligent manner. This too is a conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

COUNT SEVEN

Conviction of Crime Involving Dishonesty

39. As described herein, Respondent was convicted of a crime involving dishonesty. Respondent's conviction for intentional failure to maintain adequate records, a gross misdemeanor, was directly related to a fraudulent billing scheme involving the Discovery Mind Center and Matthew Okeke, M.D., Ltd., both limited-liability companies under the ownership and control of Respondent. The Board may impose administrative discipline based upon that conviction because the underlying offense involved dishonesty. *See* NRS 639.210(7)(c).

COUNT EIGHT

Prescribing Controlled Substances Without a Bona Fide Patient Relationship

40. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances for persons whom Respondent identified as his patients. Respondent did not establish bona fide therapeutic relationship with one or more of these ostensible patients.

41. Respondent's conduct as described above constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(o).

ORDER

NOW, THEREFORE, based upon the above Findings of Fact and Conclusions of Law, the Board imposes upon Respondent Matthew Okeke, M.D., Certificate of Registration No. CS10935, the following professional discipline:

42. Respondent's Certificate of Registration No. CS10935 is hereby **REVOKED** pursuant to NRS 453.236 and NRS 453.241. Pursuant to NRS 622A.410(1) and NRS 639.257(1), Respondent may not petition the Board for reinstatement for a period of at least ten (10) years. Respondent may not prescribe controlled substances in the state of Nevada in any capacity unless the Board reinstates his certificate of registration.

43. Respondent shall pay an administrative fine in the amount of Two Thousand Five Hundred and No/100 Dollars ($2,500.00), payable to the State of Nevada, Office of the Treasurer.

44. Respondent shall reimburse the Board for its costs of investigation and prosecution in the amount of One Thousand Seven Hundred Fifty-Four and 68/100 Dollars ($1,754.68), payable to the Nevada State Board of Pharmacy.

45. This Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5) and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

46. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 17th day of January 2024.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of January 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Liborius Agwara, JD, PhD
Law Offices of Libo Agwara, LTD
2785 E. Desert Inn Road, Suite 280
Las Vegas, NV 89121

Matthew Okeke, MD
[redacted]
Las Vegas, NV [redacted]

Darlene Nases
DARLENE NASES

FILED
SEP 28 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW OKEKE, M.D.,** **Certificate of Registration No. CS10935,** **Respondent.**	**Case No. 19-013-CS-S** **FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a first amended notice of intended action under NRS 233B.127(3) and a first amended accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over Respondent Matthew Okeke, M.D. (Respondent), because Respondent, at the time of the violations alleged herein, held a Nevada controlled substance registration, Certificate of Registration No. CS10935.

2. Respondent is a physician licensed by the Nevada State Board of Medical Examiners to practice psychiatry in Nevada. During the time periods discussed herein, Respondent was a "practitioner" as that term is defined at NRS 453.126.

FACTUAL ALLEGATIONS

3. Between February 28, 2017, and November 21, 2018, Respondent maintained a psychiatric practice in Las Vegas, Nevada. During that time frame, while engaged at various times in overseas travel, Respondent issued or caused to be issued at least one hundred twenty (120) prescriptions for controlled substances. These included prescriptions for alprazolam, clonazepam, diazepam, lacosamide, pregabalin, lisdexamfetamine, and buprenorphine.

4. Respondent was located outside of the United States during the periods from: 1) February 26 to March 11, 2017; 2) September 27 to October 2, 2017; 3) June 30 to July 17, 2018; and 4) November 9 to November 23, 2018.

5. While engaged in overseas travel as alleged above, Respondent employed the following methods of issuing prescriptions for controlled substances: 1) Respondent pre-signed certain of the prescriptions and supplied then to persons under his supervision or control for subsequent distribution to consumers; 2) Respondent authorized or directed one or more persons under his supervision or control to issue prescriptions to consumers by affixing Respondent's signature to those prescriptions via a rubber stamp imprinted with Respondent's signature; and 3) Respondent authorized or directed one or more persons under his supervision or control to telephonically issue prescriptions for consumers using Respondent's name and controlled substances registration number.

6. During the periods described herein, Respondent intentionally failed to maintain patient treatment charts and/or records from which a person could reasonably determine whether Respondent had a bona fide therapeutic relationship with the persons to whom prescriptions for controlled substances were issued under Respondent's name and controlled substances registration number.

7. Respondent caused, directed, or permitted one or more persons under his supervision or control to issue prescriptions for controlled substances even though such person(s) were not licensed or registered under state or federal law to prescribe controlled substances. Respondent knew or should have known that such person(s) were not licensed or registered under state or federal law to prescribe controlled substances.

8. On or about March 9, 2020, the Nevada State Board of Medical Examiners disciplined Respondent for malpractice and for failure to maintain proper medical records.

9. On or about September 7, 2022, Respondent entered a guilty plea pursuant to a plea agreement of committing the offense of intentional failure to maintain adequate records, a gross misdemeanor violation of NRS 422.510(1).

10. On or about September 7, 2022, Discovery Mind Center Ltd. (Discovery Mind Center), a Nevada limited-liability company, entered a guilty plea pursuant to a plea agreement of submitting false claims to defraud Medicaid, a felony violation of NRS 422.540; and of using the identifying information of an older person for unlawful purposes, a felony violation of NRS 205.463.

11. At the time of the offenses described in paragraph 10 above, Respondent owned, controlled, and/or managed Discovery Mind Center. Respondent entered guilty pleas on behalf of Discovery Mind Center.

12. On or about December 8, 2022, the Nevada State Board of Medical Examiners disciplined Respondent for failure to maintain proper medical records.

13. On or about January 17, 2023, Respondent and Discovery Mind Center were sentenced for the criminal offenses described in paragraph 10 above. Discovery Mind Center was ordered to pay $330,000 in restitution, and Respondent was sentenced to probation and ordered to pay $300,000 in costs and penalties.

14. On or about February 21, 2023, Matthew Okeke, M.D., Ltd., a Nevada limited-liability company, was convicted pursuant to a plea agreement of one count of submitting false claims: Medicaid fraud, a category D felony in violation of NRS 422.540(1)(a) and NRS 422.540(2)(a), and one count of obtaining and using personal identifying information of an older person for unlawful purposes, a category D felony in violation of NRS 205.463(1) and NRS 205.463(3)(a).

15. At the time of the offenses described in paragraph 14 above, Respondent owned, controlled, and/or managed Matthew Okeke, M.D., Ltd., a Nevada limited-liability company. Respondent entered guilty pleas on behalf of the company.

16. On or about February 21, 2023, Matthew Okeke, M.D., Ltd., a Nevada limited-liability company, was sentenced for the offenses described in paragraph 14 above. The company was ordered to pay a fine of $100,000, among other fees and assessments.

17. Respondent was charged individually with the offenses described in paragraphs 9, 10, and 14 above. However, Respondent entered into plea agreements whereby he avoided individual convictions for all offenses except the gross misdemeanor offense described in paragraph 9 above.

18. On or about October 25, 2022, Respondent submitted to the Board his application to renew his certificate of registration to prescribe controlled substances. The application specifically directed Respondent to disclose any charges, arrests, or convictions. Respondent disclosed the

conviction described in paragraph 9 above, referring to it as a "misdemeanor for record keeping," but he did not disclose the individual charges and/or arrests related to the felony fraud charges mentioned in paragraphs 10 and 14 above.

APPLICABLE LAW

19. In Nevada, it is unlawful to dispense a controlled substance except as authorized by NRS Chapter 453. *See* NRS 453.321(1)(a). "Dispense" is defined to include the act of prescribing a controlled substance. *See* NRS 453.056.

20. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration from the Board. NRS 453.226(1)(a); NRS 453.231(3). A practitioner who fails to secure and maintain such a registration is subject to criminal and/or civil penalties for prescribing controlled substances without a registration. *See* NRS 453.232; NRS 453.553; NRS 453.5531.

21. In addition to any criminal or civil penalties that may apply, the Board may revoke or suspend the existing registration of any practitioner who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4).

22. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner: 1) performs, without the required registration, any task or operation for which registration is required; 2) performs his or her duties in an incompetent, unskillful, or negligent manner; 3) performs or engages in any fraudulent or deceitful transaction; or, 4) prescribes a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship. *See* NAC 639.945(1)(h)-(o).

23. Additionally, the Board may revoke or suspend the registration of any practitioner who has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to controlled substances, *see* NRS 639.210(11), or who has violated any Nevada statute or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, *see* NRS 639.210(12).

24. Further, the Board may revoke or suspend the registration of any practitioner who has been convicted of a crime involving moral turpitude, dishonesty or corruption. *See* NRS 639.210(7)(c).

25. Finally, the Board may revoke or suspend the registration of any practitioner who "[h]as willfully made to the Board or its authorized representative any false statement which is material to the administration or enforcement of any of the provisions of [NRS chapter 639]." *See* NRS 639.210(9).

26. In addition to or in lieu of revoking or suspending a practitioner's certificate of registration due to any violation described herein, the Board may impose an administrative fine upon such practitioner. The fine may not exceed $10,000 for each offense. *See* NRS 639.255(1)(f) and (3).

COUNT ONE

Failure to Comply with Federal Registration Requirements

27. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribed controlled substances in Nevada without their having obtained a registration from the Drug Enforcement Division of the U.S. Department of Justice. This constitutes a violation of federal law relating to controlled substances. *See* 21 U.S.C. 822(a)(2); 21 C.F.R. § 1306.03(a)(1). It also constitutes a violation of NRS 639.210(11), an offense for which the Board may impose administrative discipline.

COUNT TWO

Failure to Comply with State Registration Requirements

28. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada without their having obtained a registration from the Board. This violates state law relating to controlled substances. *See* NRS 453.321(1); NRS 453.226. It also constitutes a violation of NRS 639.210(12), an offense for which the Board may impose administrative discipline.

COUNT THREE
Participating in Deceitful Transactions

29. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada.

30. Respondent engaged in the conduct described herein as part of a scheme to bill Medicaid for services that Respondent did not provide. In this regard, Respondent used prescriptions to falsely document patient visits that never occurred.

31. By causing prescriptions to be issued in the manner described herein, Respondent engaged in unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(h).

COUNT FOUR
Issuing Pre-signed Prescriptions

32. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada by supplying patients with written prescriptions that Respondent had signed or stamped in advance of his overseas travel.

33. By causing prescriptions to be issued in the manner described herein, Respondent violated NRS 639.2353 by issuing pre-signed prescriptions. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 639.210(12). Through his conduct, Respondent has potentially subjected other persons to administrative discipline. *See* NAC 639.295(15). (a physician assistant is subject to discipline for supplying patients with pre-signed prescriptions).

COUNT FIVE
Issuing Prescriptions from Unauthorized Locations

34. Between May 18, 2022, and January 22, 2023, while located outside the United States, Respondent caused prescriptions for controlled substances to be issued in his name and under his controlled substances registration number.

35. By engaging in the conduct described herein, Respondent prescribed controlled substances from locations other than his office and/or a location properly registered with the Board. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 453.226; NRS 639.210(12); NAC 453.130(3).

COUNT SIX

Performing Duties in an Incompetent, Unskillful, or Negligent Manner

36. Respondent failed to maintain patient charts and records from which the Board and/or a member of the Board's staff could reasonably ascertain whether Respondent maintained bona fide therapeutic relationships with the persons to whom prescriptions for controlled substances were issued between May 18, 2022, and January 22, 2023. Pursuant to NRS 453.246 and NAC 639.945(1)(o), Respondent had a legal duty to maintain such records.

37. By failing to maintain records as required by NRS 453.246 and NAC 639.945(1)(o), Respondent violated state law relating to controlled substances and/or performed his duties in an incompetent, unskillful and/or negligent manner. This is conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NAC 639.945(1)(i).

38. By subjecting persons under his supervision or control to potential disciplinary action, Respondent performed his duties in an incompetent, unskillful and/or negligent manner. This too is conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

COUNT SEVEN

Failure to Establish Bona Fide Patient Relationships

39. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances for persons whom Respondent identified as his patients. Respondent did not establish bona fide therapeutic relationship with one or more of these ostensible patients.

40. Respondent's conduct as described above constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(o).

COUNT EIGHT
Conviction of Crime Involving Dishonesty

41. As described above, Respondent was convicted of intentional failure to maintain adequate records, a gross misdemeanor.

42. Respondent's conviction for intentional failure to maintain adequate records, a gross misdemeanor, was directly related to a fraudulent billing scheme involving the Discovery Mind Center and Matthew Okeke, M.D., Ltd., both limited-liability companies under the ownership and control of Respondent.

43. Respondent's conviction for intentional failure to maintain adequate records, a gross misdemeanor, amounted to a conviction for a crime involving dishonesty. The Board may impose administrative discipline based upon that conviction. *See* NRS 639.210(7)(c).

COUNT NINE
Willfully Making False Statements in Connection with Renewal Application

44. As alleged above, on or about October 25, 2022, Respondent submitted to the Board his application to renew his certificate of registration to prescribe controlled substances. On the application, Respondent falsely represented that he had never been charged with or arrested for a criminal offense other than a misdemeanor offense related to record keeping. When he made this representation, Respondent had recently been charged with and/or arrested for multiple felony offenses related to a scheme to defraud Medicaid.

45. When he made the above false representation, Respondent knew that he had recently been charged with and/or arrested for multiple felony offenses related to a scheme to defraud Medicaid.

46. Respondent's false statement was material to the Board's determination whether to renew Respondent's certificate of registration to prescribe controlled substances.

47. Having willfully made a false representation as alleged above, Respondent is subject to discipline pursuant to NRS 639.210(9).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 26th day of September 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this First Amended Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW OKEKE, MD,** **Certificate of Registration No. CS10935,** **Respondent.**	**CASE NO. 19-013-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the First Amended Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the First Amended Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has rescheduled your hearing on this matter for Wednesday, December 6, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 7th day of September, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW OKEKE, MD,** **Certificate of Registration No. CS10935,** **Respondent.**	**CASE NO. 19-013-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the First Amended Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the First Amended Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

MATTHEW OKEKE, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 29th day of September 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Liborius Agwara, JD, PhD
Law Offices of Libo Agwara, LTD
2785 E. Desert Inn Road, Suite 280
Las Vegas, NV 89121

Matthew Okeke, MD
[redacted]
Las Vegas, NV [redacted]

SHIRLEY HUNTING

FILED
JUN 29 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW OKEKE, M.D.,** **Certificate of Registration No. CS10935,** **Respondent.**	**Case No. 19-013-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over Respondent Matthew Okeke, M.D. (Respondent), because Respondent, at the time of the violations alleged herein, held a Nevada controlled substance registration, Certificate of Registration No. CS10935.

2. Respondent is a physician licensed by the Nevada State Board of Medical Examiners to practice psychiatry in Nevada. During the time periods discussed herein, Respondent was a "practitioner" as that term is defined at NRS 453.126.

FACTUAL ALLEGATIONS

3. Between February 28, 2017, and November 21, 2018, Respondent maintained a psychiatric practice in Las Vegas, Nevada. During that time frame, while engaged at various times in overseas travel, Respondent issued or caused to be issued at least one hundred twenty (120) prescriptions for controlled substances. These included prescriptions for alprazolam, clonazepam, diazepam, lacosamide, pregabalin, lisdexamfetamine, and buprenorphine.

4. Respondent was located outside of the United States during the periods from: 1) February 26 to March 11, 2017; 2) September 27 to October 2, 2017; 3) June 30 to July 17, 2018; and 4) November 9 to November 23, 2018.

5. While engaged in overseas travel as alleged above, Respondent employed the following methods of issuing prescriptions for controlled substances: 1) Respondent pre-signed certain of the prescriptions and supplied then to persons under his supervision or control for subsequent distribution to consumers; 2) Respondent authorized or directed one or more persons under his supervision or control to issue prescriptions to consumers by affixing Respondent's signature to those prescriptions via a rubber stamp imprinted with Respondent's signature; and 3) Respondent authorized or directed one or more persons under his supervision or control to telephonically issue prescriptions for consumers using Respondent's name and controlled substances registration number.

6. During the periods described herein, Respondent failed to maintain patient treatment charts and/or records from which a person could reasonably determine whether Respondent had a bona fide therapeutic relationship with the persons to whom prescriptions for controlled substances were issued under Respondent's name and controlled substances registration number.

7. Respondent caused, directed, or permitted one or more persons under his supervision or control to issue prescriptions for controlled substances even though such person(s) were not licensed or registered under state or federal law to prescribe controlled substances. Respondent knew or should have known that such person(s) were not licensed or registered under state or federal law to prescribe controlled substances.

8. On or about March 9, 2020, the Nevada State Board of Medical Examiners disciplined Respondent for malpractice and for failure to maintain proper medical records.

9. On or about September 7, 2022, Respondent was convicted pursuant to a plea agreement of committing the offense of intentional failure to maintain adequate records, a gross misdemeanor violation of NRS 422.510(1).

10. On or about September 7, 2022, Discovery Mind Center Ltd. (Discovery Mind Center), a Nevada limited-liability company, was convicted pursuant to a plea agreement of submitting false claims to defraud Medicaid, a felony violation of NRS 422.540; and of using the identifying information of an older person for unlawful purposes, a felony violation of NRS 205.463.

11. At the time of the offenses described above, Respondent owned, controlled, and/or managed Discovery Mind Center. Respondent entered guilty pleas on behalf of Discovery Mind Center.

12. On or about December 8, 2022, the Nevada State Board of Medical Examiners again disciplined Respondent for failure to maintain proper medical records.

13. On or about January 17, 2023, Respondent and Discovery Mind Center were sentenced for the criminal offenses described above. Discovery Mind Center was ordered to pay $330,000 in restitution, and Respondent was sentenced to probation and ordered to pay $300,000 in costs and penalties.

APPLICABLE LAW

14. In Nevada, it is unlawful to dispense a controlled substance except as authorized by NRS Chapter 453. *See* NRS 453.321(1)(a). "Dispense" is defined to include the act of prescribing a controlled substance. *See* NRS 453.056.

15. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration from the Board. NRS 453.226(1)(a); NRS 453.231(3). A practitioner who fails to secure and maintain such a registration is subject to criminal and/or civil penalties for prescribing controlled substances without a registration. *See* NRS 453.232; NRS 453.553; NRS 453.5531.

16. In addition to any criminal or civil penalties that may apply, the Board may revoke or suspend the existing registration of any practitioner who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4).

17. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner: 1) performs, without the required registration, any task or operation for which registration is required; 2) performs his or her duties in an incompetent, unskillful, or negligent manner; 3) performs or engages in any fraudulent or deceitful transaction; or, 4) prescribes a drug as a

prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship. *See* NAC 639.945(1)(h)-(o).

18. Additionally, the Board may revoke or suspend the registration of any practitioner who has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to controlled substances, *see* NRS 639.210(11), or who has violated any Nevada statute or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, *see* NRS 639.210(12).

19. Further, the Board may revoke or suspend the registration of any practitioner who has been convicted of a crime involving moral turpitude, dishonesty or corruption. *See* NRS 639.210(7)(c).

20. In addition to or in lieu of revoking or suspending a practitioner's certificate of registration due to any violation described herein, the Board may impose an administrative fine upon such practitioner. The fine may not exceed $10,000 for each offense. *See* NRS 639.255(1)(f) and (3).

COUNT ONE

Failure to Comply with Federal Registration Requirements

21. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribed controlled substances in Nevada without their having obtained a registration from the Drug Enforcement Division of the U.S. Department of Justice. This constitutes a violation of federal law relating to controlled substances. *See* 21 U.S.C. 822(a)(2); 21 C.F.R. § 1306.03(a)(1). It also constitutes a violation of NRS 639.210(11), an offense for which the Board may impose administrative discipline.

COUNT TWO

Failure to Comply with State Registration Requirements

22. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada without their having obtained a registration from the Board. This violates state law relating to controlled substances. *See* NRS 453.321(1); NRS 453.226. It also constitutes a violation of NRS 639.210(12), an offense for which the Board may impose administrative discipline.

COUNT THREE
Participating in Deceitful Transactions

23. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada.

24. Respondent engaged in the conduct described herein as part of a scheme to bill Medicaid for services that Respondent did not provide. In this regard, Respondent used prescriptions to falsely document patient visits that never occurred.

25. By causing prescriptions to be issued in the manner described herein, Respondent engaged in unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(h).

COUNT FOUR
Issuing Presigned Prescriptions

26. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada by supplying patients with written prescriptions that Respondent had signed or stamped in advance of his overseas travel.

27. By causing prescriptions to be issued in the manner described herein, Respondent violated NRS 639.2353 by issuing presigned prescriptions. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 639.210(12). Through his conduct, Respondent has potentially subjected other persons to administrative discipline. *See* NAC 639.295(15). (physician assistant is subject to discipline for supplying patients with presigned prescriptions).

COUNT FIVE
Issuing Prescriptions from Unauthorized Locations

28. Between May 18, 2022, and January 22, 2023, while located outside the United States, Respondent caused prescriptions for controlled substances to be issued in his name and under his controlled substances registration number.

29. By engaging in the conduct described herein, Respondent prescribed controlled substances from locations other than his office and/or a location properly registered with the Board. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 453.226; NRS 639.210(12); NAC 453.130(3).

COUNT SIX
Performing Duties in an Incompetent, Unskillful, or Negligent Manner

30. Respondent failed to maintain patient charts and records from which the Board and/or a member of the Board's staff could reasonably ascertain whether Respondent maintained bona fide therapeutic relationships with the persons to whom prescriptions for controlled substances were issued between May 18, 2022, and January 22, 2023. Pursuant to NRS 453.246 and NAC 639.945(1)(o), Respondent had a legal duty to maintain such records.

31. By failing to maintain records as required by NRS 453.246 and NAC 639.945(1)(o), Respondent violated state law relating to controlled substances and/or performed his duties in an incompetent, unskillful and/or negligent manner. This is conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NAC 639.945(1)(i).

32. By subjecting persons under his supervision or control to potential disciplinary action, Respondent performed his duties in an incompetent, unskillful and/or negligent manner. This too is conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

COUNT SEVEN
Conviction of Crime Involving Dishonesty

33. As described herein, Respondent was convicted of a crime involving dishonesty. Respondent's conviction for intentional failure to maintain adequate records, a gross misdemeanor, was directly related to a fraudulent billing scheme involving Discovery Mind Center. The Board may impose administrative discipline based upon that conviction because the underlying offense involved dishonesty. *See* NRS 639.210(7)(c).

COUNT EIGHT
Prescribing Controlled Substances Without a Bona Fide Patient Relationship

34. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances for persons whom Respondent identified as his patients. Respondent did not establish a bona fide therapeutic relationship with one or more of these ostensible patients.

35. Respondent's conduct as described above constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(o).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 24th day of JUNE 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW OKEKE, MD,** **Certificate of Registration No. CS10935,** **Respondent.**	**CASE NO. 19-013-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, October 11, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 29th day of June, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW OKEKE, MD,** **Certificate of Registration No. CS10935,** **Respondent.**	**CASE NO. 19-013-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

MATTHEW OKEKE, MD,

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of July 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Liborius Agwara, JD, PhD
Law Offices of Libo Agwara, LTD
2785 E. Desert Inn Road, Suite 280
Las Vegas, NV 89121

Matthew Okeke, MD
[redacted]
Las Vegas, NV [redacted]

SHIRLEY HUNTING

50

FILED
JUN 30 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW OKEKE, M.D.,** **Certificate of Registration No. CS10935,** **Respondent.**	**Case Nos. 19-013-CS-S** **25-241-CS-S** **REQUEST FOR JUDICIAL NOTICE**

COMES NOW Gregory L. Zunino, Senior General Counsel, pursuant to NRS 233B.123(5), and requests that the members of the Nevada State Board of Pharmacy take judicial notice of the Findings of Fact, Conclusions of Law and Order ("Order") issued by the Nevada Board of Medical Examiners on June 13, 2025. A true and correct copy of the Order is attached hereto as Exhibit 1.

Dated this 30th day of June 2025.

Gregory L. Zunino
Senior General Counsel
Nevada State Board of Pharmacy

Exhibit 1
19-013-CS-S
25-241-CS-S
Matthew Okeke

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **MATTHEW OBIM OKEKE, M.D.** **Respondent.**	**Case Nos. 24-22461-1** **24-22461-2** **24-22461-3** **24-22461-4**

FILED

JUN 13 2025

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

The above-entitled matter came on regularly for adjudication and decision before the Nevada State Board of Medical Examiners (Board), during a regularly scheduled Board meeting on June 6, 2025, at the Board's office located at 9600 Gateway Drive, Reno, NV 89521 (video-conferenced to 325 E. Warm Springs Road, Suite 225, Las Vegas, NV 89119), on the Complaints filed herein. Matthew Obim Okeke, M.D., (Respondent), who was duly served with notice of the adjudication, was present and represented by his counsel, Liborius Agwara, Esq. The adjudicating members of the Board participating in these Findings of Fact, Conclusions of Law, and Order (FOFCOL) were, Nick M. Spirtos, M.D., F.A.C.O.G., Ms. Maggie Arias-Petrel, Ms. Pamela Beal, Irwin B. Simon, M.D., FACS, Joseph Olivarez, P.A.-C, and Jason B. Farnsworth, RRT, MBA. Henna Rasul, Senior Deputy Attorney General, served as legal counsel to the Board.

The Board, having received and read the Complaints and exhibits admitted in the matter and filed into the record in this case, the "Findings and Recommendations" prepared by the Hearing Officer, Patricia Halstead, Esq., who presided over the hearing, and the transcript of the hearing, proceeded to make a decision pursuant to the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), NRS Chapter 622A, and NRS Chapter 233B, as applicable.

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The Board, after due consideration of the record, evidence, and law, and being fully advised in the premises, makes its FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER in this matter, as follows:

FINDINGS OF FACT

I.

Respondent held a license to practice medicine in the State of Nevada issued by the Board at all relevant times.

A. Case Nos. 24-22461-1, 24-22461-2, and 24-22461-3

1. On February 21, 2024, the Investigative Committee filed its formal Complaint in Case No. 24-22461-1, alleging Respondent violated the Medical Practice Act. Respondent was personally served with the Complaint on or about February 27, 2024. A First-Amended Complaint was filed October 29, 2024, and a copy was served upon Respondent November 4, 2024. The First-Amended Complaint alleged two hundred eleven (211) violations of the Nevada Medical Practice Acts, including: sixty-six (66) violations of NRS 630.301(4), Malpractice (Counts I-LXVI), thirteen (13) violations of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records (Counts LXVII-LXXIX), fifty-seven (57) violations of NRS 630.306(1)(b)(3), Violation of Statutes and Regulations of the Nevada State Board of Pharmacy (Counts LXXX-CXXXVI), sixty-one (61) violations of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized, or Otherwise Inappropriate Prescribing of Controlled Substances Listed in Schedule II, III, or IV (Counts CXXXVII-CXCVII), seven (7) violations of NRS 630.306(2)(b)(1), Engaging in Conduct Which is Intended to Deceive (Counts CXCVIII-CCIV), and seven (7) violations of NRS 630.305(1)(d), Charging for Services Not Rendered (Counts CCV-CCXI). Respondent did not file an answer in response to the allegations set forth in the Complaint or the First-Amended Complaint.

2. On February 21, 2024, the Investigative Committee filed its formal Complaint in Case No. 24-22461-2, alleging Respondent violated the Medical Practice Act. Respondent was personally served with the Complaint on or about February 27, 2024. A First-Amended Complaint was filed June 27, 2024, and a copy was served upon Respondent via email and U.S.

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mail. The First-Amended Complaint alleged twenty-four (24) violations of the Nevada Medical Practice Acts, including: five (5) violations of NRS 630.301(4), Malpractice (Counts I-V), five (5) violations of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records (Counts VI-X), six (6) violations of NRS 630.306(1)(b)(3), Violation of Statutes and Regulations of the Nevada State Board of Pharmacy (Counts XI-XVI), four (4) violations of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized, or Otherwise Inappropriate Prescribing of Controlled Substances Listed in Schedule II, III, or IV (Counts XVII-XX), and four (4) violations of NRS 630.306(2)(b)(1), Engaging in Conduct Which is Intended to Deceive (Counts XXI-XXIV). Respondent did not file an answer in response to the allegations set forth in the Complaint or the First-Amended Complaint.

3. On February 23, 2024, the Investigative Committee filed its formal Complaint in Case No. 24-22461-3, alleging Respondent violated the Medical Practice Act. Respondent was personally served with the Complaint on or about February 29, 2024. A First-Amended Complaint was filed October 29, 2024, and a copy was served upon Respondent via U.S. Mail and email on or about October 29, 2024. The First-Amended Complaint alleged seven (7) violations of the Nevada Medical Practice Acts, including: one (1) violation of NRS 630.301(4), Malpractice (Count I), one (1) violation of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records (Count II), one (1) violation of NRS 630.306(1)(b)(3), Violation of Statutes and Regulations of the Nevada State Board of Pharmacy (Count III), one (1) violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct (Count IV), one (1) violation of NRS 630.301(9), Disreputable Conduct (Count V), one (1) violation of NRS 630.301(7), Violation of Patient Trust and Exploitation of Physician and Patient Relationship for Financial or Personal Gain (Count VI), and one (1) violation of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized, or Otherwise Inappropriate Prescribing of Controlled Substances Listed in Schedule II, III, or IV (Count VII). Respondent did not file an answer in response to the allegations set forth in the Complaint or the First-Amended Complaint.

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4. An Order was filed on March 26, 2024, scheduling the Early Case Conference (ECC) for the pending matters in Case Nos. 24-22461-1, 24-22461-2, and 24-22461-3. This Order was served upon Respondent's counsel by U.S. Mail and email.

5. On April 26, 2024, an Order Staying Proceedings was filed in Case Nos. 24-22461-1, 24-22461-2, and 24-22461-3, staying the proceedings pending confirmation of a potential settlement agreement. This Order was served upon Respondent's counsel by U.S. Mail and email.

6. On May 22, 2024, an Order Scheduling Status Conference was filed in Case Nos. 24-22461-1, 24-22461-2, and 24-22461-3, setting a status conference for May 23, 2024, at 2:00 p.m. This Order was served upon Respondent's counsel by U.S. Mail and email. On May 23, 2024, as noticed by the Order, a status conference commenced whereby the parties appeared. The pending matters were placed back on calendar and dates for Prehearing and Hearing were agreed to and as a result, a Scheduling Order was issued on May 24, 2024, setting the Prehearing Conference for June 27, 2024, at 10:00 a.m., and a Hearing date was set for September 9-11, 2024, in Case No. 24-22461-1, September 16-17, 2024, in Case No. 24-22461-2, and October 21-22, 2024, in Case No. 24-22461-3.

B. Case No. 24-22461-4

7. On May 17, 2024, the Investigative Committee filed its formal Complaint in Case No. 24-22461-4, alleging Respondent violated the Medical Practice Act. Respondent was personally served with the Complaint on or about May 20, 2024. The Complaint alleged seven (7) violations of the Nevada Medical Practice Acts, including: one (1) violation of NRS 630.301(4), Malpractice (Count I), one (1) violation of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records (Count II), one (1) violation of NRS 630.306(2)(b)(1), Engaging in Conduct Which is Intended to Deceive (Count Ill), one (1) violation of NRS 630.254(3), Failure to Notify the Board Regarding Office Closure and Location of Patient Records (Count IV), one (1) violation of NRS 630.254(1), Failure to Notify the Board Regarding Change of Mailing Address (Count V), one (1) violation of NAC 630.230(2), Failure to Provide Patient Records to Patient Upon Request (Count Vl), and one (I) violation of NRS 630.3065(2)(c), Knowing or Willful Failure to Comply

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with a Provision in NRS Chapter 630 (Count VII). Respondent did not file an answer in response to the allegations set forth in the Complaint.

8. An Order was filed June 12, 2024, scheduling the ECC for the pending matter in Case No. 24-22461-4. This Order was served upon Respondent's counsel by U.S. Mail and email. The ECC was held at the scheduled time wherein all parties appeared telephonically. As a result of the ECC, the pending matters in Case Nos. 24-22461-1, 24-22461-2, 24-22461-3 and 24-22461-4 were consolidated and new dates for Prehearing and Hearing were set.

9. An Amended Scheduling Order was filed on June 28, 2024, scheduling the Prehearing Conference for the pending matters for August 21, 2024. This Order was served upon Respondent's counsel by email and certified U.S. Mail. A hearing date was set for October 21, 2024, through October 24, 2024. At the time fixed for the Prehearing Conference, legal counsel for the Investigative Committee, Sarah A. Bradley, Deputy Executive Director, appeared, as well as the Hearing Officer, Patricia Halstead, Esq., and counsel for Respondent, Liborius Agwara, Esq. At the Prehearing Conference, counsel for the Investigative Committee provided the Hearing Officer with the mandated Prehearing Conference Disclosures and had copies of both the Prehearing Conference Statement and the mandated Prehearing Disclosures available for the parties. Respondent was timely and properly served with the Prehearing Conference Statement and the mandated Prehearing Disclosures in accord with NRS and NAC Chapters 630, NRS Chapters 241, 622A, and 233B, and the requirements of due process.

10. On October 21, 2024, through October 24, 2024, hearings were held before the Hearing Officer to receive evidence and to hear arguments on each of the four (4) cases. The Hearing Officer received the complete Record of Proceedings, including the transcript of the testimony received and the exhibits admitted. Upon receipt of the Record of Proceedings, the hearings were closed. The Hearing Officer filed the Findings and Recommendations on May 19, 2025.' The matters were scheduled for final adjudication on June 6, 2025, at a regularly scheduled Board meeting. The notice of the adjudication was mailed to Respondent on May 7, 2025, via U.S. Certified Mail, with a copy by email as well. On May 19, 2025, Respondent was sent a copy of the Hearing Officer's Findings and Recommendations via U.S.

Certified Mail, with a copy by email. Additionally, on May 29, 2025, via Fed Ex 2-Day mail, Respondent was given a copy of the Investigative Committee's Memorandum of Costs and Disbursements and Attorneys' Fees and a packet of the materials to be presented at the scheduled Board meeting.

II.

Pursuant to NRS 622A.300(5)(a), the Findings and Recommendations of the Hearing Officer are hereby approved by the Board in their entirety and are hereby specifically incorporated and made part of this Order by reference. *See* **Exhibit 1**.

III.

In accord with the Findings and Recommendations, the Board hereby finds that the following counts, as recapitulated above, have been established by a preponderance of the evidence:

1. In Case No. 24-22461-1, Counts I-LXVI, sixty-six (66) violations of NRS 630.301(4); Counts LXXVII-LXXIX, thirteen (13) violations of NRS 630.3062(1)(a); Counts LXXX-CXXXVI, fifty-seven (57) violations of NRS 630.306(1)(b)(3); Counts CXCVIII-CCIV, seven (7) violations of NRS 630.306(1)(b)(1); and Counts CCV-CCXI, seven (7) violations of NRS 630.305(1)(d) were proven.

2. In Case No. 24-22461-2, Count I, one (1) violation of NRS 630.301(4); Counts VI-VII, two (2) violations of NRS 630.3062(1)(a); and Counts XI-XII, two (2) violations of NRS 630.306(1)(b)(3) were proven.

3. In Case No. 24-22461-3, the Board found all seven (7) Counts set forth in the First-Amended Complaint were proven.

4. In Case No. 24-22461-4, Count II, one (1) violation of NRS 630.3062(1)(a); Count IV, one (1) violation of NRS 630.254(3); Count V, one (1) violation of NRS 630.254(1); and Count VI, one (1) violation of NAC 630.230(2) were proven.

IV.

If any of the foregoing Findings of Fact is more properly deemed a Conclusion of Law, it may be so construed.

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CONCLUSIONS OF LAW

I.

The Board has jurisdiction over Respondent and the Complaints, and an adjudication of this matter by the Board members as set forth herein is proper.

II.

Respondent was timely and properly served with the Complaints, and all notices and orders in advance of the hearing and adjudication thereon, in accord with NRS and NAC Chapters 630, NRS Chapters 241, 622A and 233B, and the requirements of due process.

III.

With respect to the allegations of the Complaints, the Board concludes that Respondent has violated sixty-eight (68) violations of NRS 630.301(4), seventeen (17) violations of NRS 630.3062(1)(a), sixty (60) violations of NRS 630.306(1)(b)(3), seven (7) violations of NRS 630.306(2)(b)(1), seven (7) violations of NRS 630.305(1)(d), one (1) violation of NRS 630.306(1)(p), one (1) violation of NRS 630.301(9), one (1) violation of NRS 630.301(7), one (1) violation of NRS 630.3062(1)(h), one (1) violation of NRS 630.254(3), one (1) violation of NRS 630.254(1), and one (1) violation of NAC 630.230(2). Accordingly, Respondent is subject to discipline pursuant to NRS 630.352.

IV.

The Board finds that, pursuant to NRS 622.400, it may recover from Respondent reasonable and necessary attorneys' fees and costs incurred by the Board as part of its investigative, administrative and disciplinary proceedings against Respondent as it hereby enters this Findings of Fact, Conclusions of Law, and Order finding that Respondent has violated the Medical Practice Act, which the Board has the authority to enforce.

V.

The Board has reviewed the Investigative Committee's Memorandum of Costs and Disbursements and Attorneys' Fees, and the Board finds them to be the actual fees and costs incurred by the Board as part of its investigative, administrative and disciplinary proceedings against Respondent, and finds them to be reasonable based on: (1) the abilities, training,

education, experience, professional standing and skill demonstrated by Board staff and attorneys; (2) the character of the work done, its difficulty, its intricacy, its importance, the time and skill required, the responsibility imposed and the prominence and character of the parties where, as in this case, they affected the importance of the litigation; (3) the work actually performed by the Board's attorneys and staff, and the skill, time and attention given to that work; and (4) the product of the work and benefits to the Board and the people of Nevada that were derived therefrom.

VI.

If any of the foregoing Conclusions of Law is more properly deemed a Finding of Fact, it may be so construed.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause appearing therefore,

IT IS HEREBY ORDERED that:

1. Pursuant to NRS 630.352(4)(e) and NRS 622A.410(1), respectively, Respondent's license to practice medicine, License No. 14957, is immediately revoked and Respondent may not apply for licensure in the State of Nevada for a period of seven (7) years from the service of this Order;

2. Respondent shall reimburse the Board the reasonable costs and expenses actually incurred in the investigation and prosecution of this case in the amount of fifty-nine thousand five hundred thirty-eight dollars and seventy-seven cents ($59,538.77), which amount shall be stayed, and which will become immediately due and payable upon Respondent's application for licensure in the State of Nevada;

3. Case No. 21-22461-1 is hereby closed, and if and when, Respondent reapplies for licensure, the Board may reinstate the monitoring requirements from this matter that have not been completed, as well as any other new requirements it deems necessary to ensure Respondent's competency and the safety of the public;

4. Respondent shall be issued a Public Letter of Reprimand; and

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5. This Order shall be reported to the appropriate entities, including the National Practitioner Databank (NPDB).

IT IS SO ORDERED.

DATED this 13th day of June, 2025.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

NICK M. SPIRTOS, M.D., F.A.C.O.G.
President of the Board

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CERTIFICATION

I certify that the foregoing is the full and true original FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER on file in the office of the Board of Medical Examiners in the matter of Matthew Obim Okeke, M.D., Case Nos. 24-22461-1, 24-22461-2, 24-22461-3, and 24-22461-4.

I further certify that Nick M. Spirtos, M.D., F.A.C.O.G., is the President of the Nevada State Board of Medical Examiners and that full force and credit is due to his official acts as such; and that the signature to the foregoing ORDER is the signature of said Nick M. Spirtos, M.D., F.A.C.O.G.

IN WITNESS THEREOF, I have hereunto set my hand in my official capacity as Secretary-Treasurer of the Nevada State Board of Medical Examiners.

DATED this 13th day of June, 2025.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Maggie Arias-Petrel

MAGGIE ARIAS-PETREL
Secretary-Treasurer and Public Member of the Board

EXHIBIT 1

EXHIBIT 1

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against	Case No.s: 24-22461-1 24-22461-2 24-22461-3 24-22461-4 24-22461-5
MATTHEW OBIM OKEKE, M.D.,	
Respondent.	

FINDINGS AND RECOMMENDATIONS

FILED

MAY 19 2025

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

TO: Sarah A. Bradley
Deputy Executive Director
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

Matthew Obim Okeke, M.D.
c/o Liborius Agwara, Esq.
2785 E. Desert Inn Rd., Ste. 280
Henderson, NV 89121

The above-referenced matters came for hearing on October 21, 2024 through October 24, 2024. The hearings were held by video conferencing between the State of Nevada Board of Medical Examiners' Reno and Las Vegas offices, with counsel for the Investigative Committee of the State of Nevada Board of Medical Examiners (the "IC"), Sarah A. Bradley, and the undersigned hearing officer appearing in Reno, and Respondent Dr. Matthew Obim Okeke ("Respondent") appearing from Las Vegas along with his counsel Liborius Agwara, Esq. The matters were presented out of sequence commencing with Matter 4. For purposes of ease for drafting this Findings and Recommendations, the matters will be addressed in the same order.

Matter 4

Matter 4 is premised upon a Complaint for seven claims for relief. Count I is Malpractice, a violation of NRS 630.301(4), premised upon the allegation, in summary, that is was improper for Respondent to prescribe a benzodiazepine (specifically alprazolam, the brand name of which

is Xanax) when he knew or should have known that the patient was also taking opioids; and/or that Respondent failed to consider outside medical records regarding the patient's use of opioids; and/or by failing to properly document the patient's treatment.

Count II alleges a violation of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records, and is premised upon the allegations that the patent records at issue were copied and pasted with data from other patients; and/or backdated; and/or failed to document review or discussion of the patient's Prescription Monitoring Program ("PMP") report; and/or failed to ensure the patient medications were updated and accurate each visit; and/or failed to document any attempt to obtain outside medical records related to the patient's use of opioids as prescribed be any other provider.

Count III is a charge of Engaging in Conduct that is Intended to Deceive, a violation of NRS 630.306(2)(b)(1), and is premised upon the allegation that Respondent was not forthright when representing to the Investigative Committee of the Nevada Board of Medical Examiners (the "IC") that he had only seen the subject patient twice.

Count IV alleges a violation of NRS 630.254(3), Failure to Notify the Board Regarding Office Closure and Location of Patient Records as related to Respondent's closing of his office referred to as "Grand Desert."

Count V, Failure to Notify the Board Regarding Change of Mailing Address, a violation of NRS 630.254(1), is self-explanatory and relates to the closing of Respondent's office.

Count VI is for Failure to Provide Patient Records to Patient Upon Request, a violation of NAC 630.230(2), and is premised upon the allegation that requested patient records had not been timely provided and that the location of the records remains unknown.

The final charge, Count VII, is for Knowing or Willful Failure to Comply with a Provision of NRS Chapter 630, a violation of NRS 630.3065(2)(c), and is premised upon Respondent's alleged knowingly and willful failure to have provided contact information upon the closure of his office and his failure to disclose the location of the patient records that are the subject of Count VI.

Throughout the course of the hearing, IC Exhibits 1 through 10 were admitted.

The IC's first witness was the IC's Chief Investigator Ernesto Diaz, who authenticated exhibits and through whom Exhibits 1-5 were admitted. Mr. Diaz also supported Count III, Engaging in Conduct that is Intended to Deceive, a violation of NRS 630.306(2)(b)(1), by testifying that medical records contradict Respondent's response to IC inquiries regarding having only seen Patient A twice.

The IC's next witness was Bryan Czerniski, M.D., a licensed Nevada psychiatrist, who testified to his credentials (*see* Exhibits 9-10, which were admitted), and opined that Respondent fell below the standard of care by prescribing a benzodiazepine, specifically alprazolam, to a patient who was on opioids and by further failing to document related risk factors. Transcript pp. 47-50 (abbreviated hereafter as "T" with page numbers following). According to Dr. Czerniski, Respondent should have checked the patient's PMP report before prescribing any controlled substance. T 50. Dr. Czerniski further testified that the combination of a benzodiazepine with an opioid can lead to respiratory distress and increase the chances of "mortality by tenfold," (T 53-54), and that alprazolam (a benzodiazepine) should not be utilized long-term for someone with anxiety due to the state of withdrawal causing more anxiety, especially if there is a history of alcohol use disorder because the withdrawal can induce alcohol cravings. T 56-57, 63-65, 86. Dr. Czerniski expressed concern about the alprazolam prescription due to a history of seizures and the withdrawal increasing the chance of seizures. T 57-58. Based upon these risks, Dr. Czerniski testified that the alprazolam should have been tapered off. T 59.

According to Dr. Czerniski, Respondent's records indicate that after Respondent checked the PMP report, he did decrease the alprazolam dosage but did so too abruptly without proper titration and then inexplicably bumped the dosage back up. T 60-61, 107. Dr. Czerniski further testified that there is no indication that Respondent collaborated to establish a shared treatment program with the patient's other provider(s) in light of the alprazolam he had prescribed and opioid prescription another provider had prescribed, nor did Respondent document the basis for his alprazolam prescription and dosage changes. T 62, 99.

As to Respondent's medical records, Dr. Czerniski noted concerns about notations being cloned, meaning copied and pasted from other records. T 66, 71-3. He also expressed that the medication list was unclear due to duplication and dosages, and that date entries were either auto-populated after the visit or subject to having been changed, which is contrary to records being required to be maintained as they were made after they are finalized. T 67-68, 71.

Adverse reactions as a result of the benzodiazepine prescription of alprazolam with the opioids as specific to Patient A was brought out in cross-examination, as to which Dr. Czerniski testified that the adverse reactions resulted in twelve emergency department visits, with ten of those during times the PMP report was kept, and eight of those having followed within two days of the Xanax prescription (alprazolam, which again, is a benzodiazepine). T 78-79. Notes related thereto provide "[p]rofound sedation due to medication of substances" but there is no way of knowing if the patient was compliant with medication instructions; although, the description is consistent with an overdose of alprazolam or a mixture of alprazolam and opiates, which Dr. Czerniski opined was the cause. T 79-83.

It was established on cross-examination that the patient had already been prescribed benzodiazepines by another provider, Dr. Kroegel, in 2019, and that when Respondent saw the patient three years later in September 2021 and October 2021, according to Dr. Czerniski, Respondent should have taken the patient off the alprazolam in consultation with the patient's other providers by tapering the patient off in consideration of the patient's seizure disorder and "rebound anxiety." T 89-96, 99-100.

The IC's next witness was Darla Zarley who is the Prescription Monitoring Program Administrator for the Nevada State Board of Pharmacy. T 120. Relevant to the charges, Ms. Zarley testified that the PMP records indicate that Respondent first ran a PMP inquiry for the patient on September 16, 2021, at which time Respondent prescribed the patient alprazolam (a benzodiazepine) despite the patient already being prescribed oxycodone (an opioid). T 123.

The next to testify was Johnna LaRue, the Deputy Chief of Investigations and Compliance Officer for the Nevada State Board of Medical Examiners. T 131. Ms. LaRue testified that Respondent's license was moved from active to inactive on June 9, 2023 in accordance with

admitted Exhibit 6, which is an email from Respondent's counsel requesting that Respondent's license be moved to inactive. Exhibit 7, which is an allegation letter regarding Respondent's failure to provide Patient B his or her records, was also admitted through Ms. LaRue. T 136-38. Exhibit 8, which is an envelope marked undeliverable to Respondent's address on file with the Board was also admitted. T 138-39. Ms. LaRue further testified that Patient B's records were never provided despite having been requested. T 140. On cross-examination, Ms. LaRue indicated that she did not follow up on the returned mail with Respondent by calling him but that she had tried to email him with no response. T 142-43.

Respondent for his case presented only his testimony, by which he testified that it is not his practice to prescribe benzodiazepines but will continue such prescriptions for existing users (T 146); Respondent lowered the patient's benzodiazepine prescription because he was not comfortable with the amount currently prescribed (T 148-49); the patient was not prescribed the benzodiazepine by him originally (T 149); that the reduction he gave was drastic so he increased it again to help the patient cope (T 150); and that he still maintains the address where his practice was located and that the Board has on file but there was no one there to sign for the mail the Board sent that was returned (T 150).

On cross-examination, Respondent acknowledged that he did not note any reasoning for the changes to the benzodiazepine prescription dosages. T 151. Then on re-direct, Respondent testified that the two times he saw the patient in 2021 and 2022 he was just covering and, therefore, did not want to make drastic changes to the patient's prescriptions. T 153.

Counts I and II

As to whether Respondent committed malpractice by prescribing benzodiazepines while he knew or should have known that the patient was taking opioids, the rub is that the patient was already prescribed benzodiazepines when the patient was seen by Respondent, who testified he was covering for another provider. Per the IC's expert, although it was inappropriate to allow the benzodiazepine prescription to continue, that being Xanax in particular, it also was not appropriate to cease the prescription altogether. Given the foregoing, I cannot recommend a finding that Respondent committed malpractice by continuing to prescribe the benzodiazepine.

However, it remains that Respondent's records are not appropriately reflective of the basis for his actions with respect to the continuing prescription, its increase and decrease, and there is no indication that he took care to address the problems that arise with the prescription in consideration of concurrent opioid use. The records also have cloned entries. The manner by which the records tracked prescriptions is also problematic in that, as testified to by Dr. Czerniski, the medication list was unclear due to duplication and dosages, and that date entries were either auto-populated after the visit or subject to having been changed, which is contrary to records being required to be maintained as they were made after they are finalized. T 6-68, 71. The failure to make and maintain appropriate medical records is pleaded as the basis for malpractice claim as well as the failure to maintain complete medical records claim. Given the duplicity, I recommend finding a violation on Count II.

Count III

Count III is engaging in conduct that is meant to deceive and is premised upon Respondent's written response to the IC's investigation whereby Respondent indicates that he only saw the patient at issue twice, which was not accurate. Respondent actually saw the patient eight times - twice in 2021 and six times in 2018. T 102; Exhibit 3.

The letter upon which Count II is based was written by Respondent's counsel but was adopted by Respondent and his signature appears on it. *See* Exhibit 2. The letter from the IC that the Respondent was answering referenced treatment of the patient "for years" and was focused on the prescription of narcotics to the identified patient. *See* Exhibit 1. The times that Respondent saw the patient and prescribed narcotics were the two visits in 2021.

In reviewing the statute, NRS 630.306, it is focused on actions that are the basis for initiating an investigation and, if warranted, disciplinary proceedings, and is not tailored to responding to the IC once an investigation is underway; but, even assuming the statute could be applied in such an instance, given the context of the inquiry and the timeframe Respondent could assume was at issue, I cannot find that Respondent referencing the two recent visits rises to the level of an intentional deception, particularly when Respondent provided all the records that included the visits from 2018. T 37-38.

Counts IV, V, and VI

Counts IV, V, and VI are for failure to notify the Board about the office closure and location of records; failure to notify the Board regarding a change of address; and failure to provide patient records to a patient upon request. Respondent did not defend his failure to provide patient records. As to the office closure and change of address, Respondent testified that he maintains that address although he closed his practice.

Given Respondent closed his practice, mail sent by the Board was returned, and the patient records remain unaccounted for, I submit that Respondent should be held accountable for each of these three counts. If a practitioner closes an office and cannot be reached by the Board by certified mailing, that is a problem and is the exact problem the mandates outlined in the counts are meant to address. It is particularly unacceptable that the patient records at issue in Count VI remain unaccounted for.

Matter 1

Matter 1 commenced upon the amendment of the Complaint as provided for on the record. A true and correct copy of the Complaint as amended was filed on October 29, 2024. The exhibits were also addressed and updated on the record. The parties stipulated that Respondent was out of the country from February 26, 2017 through March 11, 2017; September 27, 2017 through October 2, 2017; and June 30, 2018 through July 7, 2018; and November 9, 2018 through November 23, 2018, as stated in paragraph two of the Complaint as amended.

Counts 1-66 are for malpractice, a violation of NRS 630.301(4), as alleged with regard to patients A through NNN, and is premised upon the allegation that Respondent failed to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when rendering medical services because he billed for services not rendered, prescribed controlled substances via paper prescriptions when he was out of the country, failed to check the PMP as required by Nevada law, and failed to examine patients prior to writing prescriptions for controlled substances.

Counts 67 through 79 relate to patients A through M and are for failure to maintain complete medical records, a violation of NRS 630.3062(1)(a), premised upon Respondent's

alleged failure to completely and correctly document medical care and treatment and/or by over-reliance on templated material in the records, causing the same to be untimely, illegible, inaccurate, and incomplete.

Counts 80 through 136 relate to patients C, E, and J through NNN excluding L and M, and are premised upon alleged violations of statutes and regulations of the Nevada State Board of Pharmacy, a violation of NRS 630.306(1)(b)(3), specifically Respondent's alleged failure to run PMP reports as required to prescribe controlled substances.

Counts 137 through counts 197 plead violations of NRS 630.3062(1)(b)(3), Fraudulent, Illegal, Unauthorized, or Otherwise Inappropriate Prescribing of Controlled Substances Listed in Schedule II, III, or IV, in relation to patients C, E, G, and I through NNN, alleging that Respondent pre-signed prescription pads for his staff or other practitioners to utilize while he was out of the country.

Counts 198 to 204 are premised upon alleged violations of Engaging in Conduct that is Intended to Deceive, a violation of NRS 630.306(2)(b)(1), in relation to patients A, B, D, E, F, G, and H based upon providing services under his name and NPI number that he did not provide, which is deceptive.

Counts 205 through 211, relate to alleged violations of NRS 630.305(1)(d), Charging for Services Not Rendered, for allegedly charging patients A, B, D, E, F, G, and H for services that were not rendered.

The parties stipulated to numerous exhibits as identified on the record and removed others based upon Respondent's stipulation to not running PMP's for 57 patients as is relevant to Counts 80-136.

The IC's first witness was Ernesto Diaz, the Board's Chief Investigator, who testified as to Respondent's National Provider Identification number and to patient visit records of November 12-14, 2018 and November 20-21, 2018 – dates Respondent was out of the country. Transcript of October 22, 2024, pp. 50-56. The same testimony was given for the dates of February 28, 2017; September 27, 2017; November 24, 2018; November 9-10, 2018; November 16-19, 2018, in

addition to some overlap of prior dates. T 57-59. On cross-examination, Respondent implied the visits were by "telemed." T 60-62.

The IC then called Dr. Jayleen Chen, a psychiatrist, who testified as to her qualifications and that Respondent did not meet the standard of care by failing to have established a "bona fide patient/prescriber relationship" when having purportedly seen patients and prescribing controlled substances while out of the country, as well as failing to write progress notes to support the prescriptions. T 62, 67-71.

Per Dr. Chen, billing records indicate that the visits were office visits, that being that the place of service was the office; and, if the visits were by telehealth, that should have been noted. T 75-79. Dr. Chen also testified that electronic prescriptions, versus paper, are now the norm for prescribing controlled substances but, in relation to this matter, Respondent purported to have issued paper prescriptions while out of the country. T 80. It was surmised by Dr. Chen that the paper prescriptions were dated in such a manner as to be issued while Respondent was out of the country (T 81-86) as opposed to being filled out with "do not fill" until a certain date, which is the proper manner to issue future prescriptions. T 83. Dr. Chen also testified that it is not allowed for someone other than Respondent to have given the paper prescriptions to the patients. T 87. Dr. Chen further testified that Respondent's records contained copying and pasting and duplicate medication listings with differing dosages. T 89-91, 107. Dr. Chen also confirmed that a check of the PMP database was not undertaken when it should have been. T 93. On cross-examination, Dr. Chen was questioned about other care workers who are part of a treatment team billing under Respondent's Medicare billing code, which was referenced as "14." T 102-103. On redirect Dr. Chen testified that compromised prescribing credentials must be reported. T 110.

Respondent testified and addressed his experience (T 118-19); that he did not run the required PMP inquiries based upon his electronic medical record program giving the same information (T 119-21, 123-26, 138); and that, at the time at issue, it was acceptable to "postdate" written prescriptions (that being to write a future date), which is what Respondent did so that his patients would not run out of their prescriptions and face withdrawal symptoms (T 121, 126, 140-42). Respondent also testified that he was on the telephone with the provider seeing his patients

on unidentified occasions when the provider treating the patient had questions (T 122-23), and that other levels of providers would bill Medicaid under a general billing number that was also reflective of the number he used and, therefore, the usage of that number was not necessarily identifying as to him (T 126-131). On cross-examination, Respondent testified that a billing code "20" as opposed to a "14" would be the other psychiatrist affiliated with the office or the nurse practitioner but likely the nurse practitioner because the other psychiatrist would have put their name (T 136-37).

After Respondent's testimony, Darla Zarley of the Nevada State Board of Pharmacy was recalled as a witness by the IC, and testified that Respondent's EMR system was not integrated with the PMP system until July of 2020 (T of October 23, 2024, pp. 6-7) and reiterated that a PMP report was required to be run as of January 1, 2018. T 9.

Counts I – LXVI

Counts I-LXVI are for malpractice, defined by NAC 630.040 as "the failure of a physician . . . in treating a patient to use reasonable care, skill, or knowledge ordinarily used for similar circumstances," and are premised upon billing for services not rendered, prescribing controlled substances via paper prescriptions while out of the country, failing to run PMP reports as required by law, and failing to examine patients prior to writing prescriptions for controlled substances.

Respondent stipulated to being out of the country for the dates at issue and, therefore, did not examine the patients (and only conferring by phone with providers who did see them on occasion per his own testimony); admitted to not running the PMP reports as required by law; postdated prescriptions without complying with NAC 453.450(4), which applies to Schedule II substances, and otherwise postdated written prescriptions for controlled substances outside of Schedule II substances; and billed for treatment of the identified patients as demonstrated by billing records that, regardless of the PT code (which Respondent referred to as a Medicaid code that could apply to other levels of providers), reference Respondent as the provider by and

through his name, electronic signature, and NPI Code. As such, I recommend finding against Respondent for these counts.[1]

Counts LXVII - LXXIX

These counts allege that Respondent failed to maintain timely, eligible, accurate and complete medical records relating to the diagnosis, treatment and care of the identified patients by failing to completely and correctly document his care and treatment for each of the patients at issue and/or over-relying on templated material. The only direct testimony regarding the same came from Dr. Chen who substantiated the allegations and, therefore, I suggest finding against Respondent on these counts.

Counts LXXX – CXXXVI

These counts are for violation of statutes and regulations of the Nevada State Board of Pharmacy and is premised upon failure to run the PMP reports as addressed in counts I – LXVI. Based upon Respondent's admission to failing to run the PMP reports, Respondent should be found to have violated these counts.

Counts CXXXVII – CXCVII

These counts are for fraudulent, illegal, unauthorized, or otherwise inappropriate prescribing of controlled substances listed in Schedule II, III, or IV and are based upon the postdating of the prescriptions as was addressed in counts I – LXVI; however, the premise is that Respondent postdated the prescriptions and then provided them to office staff or other practitioners to hand out while he was out of the office. There is no testimony that was proffered to substantiate that and, contrary thereto, Respondent indicates that he postdated the prescriptions and himself provided them during previous appointments. October 22, 2024 T 139-40. This was not refuted by the IC and, therefore, I cannot recommend that Respondent be held in violation of these counts as pleaded.

///

[1] There are numerous patients at issue and, given the parties treated them as a block to which all allegations and defenses apply, the undersigned hearing officer likewise did so and, therefore, did not address each patient individually in making the above findings. This applies to all of the counts addressed with respect to Matter I.

Counts CXCVIII – CCIV and Counts CCV - CCXI

These counts are in relation to seven identified patients who Respondent purported to provide services to while he was out of the country and are premised upon engaging in conduct intended to deceive and charging for services not rendered.[2] As set forth herein, I find that services were purportedly rendered and billed for that did not take place. To the extent that is deceptive, I recommend a finding that Respondent violated these counts.

Matter 2

This matter is similar to Matter 1 in that it alleges malpractice based upon prescribing an identified patent benzodiazepines when the patient was taking opioids and also prescribing five patients controlled substances by paper prescription when he was out of the country; failing to run each patient's PMP report; and failing to examine the patients prior to writing the prescriptions. The complaint also alleges counts for failure to maintain complete medical records in the same manner as addressed in Matter 1, that being over reliance upon templated material and/or cutting and pasting; counts premised upon violation of statutes and regulations of the Nevada State Board of Pharmacy for the failure to run the PMP reports; counts for fraudulent, illegal, unauthorized, or otherwise inappropriate prescribing of controlled substances listed in Schedule II, III, or IV by pre-signing paper prescriptions and providing them to staff and/or other practitioners to provide to patients while he was out of the country; and counsel for engaging in conduot that is intended to deceive by making misleading statements in response to the IC investigation. Matter 2 was heard on October 23, 2024 and continued through October 24, 2024 and is summarized as follows.

The IC's first witness was its Chief Investigator Ernesto Diaz who authenticated records and addressed Respondent's response to the IC investigation letter whereby Respondent indicated that he never authorized Dr. Victor Bruce to write any prescriptions. October 23, 2024 Transcript, pp. 20-41. Mr. Diaz also testified that as of his time at the IC, since March 2020, he had not received any information about Respondent's prescribing credentials being compromised. T 43.

[2] The IC's statutory citation at to counts CXCVIII - CCIV is "NRS 630.306(2)(b)(1)" but is apparently meant to be NRS 630.306(1)(b)(1).

On cross-examination Mr. Diaz was asked about the scope of any investigation he personally performed. T 46-49.

The IC next called Darla Zarley, the Prescription Monitoring Program Administrator with the Nevada State Board of Pharmacy who testified that the PMP reports run for the patients at issue were not run within the time period at issue as required by law. T 51-54. Ms. Zarley also testified that she was not notified of Respondent's prescribing credentials having become compromised. T 55. On cross-examination, Ms. Zarley testified that the PMP report showed that Respondent prescribed controlled substances to the patients subject to the complaint (T 57), and that the prescription should have been called in by the prescriber who saw the patient (T 59). As to Exhibit 20 in particular, Ms. Zarley testified that it looked like a person named "Mary" called the prescription in on behalf of Respondent. T 59-60. In response to questioning from the undersigned hearing officer, Ms. Zarley further testified that the prescribing credentials would come from whoever called in the prescription and, as to Exhibit 20, the number given was not Respondent's but could have been written down wrong. T 61-64. Respondent's prescribing credentials were then identified for the record. T 64-65. It was then established that a prescriber would not necessarily know if his or her credentials were being improperly used, which is why prescribers are required to run their related reports every six months to ensure their credentials are related solely to prescriptions they have issued. T 65-66. In follow up it was established that Exhibit 17 contains Respondent's credentials, as is the case for Exhibit 25, and a query for Respondent attributes Exhibit 20 to him. T 67-70. As for each of the prescriptions in Exhibits 17, 20, and 25, they were called in and would have been written down by the pharmacist. T 71.

The IC's next witness was Jayleen Chen, M.D., a psychiatrist who testified to her credentials and experience. Dr. Chen then testified that she opined that Respondent fell below the standard of care by prescribing benzodiazepines to Patient A who has been receiving opioids from another provider as well as having failed to run the PMP and took issue with the clarity and accuracy, by way of copying and pasting, of Patient A's records. T 79-91, 97-98, 101, 109-10, 126-27. Dr. Chen then addressed Respondent prescribing a controlled substance to Patient B on a date Respondent should have seen the patient to properly do so but was out of the country and for

which no PMP inquiry was made. T 113-15. Moving to Patient C, Dr. Chen testified that Patient C was prescribed a controlled substance on a date when Respondent was out of the country and, therefore, undertook the prescription without having seen the patient and for which no PMP report was run. T 115-18. The same testimony was also given for Patient D and Patient E, each action testified to by Dr. Chen having been deemed by her to fall below the appropriate standard of care. T 118-23. Dr. Chen then expressed ongoing concern about the clarity of the records and cutting and pasting versus providing tailored notations for different visits. T 124-26.

On cross-examination, Respondent represented that Sana Behavior Health is a treatment facility or hospital of which he was the medical director and, therefore, his role was to oversee treatment of all patients. T 130-31, 134. It was also established that three of the five patients at issue were Respondent's patients. T 132-33; October 24, 2024 T 5. As to Patient D in particular, by reference to Exhibit 21, Dr. Chen testified that she attributed that patient's care to Respondent because Respondent was listed as the psychiatrist on the record and a prescription was written under Respondent's name (which patients were Respondent's was never sorted on the record). T 133-36. Dr. Chen testified that when the prescription for Patient D that is part of the record as Exhibit 20 was written, Respondent was out of the country and, therefore, someone else wrote the prescription and Dr. Chen assumes it was authorized by Respondent; however, under questioning she acknowledged that the pharmacist writes the physician's name and could have put the primary doctor as opposed to the physician that ordered the prescription. T 138-41. Dr. Chen then testified that she was assuming Respondent was the attending physician for Patient D and that if that was not the case and was the medical director then she "could see that being ok," referring to Respondent not being present to provide care given his role of overseeing patient care. October 24, 2024 T 6. With Respondent not having left to go out of the country until the evening of November 8, 2019, Dr. Chen also testified that the prescription for Patient B could have been issued by Respondent that day (T 7-8), and that her main concern with Patient A was Respondent's failure to run a PMP report and lack of appropriate record documentation but agreed that it was not appropriate for Respondent to run a PMP for a patient that was not his (T 9-10).

On redirect, Dr. Chen reiterated that to prescribe a controlled substance, a PMP report must be run by the prescriber and that the prescriber must see the patient. T 12-13. As to Patient B, looking at Exhibit 14, the attending physician for October 10, 2019 was Respondent and for November 8, 2019 was Debra Perkins and it was surmised that Respondent provided the prescription dated for November 8, 2019 on October 10, 2019, which is inconsistent with Respondent's statement in Exhibit 4 that he did not postdate the November 8, 2019 prescription. T 13-15.

On recross, Respondent established that Exhibit 17 was a written prescription that was undertaken while Respondent was out of the country and, therefore "had nothing to do with [Respondent]" and that Dr. Chen did not "have a problem with whatever role, if any, that [Respondent] played with respect to these exhibits [17, 20, and 25]," which Dr. Chen agreed with. T 17-18.

On final redirect, Dr. Chen reiterated the requirement for post-dating prescriptions at the time, that being that they had to have the date of the day they were undertaken and had to provide "do no fill" until a certain date with no more than three prescriptions from the same issuing date. T 19-20.

When the undersigned hearing officer attempted to clarify Dr. Chen's testimony with respect to whether it was appropriate that the called in prescriptions were attributed to Respondent even though he was out of the country when they were issued, Dr. Chen stated that it was appropriate because Respondent was the medical director. T 20-22.

Counts I-V

These are malpractice claims based upon several allegations, the first of which is that Respondent prescribed Patient A benzodiazepines while she was taking opioids. This was attributed to Respondent having failed, admittedly, to run a PMP report.

Exhibit 7 contains Patient A's medical records and Respondent is consistently listed as her attending physician from 2013 to 2019. As such, Patient A does not present a scenario where Respondent was covering for another provider or was unfamiliar with her prescription history. Thus, to the extent it was not refuted that Patient A should not have been prescribed

benzodiazepines while taking opioids, I recommend that Respondent be held accountable for this portion of this count.

The remaining basis of the malpractice claim is that Respondent prescribed controlled substances to Patients A through E while he was out of the country, without checking a PMP report, and without conducting corresponding examinations. As to Patient A, the record does not reflect, so far as undersigned has been able to determine, that Patient A was prescribed any controlled substances while Respondent was out of the country and without conducting corresponding examinations, although he did not run PMP reports in conjunction with prescribing controlled substances for other dates and should be held accountable for that reason. With respect to Patient B, it was determined that Respondent could have personally seen that patient to facilitate the prescription but, again, did not run the PMP report, for which he should be held accountable. As to Patients C, D, and E, those were Sana Behavioral Health patients and, per testimony, their prescriptions could have been appropriately linked to Respondent as the Medical Director and not necessarily as the attending physician, which Dr. Chen testified was not problematic.[3] The fact that the burden was not met as to those patients as to each of the counts (not just the malpractice counts) was somewhat conceded by the IC on the record. T 31-32. To the extent that what remains of this count is duplicative of what remains of counts XI-XVI as to Patients A and B, undersigned recommends that these violations be accounted for in the latter counts and not encompassed in allegations of malpractice.

Counts VI-X

These counts relate to patients A through E and are premised upon Respondent's failure to maintain complete medical records in that such records were lacking in relevant notations, reflected copying and pasting, etc. This was a consistent concern throughout each of the hearings and the state of the records was no different in relation to this matter. As such, Respondent should

[3] Undersigned was surprised to hear Dr. Chen testify, and even clarify when queried by undersigned, that prescriptions could be called in under Respondent's name as the facility Medical Director when he was not the physician who saw the patient or directed the prescription. I do not believe this to actually be accurate but that is what the record bore out and I have rendered this recommendation in accordance with the record and the testimony provided.

be held accountable for these counts in relation to Patients A and B (with the counts as to Patients C, D, and E being excluded for the reasons set forth above).

Counts XI-XVI

These counts are for violation of pharmacy regulations related to Respondent's admitted failure to run PMP reports in relation to Patients A through E. To the extent Respondent is responsible therefore in relation to Patients A and B, Respondent should be held accountable.

Counts XVII-XX

These counts are for fraudulent, illegal, unauthorized, or otherwise inappropriate prescribing of controlled substances for allegedly pre-signing prescriptions and would be relevant as to Patients C, D, and E. For the reasons set forth above, the burden of proof for these counts have not been satisfied.

Counts XXI-XXIV

These counts are based upon Respondent's statements in response to investigative inquires by the IC that he checks "the PMP regularly" and in relation to what he guessed may have taken place with regard to Patients C, D, and E. As noted elsewhere herein, undersigned does not interpret the conduct complained of as a violation of NRS 630.306(1)(b)(3), but which is presumably meant to refer to NRS 630.306(1)(b)(1), because undersigned does not interpret the statute to include conduct or statements made in response to an already pending IC investigation. The statute states that deceitful conduct "constitutes grounds for initiating disciplinary action." Given disciplinary action had already commenced by way of an opened investigation, I do not find that this conduct is actionable as pleaded. How I interpret that statute is that deceitful conduct can be the basis to open an investigation and subject a physician to subsequent consequences. That being said, there is no doubt that such misrepresentations support a lack of credibility and support related culpability.

Matter 3

This matter involves a patient with whom Respondent admittedly had a personal/sexual relationship and entails counts for malpractice; failure to maintain complete medical records; violation of statutes and regulations regarding the Nevada State Board of Pharmacy; unsafe or

unprofessional conduct; disreputable conduct; violation of a patient's trust and exploitation of physician/patient relationship for financial or personal gain; and fraudulent, illegal, unauthorized, or otherwise inappropriate prescribing of controlled substances.

The parties stipulated to the admission of exhibits 1-6, 10, and 11.

The IC's first witness was Ernesto Diaz, the Chief of Investigations for the IC who testified to having reviewed text messages between Respondent and the Patient dated February 2021 through June 2021.

The IC next called Darla Zarley, the administrator of the Prescription Monitoring Program, who testified that a prescribing physician is required to run a PMP report each time a controlled substance is prescribed and every 90 days thereafter. October 24, 2024 transcript, p. 29. Ms. Zarley also testified to Exhibits 4 and 5, which demonstrated that Respondent ran two PMP reports in relation to the Patient on March 18, 2022 as reflected in Exhibit 4 despite having prescribed controlled substances to her on several other occasions (Exhibit 5). T 27-29.

The IC then called Jayleen Chen, M.D., a psychiatrist who testified to her credentials and who further testified to the impropriety of having a romantic relationship with a patient. T 32-37. Dr. Chen expressed concern regarding medications being prescribed with no premise therefore being documented, high dosages, and failure to run PMP reports, as well as concern about Respondent's romantic relationship with the patient and incomplete records that were, at times, hard to follow and included inapplicable diagnosis and cutting and pasting. T 38-48.

Respondent testified that he was already dating the Patient when he began to treat her and admitted it was wrong for him to do so, indicating that the Patient then began to threaten and extort him, including threatening to report him to the Nevada States Board of Medical Examiners, and that he had been negatively financially impacted as a result of his relationship and the Patient's demands upon him. T 53-57.

Count I

This is a count for malpractice, a violation of NRS 630.301(4) and is based upon Respondent having treated the Patient while having a personal relationship with her; prescribing controlled substances without running corresponding PMP reports; and failing to justify in his

medical records a prescription for Ambien and a prescription for Adderall, which was overprescribed. These allegations have been substantiated and Respondent should be held accountable.

Count II

This count is premised upon failure to maintain accurate and complete medical records, a violation of NRS 630.3062(1)(a). Dr. Chen's testimony was that the records kept were insufficient and her testimony was not disputed. Respondent should be held accountable for such.

Count III

Count III is for violation of statutes and regulations of the Nevada State Pharmacy Board, a violation of NRS 630.306(1)(b)(3), and is premised upon Respondent's failure to run PMP reports, which was established and for which Respondent should be held accountable.

Count IV

This count is for unsafe or unprofessional conduct, a violation of NRS 630.306(1)(p), and is based upon the overprescribing of Adderall and engaging in a personal relationship with the Patient and/or prescribing her controlled substances. This conduct was established and unrefuted. Respondent should be held accountable accordingly.

Count V

Disreputable conduct as set forth in NRS 630.301(9) is conduct that brings the medical profession into disrepute, including, without limitation, conduct that violates any provision of a code of ethics adopted by the Board by regulation based on a national code of ethics. Having a sexual relationship with a patient is patently unethical and is a violation of the same statute, subsection (5), "engaging by a practitioner in any sexual activity with a patient who is currently being treated by the practitioner." While not charged under section 5, which is exactly on point, it remains that the same conduct brings the medical profession into disrepute and is a violation for which Respondent should be held accountable.

Count VI

Count VI is for violation of patient trust and exploitation of the physician and patient relationship for financial or personal gain, a violation of NRS 630.301(7). Respondent's position

was that he was the victim of exploitation at the hands of the Patient in that the Patient utilized their relationship to exploit Respondent for financial gain; however, it cannot be overlooked that it was Respondent that put himself into that position for personal gain – that being the benefits of an ongoing personal/sexual relationship. Regardless of the fact that Respondent may have already been dating the Patient when he started treating her, her reliance upon him for medications and/or treatment that then becomes tied to an ongoing sexual relationship is exploitive, cannot be condoned, and was unequivocally a breach of trust regardless of any unfavorable actions the Patient may have responded with.

Count VII

The final count is for the fraudulent, illegal, unauthorized or otherwise inappropriate prescribing of controlled substances, a violation of NRS 630.3062(1)(h). Prescribing controlled substances to a patient without whom Respondent was personally involved was inappropriate and Respondent should be held accountable accordingly.

Matter 5

Matter 5 was dismissed by and through an Order for Dismissal With Prejudice, filed on October 29, 2024, and signed by Brett W. Frey, M.D., Chair of the IC.

BASED UPON THE FOREGOING, in summary, it is recommended that Respondent be held accountable for the following:

Matter 1: Counts I-LXVI;
Counts LXVII-LXXIX;
Counts LXXX-CXXXVI;
Counts CXCVIII-CCIV; and
Counts CCV-CCXI

Matter 2: One count of Counts I-V for prescribing benzodiazepines to Patient A while she was prescribed opioids;
Two counts of Counts VI-X for the medical records related to Patients A and B;

Two counts of Counts XI-XVI for failing to run PMP reports as to Patients A and B;

Matter 3: All Counts

Matter 4: Counts II, IV, V, and VI;

Matter 5: Dismissed

RESPECTFULLY SUBMITTED this 19th day of May 2025.

Patricia Halstead, Esq.,
Hearing Officer
615 S. Arlington Ave.
Reno, NV 89509
(775) 322-2244
phalstead@halsteadlawoffices.com

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 19th day of May, 2025, I served a file-stamped copy of the foregoing **FINDINGS AND RECOMMENDATIONS,** via USPS Certified Mail, postage pre-paid, to the following parties:

MATTHEW OBIM OKEKE, M.D.
c/o Liborius Agwara
LAW OFFICES of LIBO AGWARA, LTD
2785 E. Desert Inn Rd., Ste 270
Las Vegas, NV, 89121

Tracking N 9489 0178 9820 3037 2108 67

With courtesy copy by email to:

Liborius Agwara, Esq., at libolaw@yahoo.com

DATED this 19th day of May, 2025.

Valerie Jenkins

VALERIE JENKINS
Legal Assistant
Nevada State Board of Medical Examiners

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 30th day of June, 2025, I personally served a true and correct copy of the foregoing **REQUEST FOR JUDICIAL NOTICE** by placing a copy in the United States Mail, postage prepaid, addressed to the following:

Matthew Okeke c/o Liborius Agwara, Esq.
2785 E. Desert Inn Road, Suite 270
Las Vegas, NV 89121

And by sending a copy via email to: libolaw@yahoo.com

Darlene Nases

DARLENE NASES
BOARD COORDINATOR/
CUSTODIAN OR RECORDS

FILED
JUN 18 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW OKEKE, M.D.,** **Certificate of Registration No. CS10935,** **Respondent.**	**Case No. 25-241-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (the "Board") has jurisdiction over Respondent Matthew Okeke, M.D. ("Respondent"), because Respondent holds certificate of registration no. CS10935 issued by the Board pursuant to NRS 453.231.

FACTUAL ALLEGATIONS

2. Respondent was a physician formerly licensed by the Nevada State Board of Medical Examiners (the "NSBME") to practice medicine in Nevada.

3. Based upon numerous findings of professional misconduct, the NSBME revoked Respondent's license to practice medicine. The NSBME's decision is memorialized in its Findings of Fact, Conclusions of Law, and Order dated June 13, 2025 (the "Order").

4. The NSBME found, among other things, that Respondent routinely and inappropriately prescribed controlled substances for a patient with whom he was having a sexual relationship. The nature and details of that misconduct are more particularly described in the NSBME's complaint in case no. 24-22461-3.

5. In addition to its findings in case no. 24-22461-3, the NSBME issued findings in case nos. 24-22461-1, 24-22461-2 and 24-22461-4. Those findings overlap with and resolve the Board's allegations in case no. 19-013-CS-S.

APPLICABLE LAW

6. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration issued by the Board. NRS 453.226(1)(a); NRS 453.231(3).

7. The Board may revoke or suspend the registration of any practitioner who has violated, attempted to violate, assisted, or abetted in the violation of, or conspired to violate any of the provisions of NRS chapter 639 or any state or federal law or regulation relating to drugs, the manufacture or distribution of drugs, or the practice of pharmacy. NRS 639.210(12); NRS 453.231(1)(b); NRS 453.236(1)(e).

8. The Board may revoke or suspend the registration of any practitioner who demonstrates an inability to maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, research or industrial channels. NRS 639.210(4); NRS 453.231(1)(a); NRS 453.236(1)(e).

COUNT ONE
Violations of State Law Relating to Drugs

9. As detailed in the Order, Respondent violated numerous state laws relating to drugs and/or the distribution of drugs.

10. Based upon the Order, the Board may revoke Respondent's certificate of registration and impose such other discipline as is authorized by law. NRS 639.210(12); NRS 453.231(1)(b); NRS 453.236(1)(e).

COUNT TWO
Failure to Maintain Effective Controls Against Diversion

11. As detailed in the Order, Respondent repeatedly demonstrated an inability to maintain effective controls against diversion of controlled substances into other than legitimate medical, scientific, research or industrial channels.

12. Based upon the Order, the Board may revoke Respondent's certificate of registration and impose such other discipline as is authorized by law. NRS 639.210(4); NRS 453.231(1)(a); NRS 453.236(1)(e).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to Respondent's certificate of registration to prescribe controlled substances.

DATED this 18th day of June 2025.

Yenh Long, Pharm.D.,
Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph.,
Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW OKEKE, M.D.,** **Certificate of Registration No. CS10935,** **Respondent.**	**Case No. 25-241-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 18th day of June 2025.

Yenh Long, Pharm.D.,
Deputy Executive Secretary of the Nevada State Board of Pharmacy,
for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MATTHEW OKEKE, MD,** **Certificate of Registration No. CS10935,** **Respondent.**	**Case No. 25-241-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the First Amended Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the First Amended Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2025.

_____
MATTHEW OKEKE, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18th day of June 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Matthew Okeke, MD
[redacted]
Las Vegas, NV [redacted]

Matthew Okeke, MD
c/o Liborius Agwara. Esq.
2785 E. Desert Inn Road, Suite 270
Las Vegas, NV 89121

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

5P

FILED
FEB - 3 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALL-CARE PHARMACY, LLC, an Arizona Limited-Liability Company Doing Business as AVRIO PHARMACY, Permit No. PH03822,** **Respondent.**	**CASE NO. 20-198-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (the "Board") has jurisdiction over Respondent All-Care Pharmacy, LLC ("Respondent"), because the Board has issued a permit to Respondent authorizing Respondent to dispense dangerous drugs and controlled substances to patients located in Nevada.

FACTUAL ALLEGATIONS

2. Respondent is an Arizona limited-liability company with a principal address of 9015 E. Pima Center Parkway #3, Scottsdale, Arizona 85258.

3. Respondent is engaged in business in Nevada under the name "Avrio Pharmacy."

4. The Board has authorized Respondent to conduct business in Nevada as an out-of-state pharmacy. Respondent holds permit no. PH03822, originally issued by the Board on December 11, 2017.

5. Raef Hamaed ("Hamaed") is the owner, manager, member and/or president of Respondent.

6. Hamaed is licensed by the Arizona State Board of Pharmacy to practice pharmacy in Arizona.

7. Although Hamaed is not registered to practice pharmacy in Nevada, he identifies himself as the company's Pharmacist-in-Charge and Owner in his dealings with the Board.

8. Respondent dispenses dangerous drugs and controlled substances to patients located in Nevada.

9. On information and belief, Hamaed has substantial control over Respondent's dispensing and drug distribution activities in Nevada.

10. On information and belief, Hamaed performs the role of Respondent's "managing pharmacist" as that term is defined at NRS 639.0087.

11. On September 5, 2024, following a multi-week trial, a jury found Hamaed guilty of one count of conspiracy to commit health care fraud and wire fraud in violation of 18 U.S.C. § 1349.

12. Hamaed was tried and convicted of the above offense in the United States District for the Eastern District of Michigan, U.S. District Court Case No. 20-cr-20162.

13. According to the federal indictment in the case noted above, Hamaed participated in a conspiracy to bill Medicaid, Medicare, and Blue Cross Blue Shield of Michigan for prescription medications that were never dispensed to patients.

14. According to the federal indictment in the case noted above, Hamaed held an ownership interest in each of the six pharmacies in Michigan and Ohio through which fraudulent prescriptions were billed.

15. On December 19, 2024, the Honorable Linda V. Parker, U.S. District Judge, denied Hamaed's motions for a judgment of acquittal and/or for a new trial. Hamaed is currently awaiting sentencing on his conviction for conspiracy to commit health care fraud and wire fraud. Hamaed faces a potential term of imprisonment of 10 years.

APPLICABLE LAW

16. Every pharmacy located outside of Nevada that dispenses prescriptions to patients located in Nevada must be licensed by the Board. NRS 639.2328(1). Such a pharmacy must identify

for the Board the owner of the pharmacy and the name of the registered pharmacist who is the managing pharmacist. NRS 639.2328(2)(d).

17. The Board may revoke or suspend the license or permit of any pharmacy or pharmacist who been "convicted of a violation of any law or regulation of the Federal Government or of this or any other state related to controlled substances, dangerous drugs, drug samples, or the wholesale or retail distribution of drugs." NRS 639.210(6).

18. The Board may revoke or suspend the license or permit of any pharmacy or pharmacist who been convicted of a "crime involving moral turpitude, dishonesty or corruption." NRS 639.210(7)(c).

19. The Board may revoke or suspend the license or permit of any pharmacy or pharmacist who is "guilty of unprofessional conduct or conduct contrary to the public interest." NRS 639.210(4). Conduct is deemed unprofessional and contrary to the public interest when the pharmacy or pharmacist performs or is in any way a party to any fraudulent or deceitful practice or transaction. NAC 639.945(1)(h).

20. "Any violation of any of the provisions of [chapter 639 of NRS] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." NRS 639.230(5).

21. "The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ." NAC 639.945(3).

COUNT ONE

Conviction of a Crime Related to the Retail Distribution of Drugs

22. As noted above, on September 5, 2024, a jury found Hamaed guilty of one count of conspiracy to commit health care fraud and wire fraud in violation of 18 U.S.C. § 1349. *See also* 18 U.S.C. § 1347. This was a conviction related to the retail distribution of drugs.

23. Respondent is legally responsible for Hamaed's criminal misconduct, as described above, because Hamaed is Respondent's managing pharmacist and/or an employee with responsibilities related to Respondent's drug distribution and dispensing activities in Nevada.

24. By virtue of Hamaed's criminal misconduct as described above, Respondent is subject to discipline in Nevada pursuant to NRS 639.210(6), NRS 639.230(5) and NAC 639.945(3).

COUNT TWO
Conviction of a Crime Involving Dishonesty

25. As noted above, on September 5, 2024, a jury found Hamaed guilty of one count of conspiracy to commit health care fraud and wire fraud in violation of 18 U.S.C. § 1349. *See also* 18 U.S.C. § 1347. This was a conviction for a crime involving dishonesty.

26. Respondent is legally responsible for Hamaed's criminal misconduct, as described above, because Hamaed is Respondent's managing pharmacist and/or an employee with responsibilities related to Respondent's drug distribution and dispensing activities in Nevada.

27. By virtue of Hamaed's criminal misconduct as described above, Respondent is subject to discipline in Nevada pursuant to NRS 639.210(7)(c), NRS 639.230(5) and NAC 639.945(3).

COUNT THREE
Being a Party to Fraudulent or Deceitful Transactions

28. As noted above, on September 5, 2024, a jury found Hamaed guilty of one count of conspiracy to commit health care fraud and wire fraud in violation of 18 U.S.C. § 1349. *See also* 18 U.S.C. § 1347. As evidenced by this conviction, Hamaed was a party to fraudulent or deceitful transactions.

29. Respondent is legally responsible for Hamaed's criminal misconduct, as described above, because Hamaed is Respondent's managing pharmacist and/or an employee with responsibilities related to Respondent's drug distribution and dispensing activities in Nevada.

30. By virtue of Hamaed's misconduct as described above, Respondent is subject to discipline in Nevada pursuant to NRS 639.210(4), NRS 639.230(5), NAC 639.945(1)(h) and NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the permit of Respondent All-Care Pharmacy, LLC, dba Avrio Pharmacy.

DATED this 3rd day of February 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AVRIO PHARMACY** **License No. PH03822,** **Respondent.**	**Case No. 20-198-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file-stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AVRIO PHARMACY** **License No. PH03822,** **Respondent.**	**Case No. 20-198-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR AVRIO PHARMACY

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of February 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

AVRIO PHARMACY
9015 E Pima Center Pkwy. #3
Scottsdale, AZ 85258

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

5Q

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PULMONARY SOLUTIONS, LLC,** **License No. MP02951,** **Respondent.**	**CASE NO. 22-357-MP-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Pulmonary Solutions, LLC (Respondent), because Respondent holds a license issued by the Board pursuant to NRS 639.233 and NAC 639.6942.

2. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve retail sales and/or consumer leases of medical devices, equipment, and gases.

FACTUAL ALLEGATIONS

3. Respondent is currently licensed by the Board to sell medical products from its business location at 7660 West Sahara Avenue in Las Vegas, Nevada. Respondent was previously licensed to sell medical products from a second Nevada business location at 50 Freeport Boulevard #24 in Sparks, Nevada.

4. As a licensed medical products provider, Respondent is authorized to sell and/or lease respiratory equipment and related supplies to Nevada consumers.

5. In March 2024, Respondent closed its business location at 50 Freeport Boulevard #24 in Sparks, Nevada. Respondent continues to conduct business from its location on Sahara Avenue in Las Vegas, Nevada.

6. The allegations below concern the operation of Respondent's business location in Sparks, Nevada. Until March 2024, Respondent operated the Sparks location under license no. MP02951. Respondent operates the Las Vegas location under license no. MP00687. Respondent did not renew its license for the Sparks location.

7. In August 2020, Respondent entered into a contract with patient J.E., an 88-year-old male who was suffering from chronic obstructive pulmonary disease (COPD). As directed by J.E.'s physician, Respondent supplied J.E. with a home oxygen concentrator for nocturnal use, a portable oxygen concentrator for daytime use, and associated oxygen supplies. Medicare reimbursed Respondent for the cost of the equipment and supplies.

8. Under Medicare rules, J.E. was obligated to contract with Respondent for a 5-year term of duration. Pursuant to the terms of the contract, Medicare had no obligation to pay for equipment or supplies acquired by J.E. from any source other than Respondent.

9. In 2022, as discussed in greater detail below, Respondent was largely unresponsive to J.E.'s requests for service, maintenance, and oxygen supplies. This unresponsive behavior forced J.E. to acquire oxygen supplies from Amazon at his own expense.

10. In November and December 2021, J.E.'s respiratory distress became more severe. J.E.'s physician issued an order dated December 17, 2021, directing Respondent to service J.E.'s home oxygen concentrator, to supply J.E. with an oximeter, and to provide him with a small volume nebulizer and related supplies.

11. Although Respondent received the physician's order as described above, Respondent did not service or otherwise address the problems with J.E.'s home oxygen concentrator until May 9, 2022. On that date, Respondent replaced the existing oxygen concentrator with an entirely new unit. Respondent did not document the reasons why the existing unit had failed.

12. Between December 2021 and April 2022, Respondent billed Medicare for a home oxygen concentrator and a battery that it had reportedly delivered to J.E. pursuant to his physician's

order. Respondent had not actually delivered these items to J.E. despite representing to Medicare that it had delivered the items.

13. Between December 2021 and May 9, 2022, J.E.'s various caregivers reportedly telephoned Respondent on more than 100 occasions to request service to J.E.'s home oxygen concentrator and/or to request the prescribed oximeter, the nebulizer, a battery for the portable oxygen concentrator, and much needed oxygen supplies such as masks and tubing. According to the caregivers, Respondent's employees typically complained that they were overworked, understaffed, and/or generally unable to promptly address J.E.'s medical needs.

14. Respondent did not document any of the telephone calls described above, nor did it document Respondent's responses, if any, to the calls.

15. In April 2022, Respondent dispatched a technician to examine J.E.'s home oxygen concentrator. The technician removed a piece from the home oxygen concentrator and left J.E.'s home without repairing or otherwise improving the operation or function of the home oxygen concentrator. Respondent did not make a record of this visit by the technician.

16. As noted above, on May 9, 2022, Respondent replaced J.E.'s home oxygen concentrator with an entirely new unit. Respondent's administrator has represented that Respondent's standard operating procedure is to replace rather than repair an inoperable or poorly functioning oxygen concentrator.

17. On May 10, 2022, J.E.'s caregiver telephoned Respondent to explain that J.E.'s new home oxygen concentrator was missing a part. Sometime thereafter, a technician arrived at J.E.'s home to examine the unit. According to the caregiver, the technician removed a second part from the unit and left with it. The technician never returned to repair and/or reassemble the unit. Respondent did not document the visit by the technician or the reasons why the technician had partially dissembled the unit.

18. In July and August 2022, J.E.'s caregivers telephoned Respondent on three or more occasions to inform Respondent that J.E.'s home oxygen concentrator was missing a part or parts. On

August 16, 2022, after receiving several telephone calls from J.E.'s caregivers, Respondent repaired J.E.'s home oxygen concentrator.

19. On or about November 1, 2022, Board Investigator Monica Segedy transmitted to Respondent a demand for records concerning the events described above. The demand included a request for "[a]ny and all notes documenting visits and/or communication with [J.E.] and or his caretaker." The records produced by Respondent in response to the demand letter contain very few entries documenting visits and communications with J.E. after December 2020. Respondent produced no record of ever having delivered an oximeter or a small volume nebulizer to J.E. or his caregivers as ordered by J.E.'s physician.

20. J.E. passed away on January 19, 2023.

APPLICABLE LAW

21. Any person who engages in business as a medical products provider must obtain a license from the Board. NRS 639.233; NAC 639.6942. "Medical products provider" means a person licensed pursuant to NAC 639.693 to 639.6958, inclusive, to sell, lease or otherwise provide medical products to a consumer in Nevada.

22. "Medical products" includes medical devices, equipment, supplies and gases intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease. NAC 639.6935.

23. "Respiratory equipment" means a medical product intended to assist a consumer in the act of breathing or intended to introduce a product or drug, other than a medical gas, into the lungs of a consumer. NAC 639.6938.

24. A medical products provider may be disciplined for violating, attempting to violate, assisting or abetting in the violation of federal or state statutes and regulations governing the sale, service, or maintenance of medical products. NRS 639.210(12); NRS 639.255.

25. A medical products provider may be disciplined for unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

26. Unprofessional conduct includes performing one's duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

27. Unprofessional conduct includes submitting any claim for payment or reimbursement to any person or entity for products or services that is fraudulent, deceitful, unnecessary, or for any products or services not actually provided to a consumer. NAC 639.6941(1)(f).

28. It is unprofessional conduct for a medical products provider to perform or allow any employee or agent of the medical products provider to perform services beyond the training, competency, ability or knowledge of the employee or agent. NAC 639.6941(1)(e).

29. The owner of a medical products provider is responsible for the acts of his or her business administrator and employees. NAC 639.6941(2).

30. A medical products provider must provide services for all medical products sold, leased or otherwise provided by the medical products provider, including, without limitation, set up, repair and maintenance. NAC 639.6946(1)(a).

31. A medical products provider must employ an administrator and other employees sufficient to provide set up, repair and maintenance services. NAC 639.6946(1)(b).

32. A medical products provider must communicate with its customer and/or the customer's physician when made aware of issues or problems concerning the maintenance, efficacy, or functionality of the medical products sold or leased to the customer. NAC 639.6951(2); NAC 639.6952(1)-(2). Further, the medical products provider must make a written record of all such communications. NAC 639.6951(3); NAC 639.6952(3).

33. A medical products provider that sells, leases or otherwise provides respiratory equipment must service the equipment at appropriate intervals, and keep corresponding service records, to ensure that the equipment is functional and otherwise meets the medical needs of the customer. NAC 639.6954(1)(d)-(e).

34. A medical products provider must provide an emergency supply of oxygen, supplies and equipment to maintain therapy while the primary supply of oxygen and related equipment is inoperable or unusable. NAC 639.6954(4).

35. In addition to or in lieu of revoking or suspending a person's license due to an act or omission described above, the Board may impose an administrative fine upon the person. The fine may not exceed $10,000 for each offense. NRS 639.255(1)(f) and (3).

COUNT ONE
Failure to Service Respiratory Equipment

36. Between December 17, 2021, and May 9, 2022, Respondent was repeatedly informed and knew that J.E.'s home oxygen concentrator required service.

37. Respondent had a legal duty to service J.E.'s home oxygen concentrator within a reasonable period of time after first being informed on or about December 17, 2021, that J.E.'s home oxygen concentrator required service. NAC 639.6946(1)(a).

38. Respondent failed to service J.E.'s home oxygen concentrator within a reasonable period of time after first being informed on or about December 17, 2021, that J.E.'s home oxygen concentrator required service.

39. Respondent failed to employ an administrator and/or other employees sufficient to service J.E.'s home oxygen concentrator within a reasonable period of time after first being informed on or about December 17, 2021, that J.E.'s home oxygen concentrator required service.

40. By failing to service J.E.'s home oxygen concentrator within a reasonable period of time, Respondent violated NAC 639.6946(1)(a).

41. By failing to employ an administrator and/or other employees sufficient to service J.E.'s home oxygen concentrator within a reasonable period of time, Respondent violated NAC 639.6946(1)(b).

42. By failing to service J.E.'s home oxygen concentrator within a reasonable period of time, and/or by failing to employ an administrator and/or other employees sufficient to service J.E.'s

home oxygen concentrator within a reasonable period of time, Respondent performed its duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

43. Respondent is subject to professional discipline for any one or more of the acts of misconduct described above. NRS 639.210(4) and (12); NRS 639.255; NAC 639.6941(2); NAC 639.945(1)(i).

COUNT TWO
Failure to Repair Respiratory Equipment

44. On May 9, 2022, Respondent replaced J.E.'s home oxygen concentrator with an entirely new unit.

45. On or about May 10, 2022, J.E.'s caregiver telephoned Respondent to explain that J.E.'s new home oxygen concentrator was missing a part.

46. In July and August 2022, J.E.'s caregivers telephoned Respondent on three or more occasions to inform Respondent that J.E.'s home oxygen concentrator was missing a part or parts.

47. Despite receiving the several telephone calls noted above, Respondent did not repair J.E.'s home oxygen concentrator until August 16, 2022.

48. Respondent failed to repair J.E.'s home oxygen concentrator within a reasonable period of time after first being informed on or about May 10, 2022, that J.E.'s home oxygen concentrator was missing a part.

49. Respondent failed to employ an administrator and/or other employees sufficient to repair J.E.'s home oxygen concentrator within a reasonable period of time after first being informed on or about May 10, 2022, that J.E.'s home oxygen concentrator was missing a part.

50. By failing to repair J.E.'s home oxygen concentrator within a reasonable period of time, Respondent violated NAC 639.6946(1)(a).

51. By failing to employ an administrator and/or other employees sufficient to repair J.E.'s home oxygen concentrator within a reasonable period of time, Respondent violated NAC 639.6946(1)(b).

52. By failing to repair J.E.'s home oxygen concentrator within a reasonable period of time, and/or by failing to employ an administrator and/or other employees sufficient to repair J.E.'s home oxygen concentrator within a reasonable period of time, Respondent performed its duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

53. Respondent is subject to professional discipline for any one or more of the acts of misconduct described above. NRS 639.210(4) and (12); NRS 639.255; NAC 639.6941(2); NAC 639.945(1)(i).

COUNT THREE

Failure to Communicate with a Customer Concerning Ongoing Medical Needs

54. Between December 17, 2021, and May 9, 2022, Respondent was repeatedly informed and knew that J.E.'s home oxygen concentrator required service, that he required an oximeter and nebulizer, that he required a battery for his portable oxygen concentrator, and that he required oxygen supplies such as masks and tubing.

55. Between December 17, 2021, and May 9, 2022, despite having been repeatedly informed of J.E.s immediate medical needs as described above, Respondent failed to communicate with J.E. and/or J.E.s caregivers regarding those medical needs.

56. By failing to communicate with J.E. regarding his medical needs, Respondent violated NAC 639.6951(2) and NAC 639.6952(1)-(2).

57. By failing to communicate with J.E. regarding his immediate medical needs, Respondent performed its duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

58. Respondent is subject to professional discipline for any one or more of the acts of misconduct described above. NRS 639.210(4) and (12); NRS 639.255; NAC 639.6941(2); NAC 639.945(1)(i).

COUNT FOUR
Failure to Make a Record of Communications with a Customer

59. Between December 17, 2021, and May 9, 2022, J.E.'s caregivers repeatedly telephoned Respondent to inform Respondent that J.E.'s home oxygen concentrator required service, that he required an oximeter and nebulizer, that he required a battery for his portable oxygen concentrator, and that he required oxygen supplies such as masks and tubing. Respondent failed to make a written record of these telephone calls.

60. By failing to make a written record of telephone calls concerning J.E.'s immediate medical needs, Respondent violated NAC 639.6951(3) and NAC 639.6952(3).

61. By failing to make a written record of telephone calls concerning J.E.'s immediate medical needs, Respondent performed its duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

62. Respondent is subject to professional discipline for any one or more of the acts of misconduct described above. NRS 639.210(4) and (12); NRS 639.255; NAC 639.6941(2); NAC 639.945(1)(i).

COUNT FIVE
Failure to Supply Emergency Oxygen and Related Supplies

63. Between December 17, 2021, and May 9, 2022, Respondent was repeatedly informed and knew that J.E.'s home oxygen concentrator required service, that he required an oximeter and nebulizer, that he required a battery for his portable oxygen concentrator, and that he required oxygen supplies such as masks and tubing. J.E.'s caregivers regularly explained that he was in urgent need of ongoing oxygen therapy.

64. Between December 17, 2021, and May 9, 2022, despite having been repeatedly informed of J.E.s urgent medical needs, Respondent failed to provide J.E. with an emergency supply of oxygen, supplies and equipment to maintain therapy while the primary supply of oxygen and related equipment was inoperable or unusable.

65. By failing to provide J.E. with an emergency supply of oxygen, supplies and equipment to maintain therapy pending repair or replacement of J.E.'s home oxygen concentrator, Respondent violated NAC 639.6954(4).

66. By failing to provide J.E. with an emergency supply of oxygen, supplies and equipment to maintain therapy pending repair or replacement of J.E.'s home oxygen concentrator, Respondent performed its duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

67. Respondent is subject to professional discipline for any one or more of the acts of misconduct described above. NRS 639.210(4) and (12); NRS 639.255; NAC 639.6941(2); NAC 639.945(1)(i).

COUNT SIX

Failure to Service Respiratory Equipment at Appropriate Intervals

68. On or about December 17, 2021, J.E.'s physician directed Respondent to service J.E.'s home oxygen concentrator. Respondent did not properly service or otherwise address the problems with J.E.'s home oxygen concentrator until May 9, 2022.

69. On information and belief, Respondent failed to service J.E.'s home oxygen concentrator at the intervals recommended by the manufacturer.

70. By failing to service J.E.'s home oxygen concentrator at recommended intervals, Respondent violated NAC 639.6954(1)(d).

71. By failing to service J.E.'s home oxygen concentrator at recommended intervals, Respondent performed its duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

72. Respondent is subject to professional discipline for any one or more of the acts of misconduct described above. NRS 639.210(4) and (12); NRS 639.255; NAC 639.6941(2); NAC 639.945(1)(i).

COUNT SEVEN
Failure to Make a Record of Service Call

73. In April 2022, Respondent dispatched a technician to examine J.E.'s home oxygen concentrator. The technician removed a piece from the home oxygen concentrator and left J.E.'s home without repairing or otherwise improving the operation or function of the home oxygen concentrator. Respondent did not make a record of this visit by the technician.

74. By failing to make a written record of the service call by the technician as described above, Respondent violated NAC 639.6954(1)(e).

75. By failing to make a written record of the service call by the technician as described above, Respondent performed its duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

76. Respondent is subject to professional discipline for any one or more of the acts of misconduct described above. NRS 639.210(4) and (12); NRS 639.255; NAC 639.6941(2); NAC 639.945(1)(i).

COUNT EIGHT
Failure to Employ or Engage Competent Service Technicians

77. In April 2022, Respondent dispatched a technician to examine J.E.'s home oxygen concentrator. The technician removed a piece from the home oxygen concentrator and left J.E.'s home without repairing or otherwise improving the operation or function of the home oxygen concentrator.

78. In May 2022, Respondent once again dispatched a technician to examine J.E.'s home oxygen concentrator. The technician removed a piece from the home oxygen concentrator and left J.E.'s home without repairing or otherwise improving the operation or function of the home oxygen concentrator.

79. The technician never communicated with J.E. or his caregivers regarding an anticipated repair or replacement date.

80. As evidenced by the events described above, Respondent allowed an employee or agent to perform services beyond the training, competency, ability or knowledge of the employee or agent.

Pursuant to NAC 639.6941(1)(e), this amounts to unprofessional conduct for which Respondent may be disciplined.

COUNT NINE
Improper Billing Practices

81. Between December 2021 and April 2022, Respondent billed Medicare for a home oxygen concentrator and a battery that it had reportedly delivered to J.E. pursuant to his physician's order. Respondent had not actually delivered these items to J.E. despite representing to Medicare that it had delivered the items.

82. By billing Medicare in the manner described above, Respondent submitted a claim for payment or reimbursement for products and services not actually provided to a consumer. Pursuant to NAC 639.6941(1)(f), this amounts to unprofessional conduct for which Respondent may be disciplined.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license of Respondent Pulmonary Solutions, LLC.

DATED this 14th day of November 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PULMONARY SOLUTIONS, LLC,** **License No. MP02951,** **Respondent.**	**Case No. 22-357-MP-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, April 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place Reno-Tahoe Airport
1790 E Plumb Ln.
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov **and** zunino@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file-stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 1st day of NOVEMBER 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PULMONARY SOLUTIONS, LLC,** **License No. MP02951,** **Respondent.**	**Case No. 22-357-MP-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2024.

_____

AUTHORIZED REPRESENTATIVE FOR PULMONARY SOLUTIONS, LLC

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of Nov. 2024, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Pulmonary Solutions, LLC
50 Freeport Blvd., #24
Sparks, NV 89431

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PULMONARY SOLUTIONS, LLC,** **License No. MP00687,** **Respondent.**	**Case No. 22-357-MP-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through the Board's Senior General Counsel, Gregory L. Zunino, and Pulmonary Solutions, LLC ("Respondent"), License No. MP00687, by and through its attorney, Lyn Beggs, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. Respondent acknowledges that after having consulted with counsel, Respondent understands the terms of this Stipulation and Proposed Order ("Stipulation"), and Respondent has executed it knowingly and voluntarily.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded to Respondent under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, and NRS Chapter 639, the Nevada Pharmacy Act.

5. Conditioned on the acceptance of this Stipulation by the Board and excluding the right to challenge any determination that Respondent has failed to comply with the provisions of this

Stipulation, Respondent hereby freely and voluntarily waives the rights to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

6. Respondent does not contest the allegations stated in Counts One through Eight of the Accusation on file herein, and Respondent further admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the alleged violations, to wit:

A. Between August 2020 and March 2024, Respondent engaged in business as a medical products provider under License No. MP02951, issued by the Board for a registered location at 50 Freeport Boulevard #24 in Sparks, Nevada.

B. Respondent failed to service and/or repair respiratory equipment furnished to patient J.E.

C. Respondent failed to adequately communicate with patient J.E.'s caregivers regarding J.E.'s ongoing medical needs and/or failed to properly document any such communications.

D. Respondent failed to supply emergency oxygen equipment and supplies as required by patient J.E.

E. Respondent failed to document a service call to patient J.E.'s home.

F. Respondent failed to employ service technicians competent to maintain and/or repair the respiratory equipment that it furnished to patient J.E.

7. Upon approval of this Stipulation, Count Nine of the Accusation shall be dismissed. As to Counts One through Eight of the Accusation, the Board and Respondent agree to the imposition of the following penalties:

A. Respondent accepts this Stipulation as a public reprimand issued pursuant to NRS 639.255.

B. Respondent acknowledges that Respondent's License No. MP02951 was forfeited pursuant to NRS 639.180(6).

C. Respondent shall pay an aggregate fine of Eight Thousand and 00/100 Dollars ($8,000.00). This sum shall be payable by *cashier's check, certified check* or *money order* written to the "**State of Nevada, Office of the Treasurer.**" Respondent shall

remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before October 31, 2025.

D. Respondent shall pay the sum of One Thousand and 00/100 Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check* or *money order* written to the "**Nevada State Board of Pharmacy.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before October 31, 2025.

8. The parties agree that Respondent's License No. MP00687 remains in full force and effect without probationary terms, conditions, or restrictions.

9. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 22-357-MP-N. Any failure by Respondent to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Senior General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 16, 2025, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or its attorney fails to appear for the meeting.

11. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

12. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full

contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

AGREED:

Signed this ____ day of June 2025.

PULMONARY SOLUTIONS, LLC

By:_____
Name:_____
Title:_____

Signed this 25th day of June 2025.

NEVADA STATE BOARD OF PHARMACY

By_____
GREGORY L. ZUNINO
Senior General Counsel

Approved as to form and content:

_____
Lyn Beggs, Esq.
Attorney for Respondent Pulmonary Solutions, LLC.

DECISION AND ORDER

As to Respondent Pulmonary Solutions, LLC, License No. MP00687, in Case No. 22-357-MP-N, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in this matter and orders that its terms be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 16th day of July 2025.

_____
Helen Park, President
Nevada State Board of Pharmacy

contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

AGREED:

Signed this 26th day of June 2025.

PULMONARY SOLUTIONS, LLC

By: _____
Name: Michael McClendon
Title: President

Signed this 25th day of June 2025.

NEVADA STATE BOARD OF PHARMACY

By _____
GREGORY L. ZUNINO
Senior General Counsel

Approved as to form and content:

_____
Lyn Beggs, Esq.
Attorney for Respondent Pulmonary Solutions, LLC.

DECISION AND ORDER

As to Respondent Pulmonary Solutions, LLC, License No. MP00687, in Case No. 22-357-MP-N, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in this matter and orders that its terms be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this 16th day of July 2025.

_____
Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARY ANN SOUTHARD, PT,** **Certificate of Registration No. PT17066,** **Respondent.**	**Case No. 22-464-PT-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Mary Ann Southard ("Respondent") because, at the time of the violations alleged below, Respondent held a certificate of registration issued by the Board authorizing her to work as a pharmaceutical technician.

FACTUAL ALLEGATIONS

2. In 2020, Respondent renewed her registration authorizing her to work as a pharmaceutical technician. On her renewal application, Respondent disclosed that she had been charged with but not convicted of two felony offenses.

3. In July 2022, Respondent was convicted of the two felony offenses referenced above.

4. The above convictions were for offenses involving dishonesty.

5. When Respondent renewed her registration in October 2022, she falsely stated on her renewal application that she had not been convicted of any felony or misdemeanor offenses since her last renewal.

6. Respondent did not renew her certificate of registration when it came due for renewal on October 31, 2024.

APPLICABLE LAW

7. The Board may revoke or suspend the registration of a registrant who has engaged in unprofessional conduct. NRS 639.210(4).

8. The Board may revoke or suspend the registration of a registrant who has been convicted of a crime involving dishonesty. NRS 639.210(7).

9. The Board may revoke or suspend the registration of a registrant who has willfully made to the Board or its authorized representative any false statement which is material to the administration or enforcement of any of the provisions of NRS chapter 639. NRS 639.210(9).

10. "Unprofessional conduct" includes performing or in any way being a party to any fraudulent or deceitful practice or transaction. NAC 639.945(1)(h).

COUNT ONE
Unprofessional Conduct—Deceitful Practices or Transactions

11. In October 2022, as alleged above, Respondent falsely stated on her renewal application that she had not been convicted of any felony or misdemeanor offenses since her last renewal.

12. As alleged above, Respondent's conduct was deceitful and therefore unprofessional.

13. For her unprofessional conduct, Respondent may be disciplined by the Board pursuant to NRS 639.210(4) and NAC 639.945(1)(h).

COUNT TWO
Conviction of a Crime Involving Dishonesty

14. In July 2022, as alleged above, Respondent was convicted of two felony offenses involving dishonesty.

15. For her criminal misconduct as alleged above, Respondent may be disciplined by the Board pursuant to NRS 639.210(7).

COUNT THREE
Willfully Making False Statements

16. In October 2022, as alleged above, Respondent falsely stated on her renewal application that she had not been convicted of any felony or misdemeanor offenses since her last renewal.

17. On information and belief, Respondent willfully made the above false statement to conceal her felony convictions from the Board.

18. Respondent's false statement was material to the Board's decision whether to renew Respondent's certificate of registration for the 2022-2024 biennium.

19. For making the above false statement on her renewal application, Respondent may be disciplined by the Board pursuant to NRS 639.210(9).

WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to Respondent's Certificate of Registration No. PT17066.

DATED this 5th day of JUNE 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARY ANN SOUTHARD, PT,** **Certificate of Registration No. PT17066,** **Respondent.**	**Case No. 22-464-PT-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 5th day of June 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARY ANN SOUTHARD, PT,** **Certificate of Registration No. PT17066,** **Respondent.**	**Case No. 22-464-PT-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Mary Ann Southard, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of June 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Mary Ann Southard
[redacted]
Henderson, NV [redacted]

Mary Ann Southard
[redacted]
Henderson, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
JUN 2 3 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MARY ANN SOUTHARD, PT,
Certificate of Registration No. PT17066,

Respondent.

Case No. 22-464-PT-S

DECLARATION OF JESSETTE PHAYNARIKONE

I, Jessette Phaynarikone, hereby state the following:

1. I am an employee of the Nevada State Board of Pharmacy ("Board"). Pursuant to NRS 53.045, I have made this declaration at the request of Gregory L. Zunino, Senior General Counsel, for his use in the above-entitled administrative action.

2. I am responsible for filing and mailing pleadings and other correspondence related to disciplinary matters pending before the Board. I am knowledgeable about the Board's business processes and information systems as they pertain to filing, mailing, document management, and records retention.

3. I have examined Exhibits 1 through 3 attached hereto, and I make this declaration for the purpose of authenticating Exhibits 1 through 3, each of which is identified and discussed below.

4. On June 10, 2025, I served upon Respondent the Statement to the Respondent and Notice of Hearing on file herein, a true and correct copy of which is attached hereto as **Exhibit 1** ("Notice of Hearing"). I served the Notice of Hearing upon Respondent by mailing true and correct copies via both Certified U.S. Mail and Standard U.S. Mail, with postage prepaid, addressed to Respondent at her two last-know addresses on file with the Board.

5. According to the Board's records, Respondent's most current address is [redacted], Henderson, Nevada [redacted] and [redacted] Henderson, NV [redacted] When I mailed the Notice of Hearing to Respondent at this address, I made and retained a photocopy

of the mailing label and associated USPS tracking number. A true and correct copy of the mailing label and associated tracking number is attached hereto as **Exhibit 2.**

6. The U.S. Postal Service ("USPS") has confirmed, via its official tracking web site, that the envelope bearing tracking number 9489017898203039973494 was delivered on June 18, 2025, to an individual at [redacted] Henderson, Nevada [redacted] and envelope bearing tracking number 9489017898203039973487 was delivered on June 23, 2025, to an individual at [redacted] Henderson, NV [redacted] A true and correct copy of the USPS confirmation of delivery is attached hereto as **Exhibit 3**.

I, Jessette Phaynarikone, hereby declare under penalty of perjury that the foregoing is true and correct.

Executed this 23ed day of June 2025.

Jessette Phaynarikone
Administrative Assistant, Board Coordinator I
Nevada State Board of Pharmacy

Exhibit 1

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of June 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Mary Ann Southard
[redacted]
Henderson, NV [redacted]

Mary Ann Southard
[redacted]
Henderson, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

Exhibit 2

FILED
JUN 05 2025
NEVADA STATE BOARD OF PHARMACY

MAILED
6·10·25
certified: $8.44
standard: $2.04

Mary Ann Southard
[redacted]
Henderson, NV [redacted]
22-464-PT-S. NIAA

9489 0178 9820 3039 9734 87

MAILED
6·10·25
certified: $8.44
standard: $2.04

Mary Ann Southard
[redacted]
Henderson, NV [redacted]
22-464-PT-S. NIAA

9489 0178 9820 3039 9734 94

Exhibit 3

USPS Tracking®

FAQs >

Remove ×

Tracking Number:

9489017898203039973487

Copy Add to Informed Delivery (https://informeddelivery.usps.com/)

Latest Update

Your item was picked up at the post office at 9:41 am on June 23, 2025 in HENDERSON, NV 89012.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, Individual Picked Up at Post Office
HENDERSON, NV 89012
June 23, 2025, 9:41 am

Reminder to Schedule Redelivery of your item
June 21, 2025

Notice Left (No Authorized Recipient Available)
HENDERSON, NV 89014
June 16, 2025, 11:20 am

In Transit to Next Facility
June 15, 2025

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
June 14, 2025, 12:19 pm

Arrived at USPS Regional Facility
SACRAMENTO CA DISTRIBUTION CENTER

Feedback

June 12, 2025, 8:28 am

Pre-Shipment, USPS Awaiting Item
June 11, 2025

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Remove ✕

Tracking Number:

9489017898203039973494

Copy **Add to Informed Delivery (https://informeddelivery.usps.com/)**

Latest Update

Your item was delivered to an individual at the address at 11:06 am on June 18, 2025 in HENDERSON, NV 89012.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, Left with Individual
HENDERSON, NV 89012
June 18, 2025, 11:06 am

Notice Left (No Authorized Recipient Available)
HENDERSON, NV 89012

June 16, 2025, 4:19 pm

In Transit to Next Facility
June 15, 2025

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
June 14, 2025, 12:19 pm

Arrived at USPS Regional Facility
SACRAMENTO CA DISTRIBUTION CENTER
June 12, 2025, 8:27 am

Pre-Shipment, USPS Awaiting Item
June 11, 2025

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

See More

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARY ANN SOUTHARD, PT,** **Certificate of Registration No. PT17066,** **Respondent.**	**Case Nos. 22-464-PT-S** **MEMORANDUM OF COSTS AND FEES**

Pursuant to NRS 622.400, the undersigned hereby submits the following itemized bill of costs and reasonable attorney's fees incurred by the Nevada State Board of Pharmacy in connection with the investigation and prosecution of the above-entitled administrative action.

Investigation Time (Investigator Kenneth Scheuber)

Date(s)	Description	Hours	Rate	Amount
2023	See attached	8.0	$50.00	$400.00
Subtotal (Investigation):				$400.00

Attorney Time (Gregory Zunino)

Date(s)	Description	Hours	Rate	Amount
4/4/25	Review File, Draft Accusation	3.5	$60.00	$210.00
6/23/25	Assemble Exhibits for Hearing	1.0	$60.00	$60.00
10/16/2024	Hearing (Estimated)	.5	$60.00	$30.00
Subtotal (Attorney Time)				$300.00

Administrative Costs

Date(s)	Description	Hours	Rate	Amount
6/10/25	Jessette Phaynarikone sent Accusation via certified/regular mail.	0.5	$25.00	$12.50

6/24/25	Jessette Phaynarikone sent Notice of Hearing via certified/regular mail.	0.25	$25.00	$6.25
Subtotal (Administrative Costs)				$18.75
Mailing and Postage Costs:				$38.66
Total Costs and Fees:				**$757.41**

I, Gregory L. Zunino, affirm, to the best of my knowledge and belief, that the foregoing is a true and correct statement of costs and reasonable attorney's fees incurred by the Board in the above-entitled action.

DATED this 24th day of June 2025.

Senior General Counsel
Nevada State Board of Pharmacy

INVESTIGATION HOURS

CASE NUMBER 22-464-S

STAFF NAME Kenneth Schenberk

DATE	ACTIVITY	TOTAL HRS
06.28.23	DATE CASE RECEIVED AND REVIEWED, FILES CREATED.	.75
	INVESTIGATIVE REPORT OPENED.	
06.29.23	CONTACT INFORMATION PRINTED	.25
07.14.23	ADDITIONAL CONTACT INFO PRINTED.	.25
07.18.23	INTERVIEWED PT SOUTHARD.	1.50
07.19.23	STATEMENT RECEIVED FROM M. SOUTHARD.	.50
07.20.23	UPDATED STATEMENT RECEIVED FROM M. SOUTHARD	1.00
07.21.23	TYPED THE CASE COMPLETE. READY FOR THE LAS VEGAS REVIEW	3.50
08.02.23	CASE REVIEWED IN LAS VEGAS. RECOMMEND ACCUSATIONS	.25
	AGAINST MARY SOUTHARD.	
	TOTAL TIME	8.00

Staff Signature _____ Date 08.02.23

5S

FILED
JUN - 5 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MIGUEL VARGAS-LAGUNAS, M.D.,** **Certificate of Registration No. CS15547,** **Respondent.**	**Case No. 22-490-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Miguel Vargas-Lagunas, M.D., ("Respondent"), because Respondent holds a certificate of registration issued by the Board authorizing him to prescribe controlled substances in Nevada.

2. The Board has jurisdiction over the subject matter of this accusation because it alleges violations involving the receipt, storage, possession, and/or dispensing of dangerous drugs. As used herein, "dangerous drug" has the meaning ascribed to it in NRS 454.201.

FACTUAL ALLEGATIONS

3. Respondent is a physician licensed by the Nevada State Board of Medical Examiners to practice medicine in Nevada.

4. Respondent holds certificate of registration no. CS15547, which was issued by the Board pursuant to NRS 453.226 and 453.231.

5. At all times alleged herein, Respondent was a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

6. In 2022 and 2023, Respondent served as the medical director for Imagen Med Spa ("Imagen"), located at 2605 South Decatur Boulevard, Suite 218, in Las Vegas, Nevada.

7. In 2022 and 2023, Imagen was owned and managed by Liliana Ramos.

8. Liliana Ramos was not a "practitioner" as that term is defined at NRS 453.126, NRS 454.00958, and NRS 639.0125.

9. As the medical director for Imagen, Respondent had a duty to familiarize himself with Imagen's patient records and medical practices.

10. As the medical director for Imagen, Respondent had a duty to understand Nevada law as it governs the receipt, possession, storage, and distribution of dangerous drugs, and to advise Ms. Ramos accordingly.

11. In 2022 and 2023, Imagen provided various cosmetic and wellness treatments to its customers. These included cosmetic treatments using botulinum toxin type A and dermal fillers, and wellness treatments using injectable vitamins.

12. In 2022 and 2023, Imagen stored and possessed botulinum toxin type A, dermal fillers, and injectable vitamins, all dangerous drugs

13. In 2022 and 2023, Imagen did not lock or otherwise secure the above dangerous drugs.

14. Aside from Respondent, Imagen did not employ any practitioners in 2022 and 2023.

15. In 2022 and 2023, Respondent was only occasionally present at Imagen's facility at 2605 South Decatur Boulevard, Suite 218, in Las Vegas, Nevada.

16. In 2022 and 2023, in Respondent's absence, Liliana Ramos received, stored, possessed and/or administered dangerous drugs at Imagen's facility at 2605 South Decatur Boulevard, Suite 218, in Las Vegas, Nevada.

17. Based upon his knowledge of Imagen's records and medical practices, Respondent knew or should have known that Liliana Ramos received, stored, possessed and/or administered dangerous drugs outside of Respondent's presence.

18. As Imagen's medical director, Respondent had a duty to lock or otherwise secure the dangerous drugs in Imagen's possession and to take reasonable steps to prevent Liliana Ramos and other non-practitioners from receiving, storing, possessing, and/or administering those dangerous drugs in Respondent's absence.

APPLICABLE LAW

19. The Board may revoke or suspend the registration of any practitioner who has violated, attempted to violate, assisted, or abetted in the violation of, or conspired to violate any of the provisions of NRS chapters 453, 454, 639, or any state or federal law or regulation relating to drugs, the manufacture or distribution of drugs, or the practice of pharmacy. NRS 639.210(12); NRS 453.236.

20. Additionally, the Board may revoke or suspend the registration of any practitioner who is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4); NRS 453.236.

21. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner performs his or her duties as the holder of a certificate issued by the Board in an incompetent, unskillful, or negligent manner, or if the practitioner assists or abets a person not licensed to practice pharmacy in Nevada. NAC 639.945(1)(i) and (j).

22. "'Practice of pharmacy" includes, but is not limited to, the . . . [p]erformance or supervision of activities associated with manufacturing, compounding, labeling, dispensing and distributing of a drug, including the receipt, handling and storage of prescriptions and other confidential information relating to patients." NRS 639.0124(1)(a).

23. It is unlawful to possess, store, or administer dangerous drugs, including botulinum toxin type A and injectable dermal fillers, except as authorized by NRS 454.213.

24. It is unlawful to inject botulinum toxin type A in a patient or customer "at a location other than a medical facility, as defined in NRS 449.0151, or the office of a physician or physician assistant licensed [pursuant to applicable statutes]." NRS 454.217.

25. A practitioner is subject to discipline if the practitioner causes or allows a dangerous drug to be dispensed in a manner not authorized by NRS 454.215, NRS 454.217, and NRS 454.301. *See* NRS 639.100; NRS 639.210(12).

26. The term "dispense" includes the prescribing by a practitioner, administering, packaging, labeling, or compounding necessary to prepare a substance for delivery to a patient. NRS 639.0065; NRS 453.056.

COUNT ONE
Assisting or Abetting the Unlicensed Practice of Pharmacy

27. As alleged above, Respondent served as the medical director for Imagen.

28. During Respondent tenure as Imagen's medical director, Liliana Ramos received, possessed, stored and/or administered dangerous outside of Respondent's presence. This amounted to the unlicensed "practice of pharmacy" as that term is defined at NRS 639.0124(1)(a).

29. As the medical director for Imagen, Respondent had a duty to lock or otherwise secure the dangerous drugs in Imagen's possession and to take reasonable steps to prevent Liliana Ramos and other non-practitioners from receiving, storing, possessing, and/or administering dangerous drugs in Respondent's absence.

30. Respondent failed to perform the above duty.

31. Given Respondent's failure to perform the above duty, Respondent assisted or abetted the unlicensed practice of pharmacy.

32. Given Respondent's failure to perform the above duty, Respondent performed said duty in an incompetent, unskillful, or negligent manner.

33. Respondent's acts and/or omissions as alleged above amount to conduct contrary to the public interest for which the Board may impose administrative discipline. NRS 639.210(4); NRS 453.236; NAC 639.945(1)(i) and (j).

COUNT TWO
Assisting or Abetting Violations of NRS 454.215, NRS 454.217, and NRS 454.301

34. As alleged above, Respondent served as the medical director for Imagen in 2022 and 2023.

35. In 2022 and 2023, Imagen was owned and managed by Liliana Ramos.

36. In 2022 and 2023, as alleged above, Respondent was only occasionally present at Imagen's facility at 2605 South Decatur Boulevard, Suite 218, in Las Vegas, Nevada.

37. Aside from Respondent, Imagen did not employ any practitioners in 2022 and 2023.

38. Given the above facts and circumstances, Imagen was not a medical facility, as defined in NRS 449.0151, or the office of a physician or physician assistant.

39. In Respondent's absence, Liliana Ramos, or other non-practitioners acting at Ms. Ramos' direction injected Imagen's customers with botulinum toxin type A, dermal fillers and/or vitamins.

40. As the medical director for Imagen, Respondent had a duty to take reasonable steps to prevent Liliana Ramos or others from administering dangerous drugs in Respondent's absence.

41. As the medical director for Imagen, Respondent had a duty to take reasonable steps to prevent Liliana Ramos and others from injecting Imagen's customers with botulinum toxin type A, dermal fillers and/or vitamins.

42. As the medical director for Imagen, Respondent had a duty to take reasonable steps to prevent Liliana Ramos and others from administering dangerous drugs without a prescription or order issued by a practitioner.

43. Having failed to perform the above duties, Respondent assisted or abetted one or more violations of NRS 454.215, NRS 454.217 and NRS 454.301.

44. Having failed to perform the above duties, Respondent performed his duties in an incompetent, unskillful, or negligent manner.

45. Having failed to perform the above duties, Respondent engaged in unprofessional conduct and/or conduct contrary to the public interest; Respondent is therefore subject to administrative discipline. NRS 639.210(4); NRS 453.236; NAC 639.945(1)(n).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Miguel Vargas-Lagunas.

DATED this 5th day of JUNE 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MIGUEL VARGAS-LAGUNAS, M.D.,** **Certificate of Registration No. CS15547,** **Respondent.**	**Case No. 22-490-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **zunino@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 5th day of JUNE 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MIGUEL VARGAS-LAGUNAS, M.D., Certificate of Registration No. CS15547,** **Respondent.**	**Case No. 22-490-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

MIGUEL VARGAS-LAGUNAS, M.D.,

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of June 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Miguel Vargas-Lagunas
[redacted]
Las Vegas, NV [redacted]

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

5T

FILED
FEB - 3 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PARTELL SPECIALTY PHARMACY, Pharmacy License No. PH02028,** **v.** **ROBERT SEIK, RPH, Certificate of Registration No. 13574, and** **DAVID WHITEHOUSE, RPH, Certificate of Registration No. 13635,** **Respondents.**	**Case Nos. 23-429-PH-S** **23-429-RPH-A-S** **23-429-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the events alleged herein, Respondent Robert Seik (Seik), Certificate of Registration No. 13574, and Respondent David Whitehouse (Whitehouse), Certificate of Registration No. 13635, were pharmacists registered with the Board, and Respondent Partell Pharmacy (Partell Pharmacy), Pharmacy License No. PH02028, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Seik owns Partell Pharmacy and served as the managing pharmacist of Partell Pharmacy from August 21, 2023, to September 19, 2023, and from January 6, 2024, to present.

3. Whitehouse served as the managing pharmacist of Partell Pharmacy from September 20, 2023, to January 5, 2024.

4. Partell Pharmacy contracted with The Wellness Company (TWC), based in Boca Raton, Florida, to dispense various prescription drug products to TWC patients.

5. One product was an "Emergency Kit" including: 1) Amoxicillin-Clavulanate 875-125mg (28 tablets); 2) Azithromycin 250mg (12 tablets); 3) Bactrim DS 800mg-160mg (28 tablets); 4) Doxycycline Hyclate 100mg (60 capsules); 5) Fluconazole 150mg (2 tablets); 6) Ivermectin 18mg (7 capsules); 7) Metronidazole 500mg (30 tablets); and 8) Ondansetron 4mg (6 tablets).

6. Another product was a "COVID Kit" including: 1) Hydroxychloroquine 200mg (20 tablets); 2) Azithromycin 250mg (12 tablets); 3) Budesonide .5mg (10 vials); and 4) Ivermectin 12mg (25 capsules).

7. Each prescription transmitted to Partell Pharmacy only indicated that the pharmacy was to dispense an "Emergency Kit" or "COVID Kit" to the patient – the drugs in each kit were not identified on the prescription.

8. When a practitioner associated with TWC prescribed either of the two kits, Partell Pharmacy staff used a mutually agreed upon "pharmacy script" template that specified the drugs to be included in each kit.

9. Partell Pharmacy dispensed at least 512 prescriptions issued for an "Emergency Kit" or "COVID Kit" under this scheme.

10. Partell Pharmacy regularly substituted Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without consulting the prescribing practitioner, and continued billing TWC for the cost of Budesonide while substituting cheaper medications.

11. None of the counseling materials for each kit included any information on Medrol DosePaks or Albuterol. No further action was taken by Partell Pharmacy, Seik or Whitehouse to correct the counseling materials or provide any information regarding the substituted medications.

APPLICABLE LAW

12. A prescription must contain in pertinent part "[t]he name, strength and quantity of the drug prescribed and the number of days that the drug is to be used, beginning on the day on which the prescription is filled." NRS 639.2353(2)(d). A prescription must be written in such a manner that any registered pharmacist would be able to dispense it. NRS 639.2353(4).

13. Billing for the cost of a prescription drug while substituting cheaper medications constitutes fraud and is a felony offense. 18 U.S.C. § 1347; NRS 629.071; NRS 686A.2815.

14. A pharmacist shall provide medication counseling to a patient when dispensing a prescription and a pharmacy shall maintain documentation of medication counseling in conformance with NRS 639.266, NAC 639.707 and NAC 639.708.

15. Dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug prescribed, unless the express permission of the prescriber is obtained, constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(b) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

16. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

17. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

18. The Board may suspend or revoke a license if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

19. The Board may suspend or revoke a license if the holder has violated any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

20. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. NRS 639.210(15); NRS 639.220(1).

21. Any violation of any of the provisions of NRS Chapter 639 or NAC Chapter 639 by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5). Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employment. NAC 639.945(3).

COUNT ONE
Violations of State Law – Dispensing Invalid Prescriptions

22. By dispensing at least 512 invalid prescriptions issued for an "Emergency Kit" or "COVID Kit" for which the drugs in each kit were not identified on the prescription, as alleged herein, Respondents Partell Pharmacy, Seik and Whitehouse violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.2353(2)(d) and (4), and are subject to discipline pursuant to NRS 639.210(12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

COUNT TWO
Unprofessional Conduct - Dispensing a Different Drug Without Permission

23. By substituting Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without the knowledge or consent of the prescribing practitioner, as alleged in Paragraph 9 herein, Respondents Partell Pharmacy, Seik and Whitehouse engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(b), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

COUNT THREE
Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

24. By substituting Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without the knowledge or consent of the prescribing practitioner, as alleged in Paragraph 10 herein, Respondents Partell Pharmacy, Seik and Whitehouse were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

COUNT FOUR
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

25. By their conduct as alleged herein, Respondents Partell Pharmacy, Seik and Whitehouse have performed their duties as licensees/registrants in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

COUNT FIVE
Violations of State Law – Failure to Provide Counseling to Patient for Substituted Medications

26. By failing to correct the counseling materials for each kit to include the necessary information on Medrol DosePaks or Albuterol or to otherwise provide any counseling regarding the substituted medications, as alleged in Paragraph 11 herein, Respondents Partell Pharmacy, Seik and Whitehouse violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.266, NAC 639.707 and/or NAC 639.708, and are subject to discipline pursuant to NRS 639.210(12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

COUNT SIX
Violations of State Law – Fraudulent Billing Practices

27. By billing TWC for the cost of Budesonide while substituting cheaper medications, as alleged in Paragraph 10 herein, Respondents Partell Pharmacy, Seik and Whitehouse engaged in fraudulent billing practices and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 18 U.S.C. § 1347, NRS 629.071 and/or NRS 686A.2815, and are subject to discipline pursuant to NRS 639.210(11), (12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration and licenses of these Respondents.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID WHITEHOUSE, RPH,** **Certificate of Registration No. 13635,** **Respondent.**	**Case No. 23-429-RPH-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID WHITEHOUSE, RPH,** **Certificate of Registration No. 13635,** **Respondent.**	**Case No. 23-429-RPH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

DAVID WHITEHOUSE, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of February 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Partell Specialty Pharmacy
5835 S Eastern Ave #101
Las Vegas, NV 89119

Robert Seik
5835 S Eastern Ave #101
Las Vegas, NV 89119

Robert Seik
[redacted]
Las Vegas, NV [redacted]

David Whitehouse
5835 S Eastern Ave #101
Las Vegas, NV 89119

David Whitehouse
[redacted]
Lakeport, CA [redacted]

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

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FILED
JUN 09 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KWASHA FELTON, PTT,** **Certificate of Registration No. PT26333,** **Respondent.**	**Case No. 22-204-PTT-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Kwasha Felton, PTT ("Respondent") held a registration issued by the Board, Certificate of Registration No. PT26333.

FACTUAL ALLEGATIONS

2. At all times relevant to this accusation, Respondent was employed as a pharmaceutical technician in training at Walgreens Pharmacy #5862, located at 401 N. Arroyo Grande Boulevard, Henderson, NV 89014.

3. On or around March 23, 2022, Respondent signed an Agreement to Repay admitting that she stole approximately $320 from the cash register from Walgreens Pharmacy #5862.

4. Following Respondent's admission of the theft, Walgreens Pharmacy #5862 terminated her employment.

5. On or around June 29, 2022, Walgreens Pharmacy #5862 reported Respondent's termination to the Board in relation to a diversion investigation.

6. Respondent did not renew her pharmaceutical technician in training license in October 2022.

APPLICABLE LAW

7. The Board may revoke or suspend the registration of a registrant who has engaged in unprofessional conduct. NRS 639.210(4). "Unprofessional conduct" includes performing or in any way being a party to any fraudulent or deceitful practice or transaction. NAC 639.945(1)(h).

COUNT ONE
Unprofessional (Deceitful) Conduct

8. On or around March 23, 2022, as alleged above, Respondent took cash from the register of Walgreens Pharmacy #5862, without her employer's knowledge or consent and in a manner that was intended to avoid detection.

9. For her unprofessional conduct as alleged above, Respondent may be disciplined by the Board pursuant to NRS 639.210(4) and NAC 639.945(1)(h).

WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to Respondent's Certificate of Registration No. PT26333.

Signed this 9th day of June 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KWASHA FELTON, PTT,** **Certificate of Registration No. PT26333,** **Respondent.**	**Case No. 22-204-PTT-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 9th day of JUNE 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KWASHA FELTON, PTT,** **Certificate of Registration No. PT26333,** **Respondent.**	**Case No. 22-204-PTT-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Kwasha Felton, PTT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of June 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Walgreens Pharmacy #5862
c/o Kwasha Felton, PTT
401 N Arroyo Grande Blvd
Henderson, NV 89014

Kwasha Felton, PTT
[redacted]
North Las Vegas, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

KWASHA FELTON, PTT,
Certificate of Registration No. PT26333,

Respondent.

Case No. 22-204-PTT-S

DECLARATION
OF JESSETTE PHAYNARIKONE

I, Jessette Phaynarikone, hereby state the following:

1. I am an employee of the Nevada State Board of Pharmacy ("Board"). Pursuant to NRS 53.045, I have made this declaration at the request of Laura M. Tucker, General Counsel, for her use in the above-entitled administrative action.

2. I am responsible for filing and mailing pleadings and other correspondence related to disciplinary matters pending before the Board. I am knowledgeable about the Board's business processes and information systems as they pertain to filing, mailing, document management, and records retention.

3. I have examined Exhibits 1 through 3 attached hereto, and I make this declaration for the purpose of authenticating Exhibits 1 through 3, each of which is identified and discussed below.

4. On June 11, 2025, I served upon Respondent the Statement to the Respondent and Notice of Hearing on file herein, a true and correct copy of which is attached hereto as **Exhibit 1** ("Notice of Hearing"). I served the Notice of Hearing upon Respondent by mailing true and correct copies via both Certified U.S. Mail and Standard U.S. Mail, with postage prepaid, addressed to Respondent at her two last-known addresses on file with the Board.

5. According to the Board's records, Respondent's most current home address is [redacted], North Las Vegas, NV [redacted]. When I mailed the Notice of Hearing to Respondent at this address, I made and retained a photocopy of the mailing label and associated USPS tracking

number. A true and correct copy of the mailing label and associated tracking number is attached hereto as **Exhibit 2.**

6. The U.S. Postal Service ("USPS") has confirmed, via its official tracking web site, that the envelope bearing tracking number 9489017898203039973470 was delivered on June 16, 2025, to an individual at [redacted] North Las Vegas, NV [redacted] A true and correct copy of the USPS confirmation of delivery is attached hereto as **Exhibit 3**.

I, Jessette Phaynarikone, hereby declare under penalty of perjury that the foregoing is true and correct.

Executed this 25th day of June 2025.

Jessette Phaynarikone
Administrative Assistant, Board Coordinator I
Nevada State Board of Pharmacy

Exhibit 1

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of June 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Walgreens Pharmacy #5862
c/o Kwasha Felton, PTT
401 N Arroyo Grande Blvd
Henderson, NV 89014

Kwasha Felton, PTT
[redacted]
North Las Vegas, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

Exhibit 2

FILED
JUN 09 2025
NEVADA STATE BOARD
OF PHARMACY

MAILED
6-10-25
certified: $8.44
standard: $1.77

Kwasha Felton, PTT
[redacted]
North Las Vegas, NV [redacted]
22-204-PTT-S NIAA

9489 0178 9820 3039 9734 70

MAILED
6-10-25
certified: $8.44
standard: $1.77

Walgreens Pharmacy #5862
c/o Kwasha Felton, PTT
401 N Arroyo Grande Blvd
Henderson, NV 89014
22-204-PTT-S NIAA

9489 0178 9820 3039 9734 63

Exhibit 3

USPS Tracking®

FAQs >

Remove ×

Tracking Number:

9489017898203039973470

Copy Add to Informed Delivery (https://informeddelivery.usps.com/)

Latest Update

Your item was delivered to an individual at the address at 11:45 am on June 16, 2025 in NORTH LAS VEGAS, NV 89084.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered
Delivered, Left with Individual
NORTH LAS VEGAS, NV 89084
June 16, 2025, 11:45 am

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
June 14, 2025, 12:19 pm

In Transit to Next Facility
June 13, 2025

Arrived at USPS Regional Facility
SACRAMENTO CA DISTRIBUTION CENTER
June 12, 2025, 8:27 am

Pre-Shipment, USPS Awaiting Item
June 11, 2025

Hide Tracking History

Feedback

3000

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Remove ×

Tracking Number:

9489017898203039973463

Copy **Add to Informed Delivery (https://informeddelivery.usps.com/)**

Latest Update

Your item was returned to the sender on June 16, 2025 at 6:02 pm in HENDERSON, NV 89014 because the addressee was not known at the delivery address noted on the package.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Alert
Addressee Unknown
HENDERSON, NV 89014
June 16, 2025, 6:02 pm

In Transit to Next Facility
June 15, 2025

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
June 14, 2025, 12:19 pm

Arrived at USPS Regional Facility
SACRAMENTO CA DISTRIBUTION CENTER

June 12, 2025, 8:27 am

Pre-Shipment, USPS Awaiting Item

June 11, 2025

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

See More

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KWASHA FELTON,** **Certificate of Registration No. PT26333,** **Respondent.**	**Case No. 22-204-PTT-S** **MEMORANDUM OF COSTS AND FEES**

Pursuant to NRS 622.400, the undersigned hereby submits the following itemized bill of costs and reasonable attorney's fees incurred by the Nevada State Board of Pharmacy in connection with the investigation and prosecution of the above-entitled administrative action.

Investigation Time (Investigator Dena McClish)

Date(s)	Description	Hours	Rate	Amount
06/2022-11/2022	See attached	4.00	$53.85	$215.40
Subtotal (Investigation):				$215.40

Attorney Time (Laura Tucker)

Date(s)	Description	Hours	Rate	Amount
03/12/25	Review Investigative File	1.00	$60.00	$60.00
03/12/25	Draft Accusation	1.5	$60.00	$90.00
6/25/25	Assemble Exhibits for Hearing	.5	$60.00	$30.00
7/16/25	Hearing (Estimated)	.5	$60.00	$30.00
Subtotal (Attorney Time)				$210.00

Administrative Costs

Date(s)	Description	Hours	Rate	Amount
06/11/25	Jessette Phaynarikone processed Accusation and mailed via certified/regular mail.	0.50	$25.00/hr	$12.50
06/24/25	Jessette Phaynarikone processed the Notice of Hearing and mailed via certified/regular mail.	0.25	$25.00/hr	$6.25

Subtotal (Administrative Costs): $18.75

Total Mailing Costs: $38.12

Subtotal (Administrative and Mailing Costs) $56.87

Total Costs and Fees: **$482.27**

I, Laura M. Tucker, affirm, to the best of my knowledge and belief, that the foregoing is a true and correct statement of costs and reasonable attorney's fees incurred by the Board in the above-entitled action.

DATED this 25th day of June 2025.

General Counsel
Nevada State Board of Pharmacy

Case No 22-204 **PT Kwasha Felton**
Investigator Dena McClish

Date	Duties	Hours
6/30/2022	initiation of case,review	0.5
7/13/2022	req info from walgreens	0.25
8/17/2022	follow up with walgreens	0.25
8/23/2022	got docs/info from walgreens, review	0.75
8/31/2022	ROI & internal discussion/emails re PTT licensing	0.75
10/17/2022	finalize ROI	0.5
10/20/2022	case review in south	0.25
11/10/2022	req & recv more info from walgreens, review & submit	0.75

Total hrs	**4.00**
Wage	**53.85**
Total Investigative Cost	**215.4**

Total billing

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **QUI THAI, MD,** **Certificate of Registration No. CS13843,** **Respondent.**	**Case No. 22-476-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Qui Thai, MD ("Respondent") held a registration issued by the Board, Certificate of Registration No. CS13843.

FACTUAL ALLEGATIONS

2. Respondent is licensed by the Nevada State Board of Medical Examiners to practice medicine. At the time of the violations alleged herein, Respondent was a "practitioner" as that term is defined at NRS 453.126(1) and 639.0125(1).

3. Since September 25, 2016, through present, Respondent has held a certificate of registration issued by the Board pursuant to NRS 453.226. This certificate of registration authorized Respondent to prescribe controlled substances. Respondent's current certificate of registration was renewed November 1, 2024, and is set to expire October 31, 2026.

4. On February 21, 2017, Respondent established an account with Nevada's Prescription Monitoring Program (PMP). The account provided Respondent with individual access

to the PMP database, a confidential source of information concerning all prescriptions written in Nevada for controlled substances.

5. According to the Board's records, between February 21, 2017, through the present, Respondent never accessed the PMP database to review his own prescribing activity. Also, according to the Board's records, between February 21, 2017, and November 15, 2022, Respondent never accessed the PMP database to evaluate the prescription histories of the patients for whom he prescribed controlled substances.

6. Between February 21, 2017, and March 20, 2025, Respondent wrote 14,051 prescriptions for controlled substances, including refills for 1,295 unique patients. Of those, between February 21, 2017, and November 15, 2022, Respondent wrote prescriptions for controlled substances for 1,075 unique patients.

APPLICABLE LAW

7. In Nevada, it is unlawful to dispense a controlled substance except as authorized by NRS Chapter 453. NRS 453.321(1)(a). "Dispense" is defined to include the act of prescribing a controlled substance. NRS 453.056.

8. Every practitioner who intends to prescribe controlled substances in Nevada must first apply for and obtain a certificate of registration from the Board. NRS 453.226(1); NRS 453.231(3). The practitioner must renew the certificate of registration on a biennial basis. *Id.* A practitioner who fails to register or renew may be subject to criminal and/or civil penalties for prescribing controlled substances without a certificate of registration. NRS 453.232; NRS 453.553; NRS 453.5531.

9. When a practitioner first obtains a certificate of registration to prescribe controlled substances, the practitioner must enroll in the PMP and complete a course of instruction concerning the use of the PMP database. NRS 453.164(5) & (6); NAC 453.065.

10. A practitioner shall, before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the

controlled substance, obtain a patient utilization report regarding the patient from the PMP. NRS 639.23507.

11. A practitioner registered with the Board to write prescriptions for controlled substances must access his or her prescriber activity in the PMP at least once every 6 months to review prescriptions issued by the practitioner and to verify for the Board that he or she continues to have access to the PMP. NRS 453.164(7).

12. The Board may revoke or suspend the registration of any practitioner who has violated any Nevada statute or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

13. The Board may revoke or suspend the existing registration of any practitioner who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4).

14. A practitioner's conduct is deemed unprofessional and/or contrary to the public interest if the practitioner performs his or her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

15. In addition to or in lieu of revoking or suspending a practitioner's certificate of registration due to any violation described herein, the Board may impose an administrative fine upon the practitioner. The fine may not exceed $10,000 for each offense. NRS 639.255(1)(f) and (3).

COUNT ONE

Noncompliance with Prescription Monitoring Program

16. As alleged above, between February 21, 2017, and November 15, 2022, Respondent failed to query the PMP database regarding his patients' histories of using controlled substances. The PMP database compiles a controlled substance utilization report for any practitioner who makes such a query. The controlled substance utilization report provides the

practitioner with evidence as to whether a patient is doctor-shopping and/or abusing controlled substances.

17. As alleged above, between February 21, 2017, through the present, Respondent failed to query the PMP database regarding his own prescriber activity. The PMP database compiles a report of prescribing activity for any practitioner who makes such a query. This allows the practitioner to evaluate whether anyone has fraudulently used the practitioner's credentials to prescribe controlled substances.

18. As alleged above, between February 21, 2017, and March 20, 2025, Respondent wrote 14,051 prescriptions for controlled substances, including refills, for 1,295 unique patients. Of those, between February 21, 2017, and November 15, 2022, Respondent wrote prescriptions for controlled substances for 1,075 unique patients.

19. By failing to query the PMP database to review his patients' utilization report prior to issuing a prescription for a controlled substance, and by failing to review his own prescriber activity on a semi-annual basis, Respondent violated NRS 453.164(7) and NRS 639.23507. These are violations of state law and acts that render Respondent's Nevada controlled substance registration inconsistent with the public interest. Therefore, the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 639.255(3), NRS 453.236(1)(d) and (e), and NRS 453.241(1).

COUNT TWO

Unprofessional Conduct by a Practitioner

20. As alleged above, between February 21, 2017, and November 15, 2022, Respondent failed to query the PMP database regarding his patients' histories of using controlled substances.

21. As alleged above, between February 21, 2017, through the present, Respondent failed to query the PMP database regarding his own prescriber activity.

22. As alleged above, between February 21, 2017, and March 20, 2025, Respondent wrote 14,051 prescriptions for controlled substances, including refills, for 1,295 unique patients.

23. As alleged above, between February 21, 2017, and November 15, 2022, Respondent wrote prescriptions for controlled substances for 1,075 unique patients.

24. By failing to query the PMP database to review his patients' utilization report prior to issuing a prescription for a controlled substance, and by failing to review his own prescriber activity on a semi-annual basis, Respondent performed his duties as the holder of a certificate issued by the Board in an incompetent, unskillful or negligent manner.

25. As alleged above, Respondent's conduct constitutes unprofessional conduct for which the Board may impose administrative discipline. NRS 639.210(4); NAC 639.945(1)(i).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Qui Thai.

DATED this 9th day of June 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **QUI THAI, MD,** **Certificate of Registration No. CS13843,** **Respondent.**	**Case No. 22-476-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 9th day of June 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **QUI THAI, MD,** **Certificate of Registration No. CS13843,** **Respondent.**	**Case No. 22-476-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

QUI THAI, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18th day of June 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Qui Thai, MD
[redacted]
Las Vegas, NV [redacted]

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

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FILED
JUN 09 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KAVEH KASHANI, DO,** **Certificate of Registration No. CS25528,** **Respondent.**	**Case No. 23-104-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Kaveh Kashani, DO ("Respondent") held a registration issued by the Board, Certificate of Registration No. CS25528.

FACTUAL ALLEGATIONS

2. Respondent is licensed by the Nevada State Board of Osteopathic Medicine ("Osteopathic Board') to practice family medicine. At the time of the violations alleged herein, Respondent was a "practitioner" as that term is defined at NRS 453.126(1) and 639.0125(1).

3. Since February 2, 2017 through present, Respondent has held a certificate of registration issued by the Board pursuant to NRS 453.226. This certificate of registration authorized Respondent to prescribe controlled substances. Since then, Respondent has renewed his certification with the Board biennially, and he holds current active certification.

4. On February 19, 2021, Respondent entered into a signed settlement agreement with the Osteopathic Board to resolve an administrative action it had brought against Respondent for

violating the terms and conditions of a previously agreed-upon consent decree. The Osteopathic Board finalized the settlement agreement through a signed order on March 9, 2021.

5. According to Board records, on September 1, 2022, Respondent renewed his certificate of registration with the Board for the licensing period of November 1, 2022 to October 31, 2024. The renewal period is the first time Respondent would have had to renew his registration since the resolution of his administrative action with the Osteopathic Board.

6. The renewal form requires applicants to answer a series of questions to complete the application, including a set of questions entitled "Legal Information." Question 3 reads: "Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state?" Respondent selected the answer "No" and failed to disclose his administrative action before the Osteopathic Board.

7. The renewal form requires applicants to certify that the statements made are true and correct and that it is a "violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation." Respondent signed and dated the application, acknowledging that his application was true and correct.

8. The Board's staff approved Respondent's certificate of registration authorizing Respondent to dispense controlled substances based upon his representations in the application.

9. On March 17, 2023, Respondent submitted his Dispensing Practitioner application for a new location with the Board. In his application, Respondent disclosed that he had been subject to a board citation or administrative action since his last renewal or licensure. At the time, the Board became aware of Respondent's settlement with the Osteopathic Board.

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APPLICABLE LAW

10. The Board may discipline the holder of any registration if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

11. Conduct contrary to the public interest includes "performing any duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

12. Every practitioner who intends to prescribe controlled substances in Nevada must first apply for and obtain a certificate of registration from the Board. NRS 453.226(1)(a); NRS 453.231(3). A practitioner who fails to register may be subject to criminal and/or civil penalties for prescribing controlled substances without a certificate of registration. *See* NRS 453.232; NRS 453.553; NRS 453.5531; NRS 639.100.

13. A certificate of registration to prescribe controlled substances expires on October 31 of each even-numbered year. NAC 453.210. The registration must be renewed on a form prescribed by the Board. NAC 453.220. The Board may deny a renewal application if it determines that registration would be inconsistent with the public interest. *See* NRS 453.231; NRS 453.241; NRS 639.241-.257.

14. The holder of any certificate, license, or permit issued by the Board must report to the Executive Secretary of the Board any "administrative action taken against the holder by any professional licensing board or any state or federal agency not later than 30 days after the final disposition of the administrative action and provide any documentation of the administrative action requested by the Executive Secretary." NAC 639.229.

15. The Board may revoke or suspend the registration of any practitioner who has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent. NRS 453.236(1)(a); NRS 639.210(9)-(10).

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COUNT ONE

Making False Statements on Renewal Applications

16. For certificate of registration no. CS25528, Respondent submitted a renewal application dated September 1, 2022. In that renewal application, Respondent falsely stated that he had not been the subject of a board citation or administrative action whether completed or pending.

17. As noted above, Respondent was the subject of an administrative action before the Osteopathic Board that resolved on March 9, 2021.

18. By falsely stating that he had not been the subject of a board citation or administrative action, Respondent submitted a renewal application to the Board that was false or fraudulent.

19. Respondent may be disciplined for the acts and/or omissions described above. NRS 453.236(1)(a); NRS 639.210(4), (9) and (10).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Kaveh Kashani.

DATED this 4th day of June 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KAVEH KASHANI, DO,** **Certificate of Registration No. CS25528,** **Respondent.**	**Case No. 23-104-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 9th day of June 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KAVEH KASHANI, DO,** **Certificate of Registration No. CS25528,** **Respondent.**	**Case No. 23-104-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Kaveh Kashani, DO

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of June 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Kaveh Kashani
[redacted]
Las Vegas, NV [redacted]

Dr. Kash Inc
c/o Kaveh Kashani
6040 Badura Ave., Suite 110
Las Vegas, NV 89118

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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FILED
JUN 0 9 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ROBERT H. INGHAM, MD,
Certificate of Registration No. CS04554,

Respondent.

Case No. 23-489-CS-S

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Robert H. Ingham, MD ("Respondent") held a registration issued by the Board, Certificate of Registration No. CS04554.

FACTUAL ALLEGATIONS

2. Respondent is licensed by the Nevada State Board of Medical Examiners to practice medicine. At the time of the violations alleged herein, Respondent was a "practitioner" as that term is defined at NRS 453.126(1) and 639.0125(1).

3. From November 12, 1998 until October 31, 2024, Respondent held a certificate of registration issued by the Board pursuant to NRS 453.226. This certificate of registration authorized Respondent to prescribe controlled substances. Respondent did not renew his registration after October 2024.

4. In March 2023, Respondent sold his practice, located at 2940 S. Jones Boulevard, Suite E in Las Vegas, Nevada to a company named WeKare, LLC. Respondent left the practice on or about March 20, 2023.

5. In December 2023, Respondent contacted the Board and stated that he believed someone was using his electronic credentials to authorize controlled substance prescriptions. He stated that after he left practice on March 20, 2023, he did not authorize any controlled substance prescriptions.

6. According to Board records, between March 20, 2023 and October 13, 2023, Respondent authorized 259 prescriptions for controlled substances. Respondent denied having authorized any of the prescriptions and claimed his credentials had been compromised.

7. Respondent admitted that, while he was practicing, he never electronically issued prescriptions for any patients, and that he always permitted his medical assistants to use his credentials to issue prescriptions for controlled substances. Respondent further admitted that he never set up a secondary authenticator for his credentials.

8. Respondent admitted that he never accessed the PMP database to review his own prescribing activity or evaluate the prescription records of his patients. According to the Board's records, Respondent never accessed the PMP database to review his own prescribing activity from the date he received access until October 24, 2023. Also according to the Board's records, Respondent accessed the PMP database only two times to evaluate the prescription histories of the patients for whom he prescribed controlled substances, on September 21, 2018 and October 23, 2019.

APPLICABLE LAW

9. In Nevada, it is unlawful to dispense a controlled substance except as authorized by NRS Chapter 453. NRS 453.321(1)(a). "Dispense" is defined to include the act of prescribing a controlled substance. NRS 453.056.

10. Every practitioner who intends to prescribe controlled substances in Nevada must first apply for and obtain a certificate of registration from the Board. NRS 453.226(1); NRS 453.231(3). The practitioner must renew the certificate of registration on a biennial basis. *Id.* A practitioner who fails to register or renew may be subject to criminal and/or civil penalties for

prescribing controlled substances without a certificate of registration. NRS 453.232; NRS 453.553; NRS 453.5531.

11. When a practitioner first obtains a certificate of registration to prescribe controlled substances, the practitioner must enroll in the PMP and complete a course of instruction concerning the use of the PMP database. NRS 453.164(5) & (6); NAC 453.065.

12. A practitioner shall, before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the PMP. NRS 639.23507.

13. A practitioner registered with the Board to write prescriptions for controlled substances must access his or her prescriber activity in the PMP at least once every 6 months to review prescriptions issued by the practitioner and to verify for the Board that he or she continues to have access to the PMP. NRS 453.164(7).

14. A practitioner must retain sole possession of the hard token, where applicable, and must not share the password or other knowledge factor, or biometric information, with any other person. The practitioner must not allow any other person to use the token or enter the knowledge factor or other identification means to sign prescriptions for controlled substances. 21 CFR § 1311.102 and NAC 639.7105(2)(b).

15. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1)(e) and NRS 639.210(4).

16. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

17. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

18. In addition to or in lieu of revoking or suspending a practitioner's certificate of registration due to any violation described herein, the Board may impose an administrative fine upon the practitioner. The fine may not exceed $10,000 for each offense. NRS 639.255(1)(f) and (3).

COUNT ONE

Unprofessional Conduct -Party to Fraudulent or Deceitful Practice or Transaction by Permitting Use of Credentials

19. As alleged above, by permitting medical assistants to use his credentials and act under his authority to fraudulently issue prescriptions for controlled substances, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(l)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT TWO

Unprofessional Conduct -Incompetent, Unskillful or Negligent Performance of Duties by Allowing Prescribing Credentials to be Compromised

20. As alleged above, to the extent Respondent's electronic prescribing credentials were compromised and resulted in the unlawful issuance of fraudulent controlled substance prescriptions by a third party, Respondent failed to comply with 21 CFR § 1311.102, NRS 453.164(7) and NAC 639.7105(2)(b), performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner, and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), committed acts that render his registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(4), (11) and (12).

COUNT THREE

Noncompliance with Prescription Monitoring Program

21. As alleged above, Respondent queried the PMP database regarding his patients' histories of using controlled substances only two times, on September 21, 2018 and October 23, 2019. The PMP database compiles a controlled substance utilization report for any practitioner who makes such a query. The controlled substance utilization report provides the practitioner with evidence as to whether a patient is doctor-shopping and/or abusing controlled substances.

22. As alleged above, Respondent failed to query the PMP database regarding his own prescriber activity until October 24, 2023, after he was no longer in practice. The PMP database compiles a report of prescribing activity for any practitioner who makes such a query. This allows the practitioner to evaluate whether anyone has fraudulently used the practitioner's credentials to prescribe controlled substances.

23. By failing to query the PMP database to review his patients' utilization report prior to issuing a prescription for a controlled substance, and by failing to review his own prescriber activity on a semi-annual basis, Respondent violated NRS 453.164(7) and NRS 639.23507. These are violations of state law and acts that render Respondent's Nevada controlled substance registration inconsistent with the public interest. Therefore, the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 639.255(3), NRS 453.236(1)(d) and (e), and NRS 453.241(1).

COUNT FOUR

Unprofessional Conduct by a Practitioner – Failure to Query PMP Database

24. As alleged above, Respondent queried the PMP database regarding his patients' histories of using controlled substances only two times, on September 21, 2018 and October 23, 2019.

25. As alleged above, Respondent failed to query the PMP database regarding his own prescriber activity until October 24, 2023, after he was no longer in practice.

26. By failing to query the PMP database to review his patients' utilization report prior to issuing a prescription for a controlled substance, and by failing to review his own prescriber

activity on a semi-annual basis, Respondent performed his duties as the holder of a certificate issued by the Board in an incompetent, unskillful or negligent manner.

27. As alleged above, Respondent's conduct constitutes unprofessional conduct for which the Board may impose administrative discipline. NRS 639.210(4); NAC 639.945(1)(i).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Robert Ingham.

DATED this 4th day of June 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT H. INGHAM, MD,** **Certificate of Registration No. CS04554,** **Respondent.**	**Case No. 23-489-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 9th day of JUNE 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT H. INGHAM, MD,** **Certificate of Registration No. CS04554,** **Respondent.**	**Case No. 23-489-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

ROBERT H. INGHAM, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of June 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Robert H. Ingham, MD
[redacted]
Las Vegas, NV [redacted]

Robert H. Ingham, MD
[redacted]
Henderson, NV [redacted]

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
JUL 0 1 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT H. INGHAM, MD,** **Certificate of Registration No. CS04554,** **Respondent.**	***Case No. 23-489-CS-S*** **DECLARATION OF ERIN MILLER**

I, Erin Miller, hereby state the following:

1. I am an employee of the Nevada State Board of Pharmacy ("Board"). Pursuant to NRS 53.045, I have made this declaration at the request of Laura M. Tucker, General Counsel, for her use in the above-entitled administrative action.

2. I am responsible for filing and mailing pleadings and other correspondence related to disciplinary matters pending before the Board. I am knowledgeable about the Board's business processes and information systems as they pertain to filing, mailing, document management, and records retention.

3. I have examined Exhibits 1 through 3 attached hereto, and I make this declaration for the purpose of authenticating Exhibits 1 through 3, each of which is identified and discussed below.

4. On June 11, 2025, I served upon Respondent the Statement to the Respondent and Notice of Hearing on file herein, a true and correct copy of which is attached hereto as **Exhibit 1** ("Notice of Hearing"). I served the Notice of Hearing upon Respondent by mailing true and correct copies via both Certified U.S. Mail and Standard U.S. Mail, with postage prepaid, addressed to Respondent at his two last-known addresses on file with the Board.

5. According to the Board's records, Respondent's most current practice address is 2764 N. Green Valley Pkwy, Ste. 405, Henderson, NV 89014. When I mailed the Notice of Hearing to Respondent at this address, I made and retained a photocopy of the mailing label and associated USPS

tracking number. A true and correct copy of the mailing label and associated tracking number is attached hereto as **Exhibit 2.**

6. The U.S. Postal Service ("USPS") has confirmed, via its official tracking web site, that the envelope bearing tracking number 9489017898203039984759 was delivered on June 16, 2025, to the front desk, reception area, or mail room at 2764 N. Green Valley Pkwy, Ste. 405, Henderson, NV 89014. A true and correct copy of the USPS confirmation of delivery is attached hereto as **Exhibit 3**.

I, Erin Miller, hereby declare under penalty of perjury that the foregoing is true and correct.

Executed this 1st day of July 2025.

Erin Miller
Administrative Assistant, Board Coordinator II
Nevada State Board of Pharmacy

Exhibit 1

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of June 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Robert H. Ingham, MD
[redacted]
Las Vegas, NV 89146

Robert H. Ingham, MD
2764 N. Green Valley Pkwy, Ste 405
Henderson, NV 89014

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

Exhibit 2

MAILED
6/11/25

Robert H. Ingham, MD
[redacted]
Las Vegas, NV 89146
23-489-CS-S. NIAA

Certified: $2.04 /each

Standard $8.72 /each

9489 0178 9820 3039 9847 66

Robert H. Ingham, MD
2764 N. Green Valley Pkwy, Ste 405
Henderson, NV 89014
23-489-CS-S. NIAA

9489 0178 9820 3039 9847 59

Exhibit 3

USPS Tracking®

FAQs >

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Tracking Number:

9489017898203039984766

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Latest Update

Your item was returned to the sender at 10:59 am on June 18, 2025 in LAS VEGAS, NV 89146 because the forwarding order for this address is no longer valid.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Alert
Forward Expired
LAS VEGAS, NV 89146
June 18, 2025, 10:59 am

Delivered, Left with Individual
LAS VEGAS, NV 89146
June 16, 2025, 1:02 pm

Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER
June 14, 2025, 12:22 pm

In Transit to Next Facility
June 13, 2025

Arrived at USPS Regional Facility
SACRAMENTO CA DISTRIBUTION CENTER
June 12, 2025, 8:16 pm

Pre-Shipment, USPS Awaiting Item

Feedback

June 12, 2025

Hide Tracking History

What Do USPS Tracking Statuses Mean? **(https://faq.usps.com/s/article/Where-is-my-package)**

Text & Email Updates

Return Receipt Electronic

USPS Tracking Plus®

Product Information

See Less

Tracking Number:

Remove ×

9489017898203039984759

Copy **Add to Informed Delivery (https://informeddelivery.usps.com/)**

Latest Update

Your item was delivered to the front desk, reception area, or mail room at 11:12 am on June 16, 2025 in HENDERSON, NV 89014.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, Front Desk/Reception/Mail Room

HENDERSON, NV 89014

June 16, 2025, 11:12 am

In Transit to Next Facility

June 15, 2025

Arrived at USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER
June 14, 2025, 12:22 pm

Arrived at USPS Regional Facility
SACRAMENTO CA DISTRIBUTION CENTER
June 12, 2025, 8:16 pm

Pre-Shipment, USPS Awaiting Item
June 12, 2025

Hide Tracking History

What Do USPS Tracking Statuses Mean? (https://faq.usps.com/s/article/Where-is-my-package)

See More ⌄

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT H. INGHAM, MD,** **Certificate of Registration No. CS04554,** **Respondent.**	**Case No. 23-489-CS-S** **MEMORANDUM OF COSTS AND FEES**

Pursuant to NRS 622.400, the undersigned hereby submits the following itemized bill of costs and reasonable attorney's fees incurred by the Nevada State Board of Pharmacy in connection with the investigation and prosecution of the above-entitled administrative action.

Investigation Time (Investigator Dena McClish)

Date(s)	Description	Hours	Rate	Amount
12/2023-06/2024	See attached	6.75	$53.85	$363.49
Subtotal (Investigation):				$363.49

Attorney Time (Laura Tucker)

Date(s)	Description	Hours	Rate	Amount
03/25/25	Review Investigative File	2.0	$60.00	$120.00
03/26/25	Draft Accusation	1.5	$60.00	$90.00
7/01/25	Assemble Exhibits for Hearing	.5	$60.00	$30.00
7/16/25	Hearing (Estimated)	.5	$60.00	$30.00
Subtotal (Attorney Time)				$270.00

Administrative Costs

Date(s)	Description	Hours	Rate	Amount
06/11/25	Erin Miller processed Accusation and mailed via certified/regular mail.	0.50	$25.00/hr	$12.50
06/24/25	Jessette Phaynarikone processed the Notice of Hearing and mailed via certified/regular mail.	0.25	$25.00/hr	$6.25

Subtotal (Administrative Costs): $18.75

Total Mailing Costs: $39.22

Subtotal (Administrative and Mailing Costs) $57.97

Total Costs and Fees: **$691.46**

I, Laura M. Tucker, affirm, to the best of my knowledge and belief, that the foregoing is a true and correct statement of costs and reasonable attorney's fees incurred by the Board in the above-entitled action.

DATED this 1st day of July 2025.

General Counsel
Nevada State Board of Pharmacy

Investigation hours

Case No 23-489 **Dr Ingham**
Investigator Dena McClish

Date	Duties	Hours
12/18/2023	initiation of case,review of file, calls	0.75
2/13/2024	call with Inghams, PMP reports, req scripts	1
2/20/2024	drafted and sent letter to Ingham	0.75
4/8/2024	call with Robert	0.5
6/13/2024	site visits to former offices	2
6/18/2024	finalize ROI & review	1.5
6/25/2024	contact with outside agencies	0.25

Total hrs	**6.75**
Wage	**53.85**
Total Investigative Cost	**363.4875**

Total billing

5Y

FILED
JUN 09 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL J. STELLMACHER, PA,** **Certificate of Registration No. CS21884,** **Respondent.**	**Case No. 24-364-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Michael J. Stellmacher, PA ("Respondent") held a registration issued by the Board, Certificate of Registration No. CS21884.

FACTUAL ALLEGATIONS

2. At all times relevant to this accusation, Respondent has been employed as the medical director of Premier Beauty, LLC, also known as Channel Pro, (Premier Beauty), located at 4555 S. Fort Apache Road, Suite 104, in Las Vegas, Nevada.

3. Since at least December 28, 2023 until present, Joseph Gillis ("Gillis") owned and/or operated Premier Beauty. Since at least May 9, 2024 until present, Betty Dare ("Dare") was listed as the director of Premier Beauty. Gillis and Dare are not Nevada-licensed practitioners as that term is defined in NRS 639.0125 and NRS 453.126.

4. A Board investigation on August 29, 2024 revealed that Respondent permitted Gillis and Dare to have independent access to the medication storage containing dangerous drugs, and to access those medications outside Respondent's presence without Respondent's supervision.

5. Respondent admitted that he was the medical director of Premier Beauty, but that he rarely was on site and stated that he had no patient records. Respondent was not physically on-site at Premier Beauty while Board investigators were there.

6. Respondent permitted Dare to independently access, possess, furnish, and administer dangerous drugs to patients, to provide on-site medical treatment, including the administration of dangerous drugs through injection, specifically tirzepatide, semaglutide powders, and nicotinamide adenine dinucleotide (NAD), without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary.

7. Furthermore, the investigation revealed that these dangerous drugs were purchased from OUISA Pharmacy Corp. (OUISA), located in Spring Hill, Florida; OUISA not licensed as a wholesaler by the Board. The dangerous drugs were labeled as not for patient use.

8. Respondent permitted Gillis to purchase the drug products using the National Provider Identifier (NPI) number of Dr. Jayendrakumar Amin (Amin) and had the products shipped to California. Amin is located in California and does not hold any license or registration with the Board.

9. Premier Beauty's inventory included multiple vials of various injectable drugs intended for distribution in foreign markets and not approved for distribution or use in the United States, including medytox and other forms of botulinum toxins, multivitamin injections, and glutathione injections.

10. In at least one instance, Respondent's failure to supervise Dare while she administered tirzepatide to a patient resulted in patient harm. On June 7, 2024, Dare injected patient D.S. with tirzepatide and gave D.S. three more shots to take home with her. D.S. went to the emergency room with injuries from the injection. Respondent was not on site during the injection.

11. On or about February 19, 2025, the Board issued a cease-and-desist order with a citation and fine against Premier Beauty, Gillis, and Dare for unlicensed activity. On or about February 25, 2025, the Board issued a cease-and-desist order with a citation and fine against Amin for unlicensed wholesale activity.

APPLICABLE LAW

12. No person may possess, furnish or administer a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213; NRS 454.217; NRS 454.221; NRS 454.316; NRS 454.321; NRS 454.356; NRS 639.100(1); NRS 639.1373.

13. Only those individuals permitted to do so pursuant to NRS 454.213 may possess, store, or administer dangerous drugs. Chart orders are patient-specific and medication-specific. *See* NRS 454.0041; NRS 639.004.

14. A physician assistant who is authorized to prescribe and dispense controlled substances and dangerous drugs may do so only for a legitimate medical purpose. NAC 639.280(1)(a).

15. All controlled substances and dangerous drugs in the possession of physician assistant must be kept in a locked storage area with access restricted to authorized persons. NAC 639.285(1).

16. The Board may suspend or revoke the certificate of registration of physician assistant that has failed to maintain the security of his or her drug supply. NAC 639.295(13).

17. It is unlawful to purchase, possess, sell, furnish or administer any drug product intended for distribution in foreign markets and not approved for distribution or use in the United States. 21 U.S.C. § 331; 21 U.S.C. § 355(a); NRS 454.351(1); NRS 585.490.

18. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of registration issued by the Board to a physician assistant. NRS 639.210(11); NAC 639.295(10).

19. The Board may revoke or suspend the registration of any physician assistant who has violated, attempted to violate, assisted, or abetted in the violation of, or conspired to violate any law or regulation relating to drugs, including, without limitation, any provision of chapter 453, 454, 585 or 639 of NRS or any regulation pertaining thereto. NRS 639.210(12) NAC 639.295(16).

20. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.295(4).

21. Aiding or abetting a person in unlicensed practice constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.295(4).

22. It is unlawful for a physician assistant to inject botulinum toxin type A in a patient or customer "at a location other than a medical facility, as defined in NRS 449.0151, or the office of a physician or physician assistant licensed [pursuant to applicable statutes]." NRS 454.217.

23. Dispensing a drug to any patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct contrary to the public pursuant to NAC 639.945(1)(n) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.295(4).

24. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

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COUNT ONE

Violations of State Law - Failure to Maintain Security of Dangerous Drugs

25. By permitting Gillis and Dare to have unrestricted access to his inventory of dangerous drugs at Premier Beauty as alleged in paragraphs 4-5 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.285(1), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.295(13) and (16) and/or NRS 639.210(12).

COUNT TWO

Violations of State Law – Unlawful Possession & Administration of Dangerous Drugs

26. By permitting an unlicensed individual to independently access, possess, furnish, and administer dangerous drugs without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed not determined that a dangerous drug was medically necessary, as alleged in paragraph 6 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 639.100(1) and/or NRS 639.1373, and is subject to discipline pursuant to NAC 639.295(16 and/or NRS 639.210(12).

COUNT THREE

Violations of Federal and State Law – Using Drugs Not Approved in the United States

27. By purchasing, possessing, selling, furnishing and/or administering drug products intended for distribution in foreign markets and not approved for distribution or use in the U.S., as alleged in paragraph 9 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 331, 21 U.S.C. § 355(a), NRS 454.351(1) and/or NRS 585.490, and is subject to discipline pursuant to NAC 639.295(10) and/or NRS 639.210(11).

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COUNT FOUR

Unprofessional Conduct – Unlawful Possession & Administration of Dangerous Drugs

28. By his conduct as alleged in paragraphs 4-10 herein, Respondent performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner, aided and abetted unlicensed practice, and engaged in or aided and abetted others to engage in, unprofessional conduct as defined in NAC 639.945(i), (j) and (n), and is subject to discipline pursuant to NAC 639.295(4) and/or NRS 639.210(4).

COUNT FIVE

Commission of Acts that Render Registration Inconsistent with Public Interest

29. By his conduct as alleged in paragraphs 4-10 herein, Respondent has committed acts that render registration inconsistent with public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to Respondent's Certificate of Registration No. CS21884.

Signed this 9th day of JUNE 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL J. STELLMACHER, PA,** **Certificate of Registration No. CS21884,** **Respondent.**	**Case No. 24-364-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov **and** L.Tucker@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 9th day of June 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL J. STELLMACHER, PA,** **Certificate of Registration No. CS21884,** **Respondent.**	**Case No. 24-364-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Michael J. Stellmacher, PA

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of June 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Michael Stellmacher, PA
[redacted]
Fallon, NV [redacted]

Michael Stellmacher, PA
[redacted]
Pahrump, NV [redacted]

Michael Stellmacher, PA
[redacted]
Las Vegas, NV [redacted]

Forte Family Practice
c/o Michael Stellmacher, PA
9010 West Cheyenne Ave
Las Vegas, NV 89129

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

6

6A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA MANUFACTURER LICENSE

(This application is for manufacturers located in Nevada, only)

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐New Manufacturer or ☐Ownership Change (Provide current license number if making changes: _____
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3 *☐ Partnership - Pages 1,2,5*
☐ Non Publicly Traded Corporation – Pages 1,2,4 *☐ Sole Owner – Pages 1,2,6*

GENERAL INFORMATION

Facility Name: BESPOKE PHARMACEUTICAL

Physical Address: 5795 N. Hollywood Blvd

City: North Las Vegas State: NV Zip Code: 89115

Telephone Number: (702) 825-3113 Fax Number: (725) 529-3572

Toll Free Number: (877) 277-6558

E-mail: license@bespokepharmaceutical.com Website: https://bespokepharmaceutical.com/

Facility Manager: Eric Lee Sparks

Professional qualifications and experience of facility manager: Doctor in Pharmacy
Overseen sterile liquid injectable manufacturing at GMP facility. Director of QA/QC

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled be firm:

☐ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

Licensed as Manufacturer by the FDA? Yes ☐ No ☐
(If yes, provide a copy of your FDA registration)

3070

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ■ No ☐

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized manufacturer may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Riccardo Roscetti

Original Signature of Person Authorized to Submit Application, no copies or stamps

Riccardo Roscetti

Print Name of Authorized Person

05/27/2025

Date

Board Use Only Date Processed: _____ Amount: _____ Page 2

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: NA

Parent Company if any: NA

Corporation Name: NA

Mailing Address: NA

City: NA State: NA Zip: NA

Telephone: NA Fax: NA

Contact Person: NA

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: NA

Registration number issued: NA

Stock Exchange: NA

A Nevada business license is not required, however if the MANUFACTURER has a Nevada business license please provide the number: NA

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR NEVADA MANUFACTURER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: NA

Parent Company if any: NA

Mailing Address: NA

City: NA State: NA Zip: NA

Telephone: NA Fax: NA

Contact Person: NA

For any corporation non publicly traded, disclose the following:

d) List top 4 persons to whom the shares were issued by the corporation?

a) NA
Name Business Address

b) NA
Name Business Address

c) NA
Name Business Address

d) NA
Name Business Address

A Nevada business license is not required, however if the MANUFACTURER has a Nevada business license please provide the number: NA

Include with the application for a non publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Complete the personal history record for each stockholder. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership: General _____ Limited X

List names of 4 largest partners and percentage of ownership:

Name: Pharma X, LLC %: 29.9

Name: Rise Equipment, LLC %: 50.1

Name: Resolve Pharmaceuticals, LLC %: 20.0

Name: _____ %: _____

Partnership Name: Bespoke Pharmaceuticals, LLC

Mailing Address: 5795 N Hollywood Blvd

City, State Zip Code: North Las Vegas

Telephone Number: 877 277 6558 Fax Number: 725 529 3930

Contact Person: Riccardo Roscetti

A Nevada business license is not required, however if the MANUFACTURER has a Nevada business license please provide the number: GS-000152-2022

Include with the application for a PARTNERSHIP

Complete the personal history record for each partner. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

Bespoke Pharmaceuticals, LLC Ownership Structure and Officers

Rise Equipment, LLC
Business Address: 3679 Benedict Canyon Ln, Sherman Oaks, Ca 91423
Ownership: 50.1%

Pharma X, LLC
Business Address: 18555 Collins Ave #5003, Sunny Isles FL 33160
Ownership: 29.9%

Resolve Pharmaceutical, LLC
Business Address: 1621 Central Ave, Cheyenne, WY 82001-4531
Ownership: 20.0%

Officers:
Riccardo Roscetti – President & Chief Executive Officer
Business Address: 5795 N. Hollywood Blvd., North Las Vegas, NV 89115
Business Phone: (561) 903-6259
Home address: [redacted]

Irina Gampel – Manager
Business Address: 5795 N. Hollywood Blvd., North Las Vegas, NV 89115
Phone: [redacted]
Home address: [redacted]

Irina Sarafyan – Manager
Business Address: 5795 N. Hollywood Blvd., North Las Vegas, NV 89115
Phone [redacted]
Home address: [redacted]

Petr Viskovatykh – Manager
Business Address: 5795 N. Hollywood Blvd., North Las Vegas, NV 89115
Business Phone: (305) 608-1720
Home address: [redacted]

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RICCARDO ROSCETTI

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

May 28 - 2025

Date

Please have this section completed in the presence of a Notary Public.

State of Delaware, ss. County of New Castle

I, Riccardo Roscetti, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

May 28 - 2025

Date

Subscribed and Sworn to before me this 28th day of May, 2025

Notary Public Signature

HOPE L. BALL
NOTARY PUBLIC
STATE OF DELAWARE
MY COMMISSION EXPIRES
JANUARY 23, 2026
COMMISSION NO. 20240122000034

(Seal)

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

10/30/2020

Work Order Item Number:	W2020103002167 - 913690
Filing Number:	20201013122
Filing Type:	Articles of Organization
Filing Date/Time:	10/30/2020 14:37:11 PM
Filing Page(s):	3

Indexed Entity Information:

Entity ID: E10131232020-3

Entity Name: Bespoke Pharmaceuticals, LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent
Registered Agents Inc
401 Ryland St Ste 200-A, Reno, NV 89502, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

10/30/2020

Work Order Item Number:	W2020103002167 - 913691
Filing Number:	20201013124
Filing Type:	Initial List
Filing Date/Time:	10/30/2020 14:37:11 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E10131232020-3

Entity Name: Bespoke Pharmaceuticals, LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent
Registered Agents Inc
401 Ryland St Ste 200-A, Reno, NV 89502, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
Barbara K. Cegavske	**E10131232020-3**
Secretary of State	Filing Number
State Of Nevada	**20201013122**
	Filed On
	10/30/2020 14:37:11 PM
	Number of Pages
	3

Formation - Limited-Liability Company

- ☑ NRS 86 - Articles of Organization Limited-Liability Company
- ☐ NRS 89 - Articles of Organization Professional Limited-Liability Company
- ☐ NRS 86.544 - Registration of Foreign Limited-Liability Company
- ☐ NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

1. Name Being Registered in Nevada: (See instructions)
Bespoke Pharmaceuticals, LLC

2. Foreign Entity Name: (Name in home jurisdiction)

3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)
3a) Jurisdiction of formation: **3b)** Date formed:
3c) I declare this entity is in good standing in the jurisdiction of its formation. ☐

4. Registered Agent for Service of Process*: (check only one box)
☑ Commercial Registered Agent (name only below) ☐ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below)

Registered Agents Inc
Name of Registered Agent **OR** Title of Office or Position with Entity

401 Ryland St, Ste 200-A	**Reno**	Nevada **89502**
Street Address	City	Zip Code
Mailing Address (If different from street address)	City	Nevada Zip Code

4a. Certificate of Acceptance of Appointment of Registered Agent:
I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X **Registered Agents, Inc.** **10/30/2020**
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date

5. Management: (Domestic Limited-Liability Companies only)
Company shall be managed by: (check one box) ☑ Manager(s) **OR** ☐ Member(s)

6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions)
Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions)
IMPORTANT:
A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.

1) **Irina Gampel** (Name)
18555 Collins Ave., Ste 5003 (Address) **Sunny Isles Beach** (City) **FL** (State) **33160** (Zip Code)

2) **Irina Sarafyan** (Name)
16850 Collins Ave., 112-133 (Address) **Sunny Isles Beach** (City) **FL** (State) **33160** (Zip Code)

3) **Elena Rabinovich** (Name)
3201 NE 183d Str., Ste. 2708 (Address) **Aventura** (City) **FL** (State) **33160** (Zip Code)

7. Dissolution Date: (Domestic only)
Latest date upon which the company is to dissolve (if existence is not perpetual):

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)

9. Series and/or Restricted Limited-Liability Company: (Optional)

Check box if a Series Limited-Liability Company ☐

Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐

10. Records Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

11. Street Address of Principal Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

12. Name, Address and Signature of the Organizer: (NRS 86. NRS 89 -Each Organizer must be a licensed professional.)

*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Name and Signature of Manager or Member: (NRS 86.544 only)

See instructions

Mark Rabinovich	United States
Name	Country

19790 W DIXIE HWY, STE 901	MIAMI	FL	33180
Address	City	State	Zip/Postal Code

X **Mark Rabinovich**

(attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:

(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Filed in the Office of	Business Number
Barbara K. Cegavske	**E10131232020-3**
Secretary of State	Filing Number
State Of Nevada	**20201013122**
	Filed On
	10/30/2020 14:37:11 PM
	Number of Pages
	3

Registered Agent Acceptance/Statement of Change

(PURSUANT TO NRS 77.310, 77.340, 77.350, 77.380)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Entity information:

Name of represented entity:
Bespoke Pharmaceuticals, LLC

Entity or Nevada Business Identification Number (NVID):
(for entities currently on file)

2. Registered Agent Acceptance:

☑ Registered Agent Acceptance

3. Information Being Changed:

Statement of Change takes the following effect: (select only one)

☑ Appoints New Agent (complete section 5)
☐ Update Represented Entity Acting as Registered Agent (complete sections 5)
☐ Update Registered Agent Name (complete sections 4 & 5)
☐ Update Registered Agent Address (complete sections 4 & 5)

4. Registered Agent Information Before the Change: (Non-commercial registered agents **ONLY**)

Name of Registered Agent **OR** Title of Office or Position with Entity

Street Address | City | Nevada | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

5. Newly Appointed Registered Agent or Registered Agent Information After the Change:

☑ Commercial Registered Agent:(name only below) ☐ Noncommercial Registered Agent (name and address below) ☐ Office or Position with Entity (title or position and address below)

Registered Agents Inc.

Name of Registered Agent **OR** Title of Office or Position within Entity

Street Address | City | Nevada | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

6. Electronic Notification: (Optional)

Email address for electronic notifications for "Non-Commercial" or "Office or Positions with Entity" registered agents only:

7. Certificate of Acceptance of Appointment of Registered Agent: (Required)

I hereby accept appointment as Registered Agent for the above named Entity.

X Bill Haas — 10/20/2020

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date

8. Signature of Represented Entity: (Required)

X M. Rayfield — 10/20/2020

Authorized Signature On Behalf of the Entity — Date

FEE: $60.00
This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Bespoke Pharmaceuticals, LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☐ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

Filed in the Office of Barbara K. Cegavske Secretary of State State Of Nevada	Business Number **E10131232020-3** Filing Number **20201013124** Filed On **10/30/2020 14:37:11 PM** Number of Pages **2**

☐ Nonprofit Corporation (see nonprofit sections below)

☑ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: **Charitable Solicitation Information - check applicable box**

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the *Charitable Solicitation Registration Statement* is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the *Exemption From Charitable Solicitation Registration Statement* is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE MANAGER:

Name	Country
Irina Sarafyan	USA

Address	City	State	Zip/Postal Code
16850 Collins Ave., #112-133	Sunny Isles Beach	FL	33160

CORPORATION, INDICATE THE MANAGER:

Name	Country
Elena Rabinovich	USA

Address	City	State	Zip/Postal Code
3201 NE 183d St., #2708	Aventura	FL	33160

CORPORATION, INDICATE THE MANAGER:

Name	Country
Irina Gampel	USA

Address	City	State	Zip/Postal Code
18555 Collins Ave., #5003	Sunny Isles Beach	FL	33160

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X Mark Rabinovich
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Authorized Signer
Title

10/30/2020
Date

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Bespoke Pharmaceuticals, LLC** did, on 10/30/2020, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/30/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202010301183181
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

NEVADA STATE BUSINESS LICENSE

Bespoke Pharmaceuticals, LLC

Nevada Business Identification # NV20201930582
Expiration Date: 10/31/2021

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/30/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202010301183183
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Bespoke Pharmaceuticals, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 10/30/2020, and in good standing in this State.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 04/21/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202504215642513

You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site BESPOKE PHARMACEUTICALS, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5795 N. HOLLYWOOD BLVD

City NORTH LAS VEGAS State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877 277 6558 Website BESPOKEPHARMACEUTICAL.COM

Licensing Company Email LICENSE@BESPOKEPHARMACEUTICAL.COM

Section 2: Personal Information

First RICCARDO Middle DOMENICO Last ROSCETTI

Aliases, nicknames, name changes, etc.) Rick

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone _____ Email RICK@BESPOKEPHARMACEUTICAL.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	**Yes**	**No**
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Valley Forge Military Academy		08/1977-06/1981	
Address	City	State	Zip
1001 Eagle Rd	Wayne	PA	19087
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2022-present	[redacted]			
From - To (MM/YY – MM/YY)				
09/20-09/2021				
From - To (MM/YY – MM/YY)				
09/2008-09/2020				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Bespokle Pharamceuticals, LLC			10/2020-present
Business Address	**City**	**State**	**Zip**
5795 N Hollywood Blvd	North Las Vegas	NV	89115
Phone	**Title**		
561 903 6259	CEO		

Description of Duties

CEO, I am responsible for everything from proper staff, facility, API, and Sales to the proper sales

Business Name			From - To (MM/YY – MM/YY)
KRS Global Biotechnology, Inc			04/2008-10/2008
Business Address	**City**	**State**	**Zip**
791 Park of Commence Blvd	Boca Raton	FL	33487
Phone	**Title**		
888 427 7996	CEO		

Description of Duties

CEO, I am responsible for everything from proper staff, facility, API, and Sales to the proper sales. 250 Employees

Business Name			From - To (MM/YY – MM/YY)
KRS Global Biotechnology, Inc			04/2004-09/2008
Business Address	**City**	**State**	**Zip**
791 Park of Commence Blvd	Boca Raton	FL	33487
Phone	**Title**		
888 427 7996	Chief Operating Officer		

Description of Duties

I was responsible for all labs, R and D to manufacturing 150 employees

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
11/01/2016	04/13/2017	FL		Brevard

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
05-2016-CA-046834	State Court

Reason/Charge
Claim for outstanding balance due arising from technical services

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
KRS Global Biotechnology

Provide explanation below:

This was a dispute about the outstnading amount. Pure Clean Systems filed a lawsuit. The matter was subsequently settled.

Original Signature (electronic, copies or stamps not accepted)

~~11/01/2024~~ 5-27-25

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/06/2020	07/07/2022	FL	Boca Raton	Brevard
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
50-2020-CA-010805		State Court		
Reason/Charge				
Dispute regarding amounts due on a revolving debt				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Riccardo Roscetti				

Provide explanation below:

This was a dispute relating to the amounts owed on American Express card. The matter was settled.

Original Signature (electronic, copies or stamps not accepted)

~~11/01/2024~~ 5-27-25

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
03/11/2020	05/24/2021	FL	Boynton Beach	Palm Beach

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
50-2020-CA-002908	State Court

Reason/Charge
Dispute with a product vendor

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Riccardo Roscetti

Provide explanation below:

This was a dispute with a jewelry company. The matter was dismissed.

Original Signature (electronic, copies or stamps not accepted)

~~11/01/2024~~ 5-27-25
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/24/2019	08/15/2023	FL	Boynton Beach	Palm Beach
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
50-2019-CA-016386		State Court		
Reason/Charge				
Dispute between landlord and a former employer				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Third Party Defendant		Lawsuit		
Name of Business/Industry/Entity				
Riccardo Roscetti				

Provide explanation below:

This was a dispute between my former employer KRS Global and its landord FLA Properties 116, LLC. A large number of individual third party defendants was brought into the case. The case dragged along until it was dismissed for lack of prosecution.

Original Signature (electronic, copies or stamps not accepted)

~~11/01/2024~~ 5-27-25
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
09/21/2015	11/04/2015	FL	Boynton Beach	Palm Beach

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
50-2015-CC-009950	State Court

Reason/Charge
Dispute with home owner association

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendang	Lawsuit

Name of Business/Industry/Entity
Riccardo Roscetti

Provide explanation below:

This was a dispute with homeowner association. The matter was referred to mediation and settled.

Riccardo Roscetti

Original Signature (electronic, copies or stamps not accepted)

~~11/01/2024~~ 5-27-25

Date

Business Name	Address	Filing Information	Jurisdiction	
ASSURED ANALYTICAL LABORATORIES, INC.	PRINCIPAL 791 PARK OF COMMERCE BLVD STE 600 BOCA RATON, FL 33487-3633	Name Type: LEGAL Filing Date: 03/16/2011 Registration Number: P11000026700 Status: INACTIVE	Florida Secretary of State	Shareholder. No other roles in the company.
BROWN AND ROSCETTI INC.	PRINCIPAL 791 PARK OF COMMERCE BLVD STE 600 BOCA RATON, FL 33487-3633	Name Type: LEGAL Filing Date: 03/22/2012 Registration Number: P12000028274 Status: INACTIVE	Florida Secretary of State	Shareholder. No other roles in the company.
KRS GLOBAL BIOTECHNOLOGY, INC.	MAILING 791 PARK OF COMMERCE BLVD STE 600 BOCA RATON, FL 33487-3633	Name Type: LEGAL Filing Date: 04/12/2001 Registration Number: P01000038423	Florida Secretary of State	CEO of pharmaceutical manufacturing company from 2001 until 09/2019
BESPOKE PHARMACEUTICALS, LLC	REGISTERED OFFICE 401 RYLAND ST STE 200A RENO, NV 89502-1643	Name Type: LEGAL Filing Date: 10/30/2020 Registration Number: E10131232020-3 Status: ACTIVE Record Type: CURRENT	Nevada Secretary of State	CEO of pharmaceutical manufacturing company 2020-present



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site BESPOKE PHARAMCEUTICALS, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5795 N. HOLLYWOOD BLVD

City NORTH LAS VEGAS State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877 277 6558 Website BESPOKEPHARMACEUTICAL.COM

Licensing Company Email LICENSE@BESPOKEPHARAMCEUTICAL.COM

Section 2: Personal Information

First IRINA Middle _____ Last GAMPEL

Alias(es, nicknames, name changes, etc.) BARSKI, MOSCOWITZ

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
SAN DIEGO STATE UNIVERSITY		09/95 - 05/99	
Address	**City**	**State**	**Zip**
5500 CAMPANILE DR	SAN DIEGO	CA	92182
Diploma/Degree obtained, if any			
BS OF SCIENCE MANAGEMENT			

School Name		From - To (MM/YY – MM/YY)	
RESEDA HIGH SCHOOL		09/92 - 05/95	
Address	**City**	**State**	**Zip**
18230 KITTRIDGE ST	RESEDA	CA	91335
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20 - PRESENT	[redacted]			[redacted]
From - To (MM/YY – MM/YY)				
08/12 - 07/20				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
NORTHERN LIGHT MEDICAL MANAGEMENT, LLC			05/23 - PRESENT
Business Address	**City**	**State**	**Zip**
1895 TYLER ST # 207	HOLLYWOOD	FL	33020
Phone	**Title**		
754 900 5014	ACCOUNT MANAGER		
Description of Duties			
DAILY OPERATIONS, OVERSEEING ACCOUNTING AND BANKING			

Business Name			From - To (MM/YY – MM/YY)
ACE MANAGEMENT, LLC			05/19 - PRESENT
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
818 697 2977	MANAGING MEMBER		
Description of Duties			
MANAGING MEMBER FOR INVESTMENT AND HOLDING COMPANY; DAILY OPEARATIONS, ACCOUNTING OVERVIEW.			

Business Name			From - To (MM/YY – MM/YY)
NOBILITY MANAGEMENT, LLC			02/15 - 08/22
Business Address	**City**	**State**	**Zip**
26025 MUREAU RD SUITE 110	CALABASAS	CA	91302
Phone	**Title**		
	ACCOUNT MANAGER		
Description of Duties			
OVERSEEING ACCOUNTING, BILLING PROCEDURE IMPLEMENTATION			

Business Name			From - To (MM/YY – MM/YY)
IG INVESTMENTS, INC			04/05 - 09/23
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
	SHAREHOLDER		
Description of Duties			
OVERSEEING INVESTMENT PORTFOLIO			

Business Name			From - To (MM/YY – MM/YY)
EMBRACE FOUNDATION, CHARITABLE FOUNDATION			05/18 - PRESENT
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
818 697 2977	PRESIDENT		
Description of Duties			
MANAGING ENTITY STRATEGY, CHARITY EVENTS, MANAGING VARIOUS CHANELS FOR CHARITY ACTIVITY.			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
PHARMA X, LLC			10/20 - PRESENT
Business Address	**City**	**State**	**Zip**
18555 COLLINS AVE #5003	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
818 697 2977	MANAGER		
Description of Duties			
OVERSEES INVESTEMENT *this entity is the member of BESPOKE PHARMACEUTICALS, LLC			

Business Name			From - To (MM/YY – MM/YY)
BESPOKE PHARMACEUTICALS, LLC			10/20 - PRESENT
Business Address	**City**	**State**	**Zip**
5795 N. HOLLYWOOD BLVD	NORTH LAS VEGAS	NV	89115
Phone	**Title**		
877 277 6558	MANAGER		
Description of Duties			
BOARD MEMBER			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/27/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

IRINA GAMPEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/27/25

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of LOS ANGELES

I, IRINA GAMPEL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/27/25

Date

Subscribed and Sworn to before me this 27TH day of MAY 2025.

Trey Lafferty

Notary Public Signature

TREY F. LAFFERTY
Notary Public - California
Los Angeles County
Commission # 2506348
My Comm. Expires Dec 8, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site BESPOKE PHARMACEUTICALS, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5795 N. HOLLYWOOD BLVD

City NORTH LAS VEGAS State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877 277 6558 Website BESPOKEPHARMACEUTICAL.COM

Licensing Company Email LICENSE@BESPOKEPHARMACEUTICAL.COM

Section 2: Personal Information

First IRINA Middle _____ Last SARAFYAN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
YEREVAN STATE MEDICAL UNIVERSITY		09/91 - 05/96	
Address	**City**	**State**	**Zip**
2 KORYUN ST	YEREVAN	ARMENIA	
Diploma/Degree obtained, if any			
DOCTOR OF STOMATOLOGY			

School Name		From - To (MM/YY – MM/YY)	
#8 SCHOOL NAMED AFTRER A.S. PUSHKIN		09/81 - 05/91	
Address	**City**	**State**	**Zip**
17 MOSKOVYAN ST	YEREVAN	ARMENIA	
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/22 - PRESENT	[redacted]			[redacted]
08/01 - 03/22				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
AMERIDENT HEALTH PRO, INC			09/18 - PRESENT	
Business Address	**City**	**State**	**Zip**	
310 S SEPULVEDA BLVD	LOS ANGELES	CA	90034	
Phone	**Title**			
310 268 0646	PRESIDENT			
Description of Duties				
EXECUTIVE/OVERSEEING DAILY OPERATIONS				

Business Name			From - To (MM/YY – MM/YY)	
SARAFYAN DENTAL PROFESSIONAL CORPORATION			05/15 - PRESENT	
Business Address	**City**	**State**	**Zip**	
3130 S SEPULVEDA BLVD	LOS ANGELES	CA	90034	
Phone	**Title**			
310 767 6199	PRESIDENT			
Description of Duties				
DENTIST (LICENSED ONLY IN STATE OF CALIFORNIA. CA LICENSE NUMBER 57323)				

Business Name			From - To (MM/YY – MM/YY)	
ANSALIGY USA, LLC			07/19 - 09/22	
Business Address	**City**	**State**	**Zip**	
16850 COLLINS AVE # 113	SUNNY ISLES BEACH	FL	33160	
Phone	**Title**			
305 903 2226	PRESIDENT			
Description of Duties				
EXECUTIVE/ESTABLISHED PROTOCOLS AND PROCEDURES FOR THE BEAUTY PRODUCT LINE DISTRIBUTION COMPANY.				

Business Name			From - To (MM/YY – MM/YY)	
RISE EQUIPMENT, LLC			08/20 - PRESENT	
Business Address	**City**	**State**	**Zip**	
3679 BENEDICT CANYON LANE	SHERMAN OAKS	CA	91423	
Phone	**Title**			
310 767 6199	VICE PRESIDENT			
Description of Duties				
EXECUTIVE *this entity is the member of BESPOKE PHARMACEUTICALS, LLC				

Business Name			From - To (MM/YY – MM/YY)	
BESPOKE PHARMACEUTICALS, LLC			10/20 - PRESENT	
Business Address	**City**	**State**	**Zip**	
5795 N. HOLLYWOOD BLVD	NORTH LAS VEGAS	NV	89115	
Phone	**Title**			
877 277 6558	MANAGER			
Description of Duties				
BOARD MEMBER				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

05/27/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

IRINA SARAFYAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05.27.2025

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, IRINA SARAFYAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

05.27.2025

Date

Subscribed and Sworn to before me this 27 day of May 2025.

Notary Public Signature

see attached certificate

(Seal)

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 27 (Date) day of May (Month), 2025 (Year), by

(1) Irina Sarafyan

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Place Notary Seal and/or Stamp Above

Signature _____
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Personal History Application

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site BESPOKE PHARAMCEUTICALS, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 5795 N. HOLLYWOOD BLVD

City NORTH LAS VEGAS State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877 277 6558 Website BESPOKEPHARMACEUTICAL.COM

Licensing Company Email LICENSE@BESPOKEPHARMACEUTICAL.COM

Section 2: Personal Information

First PETR Middle _____ Last VISKOVATYKH

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

P.V.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
FAR EASTERN STATE INSTITUTE OF FISHING AND BUSINESS		09/87 - 06/89	
Address: 52B LUGOVAYA ST	City: VLADIVOSTOK	State: RUSSIA	Zip:
Diploma/Degree obtained, if any: SENIOR MARINE ENGINEER			

School Name		From - To (MM/YY – MM/YY)	
FAR EASTERN MARITIME UNIVERSIY		09/81 - 05/86	
Address: 50A VERKHNEPORTOVAYA ST	City: VLADIVOSTOKQ	State: RUSSIA	Zip:
Diploma/Degree obtained, if any: MARINE ENGINEER			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/13 - PRESENT	[redacted]			[redacted]

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
ME TECHNOLOGY, INC			08/16 - PRESENT
Business Address	**City**	**State**	**Zip**
1704 PARK CENTRAL BLVD	POMPANO BEACH	FL	33064
Phone	**Title**		
800 222 4357	PRESIDENT		
Description of Duties			
EXECUTIVE, OVERSEEING DAILY OPERATIONS			

Business Name			From - To (MM/YY – MM/YY)
GP FLORIDA INVESTMENTS GROUP, LLC			09/13 - PRESENT
Business Address	**City**	**State**	**Zip**
16850 COLLOINS AVE #259	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
305 608 1720	PRESIDENT		
Description of Duties			
EXECUTIVE, HOLDING COMPANY FOR INVESTMENTS			

Business Name			From - To (MM/YY – MM/YY)
SOLOMON ASSETS MANAGEMENT, LLC			09/13 - 12/21
Business Address	**City**	**State**	**Zip**
3901 NE 12TH AVE #400	POMPANO BEACH	FL	33064
Phone	**Title**		
305 608 1720	PRESIDENT		
Description of Duties			
EXECUTIVE			

Business Name			From - To (MM/YY – MM/YY)
PGV HOLDINGS, LLC			11/17 - PRESENT
Business Address	**City**	**State**	**Zip**
16850 COLLINS AVE #259	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
305 608 1720	PRESIDENT		
Description of Duties			
EXECUTIVE			

Business Name			From - To (MM/YY – MM/YY)
AMERICAN TRUST HOLDINGS, LLC			12/17 - PRESENT
Business Address	**City**	**State**	**Zip**
16850 COLLINS AVE #259	SUNNY ISLES BEACH	FL	33160
Phone	**Title**		
305 608 1720	PRESIDENT		
Description of Duties			
EXECUTIVE			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
RWC GROUP, LLC			01/15 - PRESENT	
Business Address		City	State	Zip
3901 NE 12TH AVE #400		POMPANO BEACH	FL	33160
Phone	Title			
754 222 1407	PRESIDENT			
Description of Duties				
EXECUTIVE/OVERSEEING DAILY OPERATIONS				

Business Name			From - To (MM/YY – MM/YY)	
NEXTECH INDUSTRIES, INC			07/08 - PRESENT	
Business Address		City	State	Zip
16850 COLLINS AVE @259		SUNNY ISLES BEACH	FL	33160
Phone	Title			
305 608 1720	VICE PRESIDENT			
Description of Duties				
INVESTOR				

Business Name			From - To (MM/YY – MM/YY)	
DENIL HOLDINGS, LLC			05/08 - PRESENT	
Business Address		City	State	Zip
16850 COLLINS AVE #259		SUNNY ISLES BEACH	FL	33160
Phone	Title			
305 608 1720	PRESIDENT			
Description of Duties				
EXECUTIVE/MANAGING INVESTMENT PORTFOLIO				

Business Name			From - To (MM/YY – MM/YY)	
RISE EQUIPMENT, LLC			08/20 - PRESENT	
Business Address		City	State	Zip
3676 BENEDICT CANYON LANE		SHERMAN OAKS	CA	91423
Phone	Title			
310 767 6199	MNGR/MBR			
Description of Duties				
EXECUTIVE *this entity is a memebr of BESPOKE PHARMACEUTICALS, LLC				

Business Name			From - To (MM/YY – MM/YY)	
BESPOKE PHARAMCEUTICALS, LLC			10/20 - PRESENT	
Business Address		City	State	Zip
5795 N HOLLYWOOD BLVD		N LAS VEGAS	NV	89115
Phone	Title			
877 277 6558	MNGR			
Description of Duties				
MNGR				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
08/07/2019	12/04/2020	FL	FORT LAUDERDATE	BROWARD

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CACE19016492	SOUTHERN FLORIDA/FT LAUDERDALE/BROWARD

Reason/Charge
BREACH OF CONTRACT

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
PLAINTIFF	LAWSUIT

Name of Business/Industry/Entity
RWC GROUP, LLC VS CAA INDUSTRIES

Provide explanation below:

BREACH OF CONTRACT LAWSUIT INVOLVING SEVERAL ENTITIES. GLOBAL SETTLEMENT REACHED AND ALL CLAIMS MUTUALLY RELEASED IN DECEMBER 2020.

Original Signature (electronic, copies or stamps not accepted)

05.27.25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

PETR VISKOVATYKH

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05.27.25

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, Petr Viskovatykh, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

FL. Dr. License: V213-667-63-209.0

Original Signature

05.27.25

Date

Subscribed and Sworn to before me this 27 day of May, 2025

Notary Public Signature

Notary Public State of Florida
Maria Levinson
My Commission HH 593269
Expires 10/24/2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler BESPOKE PHARMACEUTICALS, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 5795 NORTH HOLLYWOOD BLVD

City LAS VEGAS State NV Zip 89115

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877 277 6558 Website BESPOKEPHARMACEUTICAL.COM

Licensing Company Email LICENSE@BESPOKEPHARMACEUTICAL.COM

Section 2: Personal Information

First ERIC Middle _____ Last SPARKS

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
AMERICAN UNIVERSITY OF ANTIGUA COLLEGE OF MEDICINE		01/2022-05/2022	
Address	City	State	Zip
UNIVERSITY PARK JABBERWOCK BEACH ROAD	COOLIDGE	ANTIGU	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
AMERICAN ACADEMY OF ANTIAGING MEDICINE/METABOLIC MEDICAL INSTITUTE		2017 - 12/2018	
Address	City	State	Zip
1801 NORTH MILITARY TRAIL SUITE 110	BOCA RATON	FL	33431
Diploma/Degree obtained, if any			
FELLOW METABOLIC AND NUTRITIONAL MEDICINE			

School Name		From - To (MM/YY – MM/YY)	
ROSEMAN UNIVERSITY OF HEALTH SCIENCES		09/2013	06/2016
Address	City	State	Zip
11 SUNSET WAY	HENDERSON	NV	89014
Diploma/Degree obtained, if any			
DOCTOR OF PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
COLLEGE OF SOUTHERN NEVADA		01/2006 - 12/2009	
Address	City	State	Zip
3200 EAST CHEYENNE AVENUE	LAS VEGAS	NV	89030
Diploma/Degree obtained, if any			
ASSOCIATE OF APPLIED SCIENCE GRAPHIC TECHNOLOGY - WEB DESIGN			

School Name		From - To (MM/YY – MM/YY	
UNIVERSITY OF NEVADA, LAS VEGAS		01/2008 - 05/2010	
Address	City	State	Zip
4505 S MARYLAND PARKWAY	LAS VEGAS	NV	89154
Diploma/Degree obtained, if any			
MASTER OF SCIENCE IN MANAGEMENT INFORMATION SYSTEMS			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2015 -PRESEN	[redacted]			[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
CORAM			10/21 - 02/22	
Business Address		**City**	**State**	**Zip**
1951 RAMROD AVENUE #110		HENDERSON	NV	89014
Phone	**Title**		**Number of Employed Hours**	
(702) 453-4546	PHARMAMCY MANAGER - SITE LEADER		600	
Description of Duties				
MANAGED ALL ASPECTS OF RECORD KEEPING AND DISPENSING OF PRESCRIPTION DRUGS				

Business Name			From - To (MM/YY – MM/YY)	
ANAZAOHEALTH COORPORATION			05/2018-06/2021	
Business Address		**City**	**State**	**Zip**
7465 WEST SUNSET ROAD SUITE #1200		LAS VEGAS	NV	89113
Phone	**Title**		**Number of Employed Hours**	
8009954363	DIRECTOR OF QUALITY, PHARMACY MANAGER,		6500	
Description of Duties				
RESPONSIBLE FOR ALL PRESCRIPTION PRODUCTS COMPOUNDED, DISPENSED, SHIPPED, ETC.				

Business Name			From - To (MM/YY – MM/YY)	
PARTELL PHARMACY			10/2016 - 05/2018	
Business Address		**City**	**State**	**Zip**
5835 S EASTERN AVE SUITE 101		LAS VEGAS	NV	89119
Phone	**Title**		**Number of Employed Hours**	
(702)791-3800	CHIEF PHARMACIST		3,750	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF NEVADA, LAS VEGAS		01/2008-05//2010	
Address	**City**	**State**	**Zip**
4505 S. MARYLAND PARKWAY	LAS VEGAS	NV	89154
Diploma/Degree obtained, if any: MASTER OF BUSINESS ADMINISTRATION			

School Name		From - To (MM/YY – MM/YY)	
COLLEGE OF SOUTHERN NEVADA		08/2002-05/2004	
Address	**City**	**State**	**Zip**
6375 WEST CHARLESTON	LAS VEGAS	NV	89146
Diploma/Degree obtained, if any: ASSOCIATE OF SCIENCE IN PHYSICAL THERAPY			

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF NEVADA, LAS VEGAS		08/1999 05/2001	
Address	**City**	**State**	**Zip**
4505 S. MARYLAND PARKWAY	LAS VEGAS	NV	89054
Diploma/Degree obtained, if any: BACKELOR OF SCIENCE IN KINESIOLOGICAL SCIENCES			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

06/11/2025
Date

I, ERIC SPARKS, **certify that as the designated representative for**

BESPOKE PHARMACEUTICAL,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ES I am at least 21 years of age;
3. ES I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ES I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ES I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ES I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ES I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

ERIC SPARKS

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/10/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ERIC SPARKS

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/23/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Eric Sparks, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06/23/2025

Date

State of Nevada County of Clark
Subscribed and Sworn to before me this 23 day of JUNE 2025
by Eric Sparks.

Notary Public Signature

Carrie Jean
NOTARY PUBLIC
STATE OF NEVADA
Appt No. 17-3697-1
My Appt Expires September 26, 2025

(Seal)

7

7A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	☒ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☒ **No**

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Smart Choice Medical, LLC

MDEG Physical Address: 148 Market Place Blvd

City: Knoxville State: TN Zip: 37922

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (800) 876-6855 Website: _____

Email: accounting@hfmed.us

Name of MDEG Administrator (NAC 639.694): ~~Laura Hawks~~ Martha Glasscock

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☑ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☑ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 8:30am-3pm	☑ Tue: 8:30am-3pm	☑ Wed: 8:30am-3pm	☑ Thurs: 8:30am-3pm	☑ Fri: 8:30am-3pm
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	X	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(j))
Medicare PTAN: 7745720001
CA Medicaid: 103367843801
MS Medicaid: 200003815
TN Medicaid: Q092455

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: CT

Parent Company (if any): _____

Corporation/Organization Name: Smart Choice Medical, LLC

Mailing Address: 148 Market Place Blvd

City: Knoxville State: TN Zip: 37922

Telephone: 800-876-6855 Email: accounting@hfmed.us

Contact Person Name: Laura Hawks

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Laura Hawks

Print Name of Authorized Person Submitting Application

Laura Hawks

Original signature of Authorized Person (copies or stamps not accepted)

02/19/2025

Date

Board Use Only	Date Received: 3/4/25	Amount: $500.00

Gmail Laura Hawks <lhawks@a1med.us>

FW: Medicare Enrollment Application Status Change Notification (Tracking ID: T090720230006194)

justin@hfmed.us <justin@hfmed.us> Wed, Jan 10, 2024 at 8:02 AM
To: Laura Hawks <lhawks@a1med.us>, Fran Glasscock <fran@hfmed.us>, Chris Henry <chris@hfmed.us>

Fyi....

-----Original Message-----
From: customerservice-donotreply@cms.hhs.gov
<customerservice-donotreply@cms.hhs.gov>
Sent: Wednesday, January 10, 2024 7:53 AM
To: justin@hfmed.us; erin@nicholsoneastin.com
Subject: Medicare Enrollment Application Status Change Notification
(Tracking ID: T090720230006194)

To: justin@hfmed.us,erin@nicholsoneastin.com

Subject: Medicare Enrollment Application Status Change Notification
(Tracking ID: T090720230006194)

Date: 01/10/2024 07:52 AM

This message is in response to your Medicare enrollment application that was submitted from https://pecos.cms.hhs.gov. You are listed as the contact person for this application. Your application is assigned the Tracking Identifier of T090720230006194. The application listed below has reached a final status.

Application Tracking ID: T090720230006194

NPI ID: 1033678438

Medicare ID: 7745720001

Name: SMART CHOICE MEDICAL LLC
State: CT

Form Type: 855S
Date: 01/10/2024
Status: REJECTED
Status Reason: APPLICATION IS NOT NEEDED FOR THE TRANSACTION IN QUESTION

Fee-for-Service Contractor: NOVITAS DME
NOVITAS SOLUTIONS - NPEAST DMEPOS, P.O. BOX 3704, MECHANICSBURG, PA 17050

If you have any questions about this identifier, you may:
1.) Refer to the Web site at https://pecos.cms.hhs.gov, or
2.) Contact your fee-for-service contractor listed above.

Please retain this e-mail for your records.

Please note: The information provided in the Enrollment application may be shared with and used by others only in accordance with the privacy notice to which you agreed at the time of application. In addition, you agreed to keep the PECOS updated with any changes to data listed on the enrollment application within 30 days of the effective date of the change. If you are not the provider, you are required to inform the provider of the information in this e-mail.

Unauthorized interception of this communication could be a violation of Federal and State Law. This communication and any files transmitted with it are confidential and may contain protected health information. This communication is solely for the use of the person or entity to whom it was addressed. If you are not the intended recipient, any use, distribution, printing or acting in reliance on the contents for this message is strictly prohibited. If you have received this message in error, please notify the sender and destroy any and all copies.

January 3, 2024

Chags Health Information Technology LLC (C-HIT)
PEARCH@c-hit.com

Re: Corrective Action Plan
Smart Choice Medical, LLC d/b/a A1 Med
DCN: 8233539175

Following an on-site inspection on October 2, 2023, Smart Choice Medical, LLC d/b/a A1 Med ("Smart Choice"), was notified that it was purportedly not in compliance with certain supplier standards.

As background, Smart Choice is a durable medical equipment provider that exclusively provides diabetic testing supplies including continuous glucose monitors and related items. Please note, Smart Choice only dispenses the G7 CGM. As discussed more fully below, Smart Choice is currently in compliance with all supplier standards and has proactively implemented the following corrective actions in order to address the deficiencies identified in the inspection report.

I. Violation of 42 CFR §424.57(c)(2)

According to the deficiency notice, Smart Choice was allegedly in violation of this regulation because it was billing Medicare for surgical dressings. A material component of the CGM is the sensor(s) which send glucose readings to the display device every five minutes. An overpatch is applied to the sensor(s) to keep them in place and attached to the patient's body. In some cases, the overpatch dispensed with the CGM does not adhere to the skin and as a result, the sensor(s) did not always remain in place resulting in skewed and/or incorrected glucose readings. Following several patient calls regarding this issue, Smart Choice dispensed adhesive sticker(s) to patients to use in place of the overpatch which corrected this problem. Since these add-on supplies were dispensed in connection with the CGM, they were billed by Smart Choice. Smart Choice, however, was not aware that the HCPCS code affiliated with these add-on supplies was for a surgical dressing, which unbeknownst to Smart Choice, it could not bill.

Smart Choice believed in good faith it was providing a valuable service to Medicare beneficiaries by providing replacement overpatches to ensure the sensor(s) were affixed to the skin appropriately. It was wholly unaware that its enrollment did not allow it to bill for those supplies. Since being notified of this, Smart Choice has quantified the total reimbursement received in connection with the replacement (and better quality) overpatches and has initiated voluntary refunds to the appropriate Medicare contractors in connection with the universe of those claims. While Smart Choice will still offer these supplies to its patients as a courtesy and free of charge and will no longer bill Medicare for same.

II. Violation of 42 CFR §424.57(c)(4)

According to the deficiency notice, Smart Choice was allegedly in violation of this regulation because its revalidation application indicated Smart Choice filled orders or fit items

from its own inventory but there was no inventory present on site during the inspection. Due to an inadvertent oversight on its revalidation application, Smart Choice indicated that it filled orders from its own inventory. In fact, Smart Choice exclusively uses third parties to package and ship supplies and does not maintain any inventory (except the infrequent return sent directly to the office) on site. Attached as Exhibit 1 please find an amended CMS-855S which reflects that Smart Choice does not fill orders from its own inventory and instead contracts with another company for the purchase of items necessary to fill orders. Smart Choice can provide, upon request, copies of contracts or other documentation showing full compliance with this standard.

III. Violation of 42 CFR §424.57(c)(5)

According to the deficiency notice, Smart Choice was allegedly in violation of this regulation because it purportedly failed to provide proof that it advises Medicare beneficiaries that they may either rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental durable medical equipment. As noted above, Smart Choice exclusively provides diabetic testing supplies including continuous glucose monitors and related items. It does not dispense any items that may be rented.[1] That being said, Medicare beneficiaries will be advised and provided with a written notification regarding Medicare capped rental and inexpensive or routinely purchased items. A copy of the "Medicare Capped Rental and Inexpensive or Routinely Purchased Items Notification for Services on or after January 1, 2006," is attached as Exhibit 2. This document will be included in the patient documentation accompanying the supplies mailed out by a contracted company. Smart Choice maintains a copy of this notice on-site, which can be provided during any future inspection.

Said differently, Smart Choice provides Medicare beneficiaries that they may either rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental durable medical equipment as required by 42 CFR §424.57(c)(5).

IV. Violation of 42 CFR §424.57(c)(6)

According to the deficiency notice, Smart Choice was allegedly in violation of this regulation because it purportedly failed to provide documentation that it provides Medicare beneficiaries with information about Medicare covered items, including for example the G7 CGM, covered under warranty in the form of documentation to the Medicare beneficiary with the dispensed supplies. Medicare beneficiaries are advised and provided with a written notification regarding Medicare covered items covered under warranty. A copy of the "Patient Packet" that accompanies each package dispensed by Smart Choice (via its contracted company) is attached as Exhibit 3. This document is included in the patient documentation accompanying the supplies mailed out by a contracted company. As reflected on page one of this packet, Medicare beneficiaries are informed of any applicable warranty associated with their dispensed supplies. Additionally, Dexcom and Abbott, both manufacturers of the CGMs dispensed by Smart Choice, include warranty information in the packaging with the CGM. Smart Choice maintains a copy of the Patient Package as well as the warranty information from the manufacturers on-site which can be provided during any future inspection.

[1] Due to an inadvertent oversight, Smart Choice's enrollment currently reflects supplies that it no longer dispenses. Attached as Exhibit 1 please find an amended CMS-855S which reflects the current list of supplies dispended by Smart Choice.

Said differently, Smart Choice provides Medicare beneficiaries with information about Medicare covered items, including the G7 CGM, covered under warranty in the form of documentation (Patient Packet and from the manufacturer directly) to the Medicare beneficiary with the dispensed supplies as required by 42 CFR §424.57(c)(6).

V. Violation of 42 CFR §424.57(c)(7)

According to the deficiency notice, Smart Choice was allegedly in violation of this regulation because it purportedly did not have a permanent visible sign in plain view and the posted hours of operation did not match the hours of operation submitted in its revalidation application. This, however, is not the case. Relevant here, Smart Choice recently moved into its new location which was disclosed in a Change of Information submitted immediately prior to the revalidation. In connection with that application, Smart Choice also updated its hours of operation. A copy of the response submitted in connection with DCN 1232360954 which includes the correct hours of operation is attached as Exhibit 4. These hours match those posted on the sign affixed to Smart Choice's door. A picture of the door and sign is attached as Exhibit 5. Also, Smart Choice posted additional signage in and around the building with its name and Suite number identified. A picture of this sign is attached as Exhibit 6.

Please also note, Smart Choice was just recently notified by the property management company that the ordered signage will be installed in the next few days. Attached as Exhibit 7 please find an email from the property management company.

Smart Choice maintains a visible sign in plain view and posts hours of operation as required by 42 CFR §424.57(c)(7). Having just relocated to this space, the management company had not yet received the additional signage for Smart Choice, however, that signage has since been received and has been installed.

VI. Violation of 42 CFR §424.57(c)(12)

According to the deficiency notice, Smart Choice was allegedly in violation of this regulation because it purportedly failed to provide proof that it provides Medicare beneficiaries with written information and instructions on how to use the CGM, a Medicare covered item, safely and effectively, as well as contact information. Accompanying the supplies dispensed to Medicare beneficiaries are instructions on the set-up and use of the device as well as contact information for Smart Choice (found in the Patient Packet) and the manufacturer. By way of example, attached as Exhibit 8 are the instructions provided by Smart Choice to each Medicare beneficiary to whom a G7 CGM is dispensed. This document is included in the patient documentation accompanying the supplies mailed out by a contracted company. Smart Choice maintains a copy of the Patient Packet as well as the instructions for the CGM on-site which can be provided during any future inspection.

Said differently, Smart Choice provides Medicare beneficiaries with written information and instructions on how to use the CGM, a Medicare covered item, safely and effectively, as well as contact information for both Smart Choice and the manufacturer as required by 42 CFR §424.57(c)(12).

VII. Violation of 42 CFR §424.57(c)(15)

According to the deficiency notice, Smart Choice was allegedly in violation of this regulation because it purportedly does not accept returns. Smart Choice accepts returns from Medicare beneficiaries, a fact that was communicated during the site visit and which can be confirmed by reviewing records of voluntary overpayments made by Smart Choice in connection with returned supplies. There were, however, no returns at the Smart Choice office at the time of the visit because returns are sent directly to the entity contracted by Smart Choice to fill and dispense orders.

Please note, on rare occasions, a Medicare beneficiary will return supplies to the Smart Choice office. In the event that were to happen (which is infrequent) Smart Choice maintains a quarantine area where those supplies are stored.

VIII. Violation of 42 CFR §424.57(c)(25)

According to the deficiency notice, Smart Choice was allegedly in violation of this regulation because it's not accredited for providing surgical dressings. As mentioned above, a material component of the CGM is the sensor(s) which send glucose readings to the display device every five minutes. An overpatch is applied to the sensor(s) to keep them in place and attached to the patient's body. In some cases, the overpatch dispensed with the CGM does not adhere to the skin and as a result, the sensor(s) did not always remain in place resulting in skewed and/or incorrected glucose readings. Following several patient calls regarding this issue, Smart Choice dispensed adhesive sticker(s) to patients to use in place of the overpatch which corrected this problem. Since these add-on supplies were dispensed in connection with the CGM, they were billed by Smart Choice. Smart Choice, however, was not aware that the HCPCS code affiliated with these add-on supplies was for a surgical dressing, which unbeknownst to Smart Choice, it could not bill.

Smart Choice believed in good faith it was providing a valuable service to Medicare beneficiaries by providing replacement overpatches to ensure the sensor(s) were affixed to the skin appropriately. It was wholly unaware that its enrollment did not allow it to bill for those supplies. Since being notified of this, Smart Choice has quantified the total reimbursement received in connection with the replacement (and better quality) overpatches which and has initiated voluntary refunds to the appropriate Medicare contractors in connection with the universe of those claims. While Smart Choice will still offer these supplies to its patients as a courtesy and free of charge and will no longer bill Medicare for same.

I have read this Corrective Action Plan and affirm that the information given herein is true and correct to the best of my knowledge.

President / Owner

1/4/24
Date

Chags Health Information Technology, LLC (C-HIT)
CMS Provider Enrollment Appeals & Rebuttals
P.O. Box 45266, Jacksonville, FL 32232
Tel: 800-245-9206 | Fax: 866-410-7404
Email: PEARC@c-hit.com

March 22, 2024

Nicholson & Eastin, LLP
Attn: Erin Ferber, P.A.
[redacted]

Re: Reconsideration Request and Corrective Action Plan (CAP) Submission
Legal Business Name: Smart Choice Medical, LLC
NPI: 1033678438
PTAN: 7745720001
DCN: 8233539175

Dear Erin Ferber:

This letter is in response to the CAP and reconsideration request (collectively, the appeal), on behalf of Smart Choice Medical, LLC (Smart Choice), based on an enrollment revocation. The initial determination letter was dated December 20, 2023, and the CAP was received by Chags Health Information Technology, LLC (C-HIT) on January 5, 2023, and the reconsideration request was received on January 5, 2023. Therefore, this appeal is considered timely. C-HIT based the following decision on the Social Security Act (the Act), Medicare regulations, the CMS manual instructions, the Medicare enrollment record, and any information received before this decision was rendered.

REVOCATION REASON:

- 42 C.F.R. § 424.535(a)(1)

OTHER APPLICABLE AUTHORITIES:

- 42 C.F.R. § 424.535(c)
- 42 C.F.R. § 424.57(c)(2)
- 42 C.F.R. § 424.57(c)(4)
- 42 C.F.R. § 424.57(c)(5)
- 42 C.F.R. § 424.57(c)(6)
- 42 C.F.R. § 424.57(c)(7)
- 42 C.F.R. § 424.57(c)(12)
- 42 C.F.R. § 424.57(c)(15)
- 42 C.F.R. § 424.57(c)(25)

EXHIBITS:

- Exhibit 1: Letter from National Provider Enrollment Durable Medical Equipment, Prosthetics, Orthotics, and Suppliers (DMEPOS) East Contractor, Novitas Solutions, Inc., (NPE East) notifying Smart Choice of the November 30, 2023 deadline to revalidate its Medicare enrollment record, dated August 31, 2023;
- Exhibit 2: Application Data Report for a CMS-855S Medicare enrollment application submitted by Smart Choice via the Provider Enrollment, Chain, and Ownership System (PECOS) to revalidate its enrollment as a DMEPOS supplier, submitted on September 7, 2023, and supplemented on September 11, 2023;
- Exhibit 3: Email Correspondence from NPE East notifying Smart Choice of requested corrections for its Medicare enrollment application, dated September 22, 2023;
- Exhibit 4: Site Investigation report for suppliers of DMEPOS for an on-site inspection conducted at Smart Choice's 148 E Marketplace Blvd. Ste. 148E, Knoxville, TN 37922 location (Knoxville location), on October 2, 2023, at 1:16 PM;
- Exhibit 5: Fax Correspondence from Smart Choice dated October 5, 2023, submitted in response to the request for corrections with the following attachments:
    - Section 2: Identifying Information, effective date September 1, 2023;
    - Section 4: Important Address lnformation, effective date September 1, 2023;
    - Section 13: Contact Person Information, effective date September 1, 2023;
    - Section 15: Certification Statement, dated October 4, 2023;
    - Smart Choice Org Chart, dated October 26, 2022;
    - Certificate of Accreditation for Smart choice Medical LLC dba A1 Med, effective date April 5, 2022, expires April 4, 2025;
    - PECOS Payment Tracking Details, October 2, 2023;
- Exhibit 6: Letter from NPE East dated December 20, 2023, advising Smart Choice that its application to enroll in Medicare was revoked pursuant to § 424.535(a)(1); and
- Exhibit 7: Appeal submitted by Erin Ferber of Nicholson & Eastin, LLP on behalf of Smart Choice dated January 5, 2023, with the following attachments:
    - (Supplier Exhibit) Email correspondence from Erin Ferber, dated January 5, 2024;
    - (Supplier Exhibit) Letter from Erin Ferber, requesting CAP and reconsideration, dated January 4, 2024;
    - (Supplier Exhibit 1) Copy of letter from NPE East dated December 20, 2023, advising Smart Choice that its application to enroll in Medicare was revoked pursuant to § 424.535(a)(1);
    - (Supplier Exhibit 2) Appointment of Representative, dated January 3, 2024;
    - (Supplier Exhibit 3) Section 2: Identifying Information and Section 15: Certification Statement from Smart Choice's Medicare enrollment application, undated;
    - (Supplier Exhibit 4) Form for Medical Capped and Inexpensive or Routinely Purchased Items;
    - (Supplier Exhibit 5) Customer Service Information, Customer Agreement Form, Patients Bill of Rights, Medicare DMEPOS Supplier Standards, and Warranty Information;

- (Supplier Exhibit 6) Sections submitted with Smart Choice's Medicare enrollment application, including the following:
  - Section 2: Identifying Information, effective date September 1, 2023;
  - Section 4: Important Address Information, effective date September 1, 2023;
  - Section 13: Contact Person Information, effective date September 1, 2023;
  - Section 15: Certification Statement, dated October 4, 2023;
  - Smart Choice Org Chart, dated October 26, 2022;
  - Certificate of Accreditation for Smart choice Medical LLC dba A1 Med, effective date April 5, 2022, expires April 4, 2025;
- (Supplier Exhibit 7) Photos of the Hours of Operations Paper Sign;
- (Supplier Exhibit 8) Photos of the Hours of Operations, posted outside;
- (Supplier Exhibit 9) Email correspondence between Smart Choice and its property manager regarding signage order and installation, dated December 28, 2023; and
- (Supplier Exhibit 10) Guide on how to use products supplied by Smart Choice.

BACKGROUND:

C-HIT reviewed the documentation related to the matter for Smart Choice and made the decision in accordance with the applicable Medicare rules, policies and program instructions.

On August 31, 2023, NPE East mailed a letter notifying Smart Choice of the three-year requirement to revalidate its Medicare enrollment record. Smart Choice was further notified that failure to respond by November 30, 2023 (90 calendar days) may result in the NPE East stopping Smart Choice's Medicare billing privileges (see Exhibit 1). Smart Choice subsequently, on September 7, 2023, submitted a CMS-855S Medicare enrollment application to revalidate its enrollment (see Exhibit 2). Thereafter, on September 22, 2023, NPE East notified Smart Choice that it received its Medicare enrollment application and requested corrections and additional documentation (see Exhibit 4). NPE East specifically instructed Smart Choice to provide a current/valid copy of its accreditation, its organization structure diagram/flowchart, a copy of its certificate of liability insurance or evidence of self-insurance, a copy of its surety bond and a receipt as proof of payment. Finally, Smart Choice was informed that an unannounced site visit would be performed (see Exhibit 3).

A site-visit was conducted on October 2, 2023, at Smart Choice's Knoxville location. The site inspection revealed that: (1) Smart Choice's records do not include proof of inventory; (2)the supplier advises beneficiaries that they may rent or purchase inexpensive or routinely purchased equipment, and of the capped rental policy; (3) a permanent visible sign in plain view was not posted; (4) the supplier provides beneficiaries with written information and instructions on how to use Medicare covered items safely and effectively; (5) a copy of supplier standards is provided to all Medicare patients; (6) the supplier furnishes contact information to beneficiaries at the time of delivery; and (7) the supplier accepts returns of substandard or unsuitable items from beneficiaries and supplier is not accredited for providing surgical dressing (see Exhibits 4 and 6). In addition to the site inspection results, a billing report revealed that Smart Choice failed to notify NPE East regarding changes in rendering products and services and accreditation status (see Exhibit 6).

Subsequently, on December 20, 2023, NPE East notified Smart Choice that its application to enroll in Medicare was revoked because it was not in compliance with Medicare requirements set forth in § 424.535(a)(1) (see Exhibit 6). In response, Smart Choice submitted a CAP and reconsideration request to C-HIT to appeal the revocation of its Medicare enrollment (see Exhibit 7).

CORRECTIVE ACTION PLAN ANALYSIS:

Under § 424.535(a)(1), CMS may revoke a supplier's enrollment in the Medicare program if the supplier is determined to not be in compliance with the enrollment requirements applicable for its supplier type. As a DMEPOS supplier, Smart Choice is required to comply with the supplier standards in § 424.57(c). Here, the NPE East found that Smart Choice was not in compliance with the supplier standards under § 424.57(c)(2), 424.57(c)(4), 424.57(c)(5), 424.57(c)(6), 424.57(c)(7), 424.57(c)(12) 424.57(c)(15) and 424.57(c)(25) (see Exhibit 6). In its CAP submission, Smart Choice submitted specific assertions in response to each supplier standard that NPE East determined Smart Choice failed to comply with. Each supplier standard will be discussed in detail below.

42 C.F.R. § 424.57(c)(2):

Under § 424.57(c)(2) a supplier must not make, or cause to be made, any false statement or misrepresentation of a material fact on its application for billing privileges. (The supplier must provide complete and accurate information in response to questions on its application for billing privileges. The supplier must report to CMS any changes in information supplied on the application within 30 days of the change.) NPE East found that Smart Choice was not in compliance with this supplier standard because a billing report revealed that Smart Choice was billing Medicare for surgical dressings, to which it did not notify Medicare of. In its CAP, Smart Choice asserted that a material component of their continuous glucose monitors is a sensor(s) that helps display glucose readings. The over patch applied to the sensor does not keep it in place, thereby affecting the glucose readings. As a result, they started dispensing adhesive stickers to use in place of the over patch. Smart Choice, however, was not aware that these add-on adhesive stickers were categorized as surgical dressings, which unbeknownst to Smart Choice, it could not bill. Smart Choice claims that it was unaware that its enrollment did not allow it to bill those supplies. Since being notified of the violation, Smart Choice asserts that is has quantified the total reimbursement received in connection with the replacement over patches and has initiated voluntary refunds to the appropriate Medicare contractors in connection with the universe of those claims. Smart Choice further asserts that it will continue offering these supplies to its patients as a courtesy and free of charge and will no longer bill Medicare for it. C-HIT finds that this demonstrates compliance with the supplier standard set forth in § 424.57(c)(2) (see Exhibit 7). Therefore, the CAP is accepted and the revocation under this basis is overturned.

42 C.F.R. § 424.57(c)(4):

Under § 424.57(c)(4), a supplier must fill orders, fabricate, or fit items from its own inventory or by contracting with other companies for the purchase of items necessary to fill the order. If it does, it must provide, upon request, copies of contracts or other documentation showing compliance

with this standard. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal Government Executive Branch procurement or nonprocurement program or activity. NPE East found that Smart Choice was not in compliance with this supplier standard because Smart Choice did not fill orders, fabricate or fit items from their own inventory as stated in their revalidation application. In its CAP, Smart Choice asserts that it inadvertently filled out the revalidation application incorrectly stating that Smart choice filled orders from its own inventory but in fact, Smart Choice exclusively uses third parties to package and ship supplies and does not maintain any inventory (except the infrequent return sent directly to the office) on site. Smart choice attached an amended CMS-855S which reflects that Smart Choice does not fill orders from its own inventory and instead contracts with another company for the purchase of items necessary to fill orders. C-HIT finds that this demonstrates compliance with the supplier standard set forth in § 424.57(c)(4) (see Exhibit 7). Therefore, the CAP is accepted and the revocation under this basis is overturned.

42 C.F.R. § 424.57(c)(5):

Under § 424.57(c)(5), a supplier must advise beneficiaries that they may either rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental durable medical equipment as defined in § 414.220(a) this chapter. Section 414.220(a) provides in pertinent part:

> Inexpensive equipment is equipment wherein the average purchase price did not exceed $150 during the period July 1986 through June 1987.
>
> Routinely purchased equipment means equipment that was acquired by purchase on a national basis at least 75 percent of the time during the period July 1986 through June 1987.
>
> Accessories. Effective January 1, 1994, accessories used in conjunction with a nebulizer, aspirator, or ventilator excluded from § 414.222 meet the definitions of "inexpensive equipment" and "routinely purchased equipment" in paragraphs (a)(1) and (a)(2) of this section, respectively.
>
> (The supplier must provide, upon request, documentation that it has provided beneficiaries with this information, in the form of copies of letters, logs, or signed notices.)

Based on the results of the October 2, 2023 site visit, the inspector found that Smart Choice was not advising beneficiaries that they may rent or purchase inexpensive or routinely purchased equipment, and of the capped rental policy. Therefore, NPE East determined that Smart Choice was not compliant with this supplier standard (see Exhibit 6). In its CAP, Smart Choice states that it exclusively provides diabetic testing supplies including continuous glucose monitors and related items. Smart Choice further provided a copy of the written notification regarding Medicare capped rental and inexpensive or routinely purchased items that will be included in the patient documentation accompanying the supplies mailed out by a contracted company. Smart Choice asserts that it maintains a copy of the notice on-site, which can be provided during any future inspections (see Exhibit 7). C-HIT finds that this demonstrates compliance with the supplier

standard set forth in § 424.57(c)(5). Therefore, the CAP is accepted and the revocation under this basis is overturned.

42 C.F.R. § 424.57(c)(6):

Pursuant to § 424.57(c)(6), a supplier must honor all warranties expressed and implied under applicable State law. A supplier must not charge the beneficiary or the Medicare program for the repair or replacement of Medicare covered items or for services covered under warranty. This standard applies to all purchased and rented items, including capped rental items. The supplier must provide, upon request, documentation that it has provided beneficiaries with information about Medicare covered items covered under warranty, in the form of copies of letters, logs, or signed notices. NPE East found that Smart Choice was not in compliance with this supplier standard because Smart Choice did not provide the site inspector with documentation indicating that it provides warranty information to the beneficiaries (see Exhibit 6). In its CAP, Smart Choice asserts that it provides forms to the beneficiaries and advised them of Medicare covered items covered under warranty. Smart Choice further provided a copy of the "Patient Packet" in its CAP (see Exhibit 7). C-HIT finds that this demonstrates compliance with the supplier standard set forth in § 424.57(c)(6). Therefore, the CAP is accepted and the revocation under this basis is overturned.

42 C.F.R. § 424.57(c)(7):

Pursuant to § 424.57(c)(7)(i)(D), suppliers must maintain a physical facility on an appropriate site. An appropriate site must meet all of the following:

> Maintains a permanent visible sign in plain view and posts hours of operation. If the supplier's place of business is located within a building complex, the sign must be visible at the main entrance of the building, or the hours can be posted at the entrance of the supplier.

During the site visit on October 2, 2023, the site inspector found that Smart Choice did not have a permanent sign visible at its location and the hours of operations did not match the hours of operations listed on its revalidation application (see Exhibit 6). In its CAP, Smart Choice states that the information is incorrect, and that Smart Choice recently moved into its new location which was disclosed in a Change of Information submitted immediately prior to submitting its revalidation application. The corrected hours of operation are attached with the picture of the door and sign. Smart Choice also posted additional signage in and around the building with its name and suite number identified. Smart Choice further attached proof that the property management company has ordered signage that will be installed in the next few days (see Exhibit 7). C-HIT finds that this demonstrates compliance with the supplier standard set forth in § 424.57(c)(7). Therefore, the CAP is accepted and the revocation under this basis is overturned.

42 C.F.R. § 424.57(c)(12):

Pursuant to § 424.57(c)(12), a supplier must be responsible for the delivery of Medicare covered items to beneficiaries and maintain proof of delivery. (The supplier must document that it or another qualified party has at an appropriate time, provided beneficiaries with necessary

information and instructions on how to use Medicare-covered items safely and effectively). NPE East found that Smart Choice was not compliant with this supplier standard because the site inspector's report indicated that Smart Choice's records did not include proof that it provides beneficiaries with written information and instructions on how to use Medicare covered items safely and effectively and proof that Smart Choice furnishes contact information to beneficiaries at the time of delivery (see Exhibit 6). In its CAP, Smart choice asserts that it has provided Medicare beneficiaries instructions on the set-up and use of the device as well as contact information for Smart Choice and the manufacturer. Smart Choice provided a copy of its Patient Packet to verify this assertion (see Exhibit 7). C-HIT finds that this demonstrates compliance with the supplier standard set forth in § 424.57(c)(12). Therefore, the CAP is accepted and the revocation under this basis is overturned.

42 C.F.R. § 424.57(c)(15):

Pursuant to § 424.57(c)(15) a supplier must accept returns from beneficiaries of substandard quality (less than full quality for the particular item or unsuitable items, inappropriate for the beneficiary at the time it was fitted and rented or sold). During the site visit on October 2, 2023, it was found that Smart Choice did not accept returns from beneficiaries and was found to be non-compliant with § 424.57(c)(15). In its CAP, Smart Choice stated that it accepts returns from Medicare beneficiaries. There were, however, no returns at the Smart Choice office at the time of the visit because returns are sent directly to the entity contracted by Smart Choice to fill and dispense orders. Smart Choice also noted that on rare occasions, a Medicare beneficiary will return supplies to the Smart Choice office. If there is a return to Smart Choice's office, it maintains a quarantine area where those supplies are stored. C-HIT finds that this demonstrates compliance with the supplier standard set forth in § 424.57(c)(15). Therefore, the CAP is accepted and the revocation under this basis is overturned.

42 C.F.R. § 424.57(c)(25):

Pursuant to § 424.57(c)(25) all DMEPOS suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation. If a new product line is added after enrollment, the DMEPOS supplier will be responsible for notifying the accrediting body of the new product so that the DMEPOS supplier can be re-surveyed and accredited for these new products. Here, the NPE East discovered that Smart Choice submitted claims for surgical dressings without being properly accredited. In its CAP, Smart Choice asserts that due to the defect with the over patch failing to properly secure the glucose monitors sensor(s) to patients' skin, Smart Choice started dispensing adhesive stickers to patients to rectify the problem.

Smart Choice further asserts that it was not aware that these add-on supplies were classified as surgical dressings. Smart Choice further asserts that it was unaware that it was prohibited by Medicare from billing for these add-on supplies. Since being notified of the violation, Smart Choice asserts that it has quantified the total reimbursement received in connection with the replacement over patches and has initiated voluntary refunds to the appropriate Medicare contractors in connection with the claims at issue. Smart Choice asserts that it will continue offering these supplies to its patients as a courtesy and free of charge and will no longer bill

Medicare for it. C-HIT finds that this demonstrates compliance with the supplier standard set forth in § 424.57(c)(25) (see Exhibit 7). Therefore, the CAP is accepted and the revocation under this basis is overturned.

42 C.F.R. § 424.535(c):

Pursuant to § 424.535(c), in addition to the revocation of Smart Choice's Medicare billing privileges, CMS established a one-year re-enrollment bar, effective 30 days after the postmarked date of the revocation notice. However, based on Smart Choice's CAP, C-HIT overturned the revocation of Smart Choice's enrollment. Therefore, C-HIT also overturns the corresponding re-enrollment bar.

RECONSIDERATION REQUEST ANALYSIS:

C-HIT accepts the CAP submitted by Smart Choice. Therefore, there are no remaining issues to reconsider.

DECISION:

C-HIT finds that Smart Choice has corrected the non-compliance with §§ 424.57(c)(2), (c)(4), (c)(5), (c)(6), (c)(7), (c)(12), (c)(15), and (c)(25) that led to the revocation of its Medicare billing privileges pursuant to 424.535(a)(1). As a result, C-HIT accepts the CAP and overturns the revocation of Smart Choice's Medicare billing privileges under § 424.535(a)(1).

This is a **FAVORABLE DECISION**. To effectuate this decision, CMS instructs NPE East to reinstate Smart Choice's Medicare enrollment, effective December 20, 2023, with no gap in billing privileges.

FURTHER APPEAL RIGHTS - ADMINISTRATIVE LAW JUDGE (ALJ):

If you are satisfied with this decision, you do not need to take further action. If you believe that this determination is not correct, you may request ALJ review for the reconsideration portion of this decision letter. To request ALJ review, you must file your appeal with the Civil Remedies Division of the Departmental Appeals Board within 60 calendar days after the date of receipt of this decision.

How to file a hearing request

You can file your appeal electronically at the Departmental Appeals Board Electronic Filing System Web site (DAB E-File) at https://dab.efile.hhs.gov/.

To file a new appeal using DAB E-File, you first need to register a new account by:

1. Clicking Register on the DAB E-File home page;
2. Entering the information requested on the "Register New Account" form; and
3. Clicking Register Account at the bottom of the form. If you have more than one

representative, each representative must register separately to use DAB E-File on your behalf.

The e-mail address and password provided during registration must be entered on the login screen at https://dab.efile.hhs.gov/user_sessions/new to access DAB E-File. A registered user's access to DAB E-File is restricted to the appeals for which he/she/they are a party or authorized representative.

Once registered, you may file your appeal by logging in and:

- Clicking the File New Appeal link on the Manage Existing Appeals screen, and then clicking Civil Remedies Division on the File New Appeal screen; and
- Entering and uploading the requested information and documents on the "File New Appeal – Civil Remedies Division" form.

All documents must be submitted in PDF form.

What you must include in a hearing request for ALJ review

At minimum, the Civil Remedies Division (CRD) requires a party to file the following:

- A signed request for hearing that:
  - Identifies the specific issues and the findings of fact and conclusions of law with which the party disagrees; and
  - Specifies the basis for contending that the findings and conclusions are incorrect;
- The underlying notice letter from CMS that sets forth the action taken and the party's appeal rights.

In addition, the following identifying information is required with all ALJ hearing requests:

- Your legal business name
- Your Medicare PTAN (if applicable)
- Tax Identification Number (TIN) or Employer Identification Number (EIN)
- A copy of the Hearing Officer or the CMS Regional Office (RO) decision

The procedures for ALJ review can be found at Title 42 of the Code of Federal Regulations, sections 498.40 – 498.79.

Guidelines for Using DAB E-file

- Any document, including a request for hearing, will be deemed to have been filed on a given day if it is uploaded to DAB E-File on or before 11:59 p.m. ET of that day.
- A party that files a request for hearing via DAB E-File will be deemed to have consented to accept electronic service of appeal-related documents that CMS files, or CRD issues on behalf of the ALJ, via DAB E-File. Correspondingly, CMS will also be deemed to have consented to electronic service.
- Parties are responsible for ensuring that DAB E-file email notifications do not go to their

spam folders and that any spam filtering software they may have does not restrict their ability to receive emails from the system.

- More detailed instructions on DAB E-File for CRD cases can be found by clicking the CRD E- File Procedures link on the File New Appeal Screen for CRD appeals.

If you are unable to use DAB E-file

Parties are required to use DAB E-file unless they receive a waiver. If you cannot file your appeal electronically, you may mail your hearing request, along with a request for waiver of the electronic filing requirement and an explanation of why you cannot use DAB E-file, to: Department of Health and Human Services, Departmental Appeals Board, Civil Remedies Division, Mail Stop 6132, Attn: CMS Enrollment Appeal, 330 Independence Avenue, S.W., Cohen Building, Room G-644, Washington, D.C. 20201.

Appeal rights can be found 42 C.F.R. part 498. The regulation explains the appeal rights following the determination by the CMS as to whether such entities meet the requirements for enrollment in the Medicare program.

Chags Health Information Technology, LLC (C-HIT)
CMS Provider Enrollment Appeals & Rebuttals
P.O. BOX 452366
Jacksonville, FL 32232
or
Fax Number
866-410-7404

If you have any questions, please contact our office at 800-245-9206 between the hours of 9:00 a.m. ET and 5:00 p.m. ET.

Sincerely,

Michael Kushnir

Michael Kushnir
Project Manager
Chags Health Information Technology, LLC (C-HIT)

cc:

NPE East

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICARE

NOVITAS SOLUTIONS

June 05, 2024

SMART CHOICE MEDICAL LLC
ATTN LAURA HAWKS
[redacted]

Reference #: 1232360954

Dear Smart Choice Medical Llc,

This is a correction to our previous letter dated June 05, 2024. We have revised the Physical Address Location and the PTAN Effective Date.

Novitas Solutions, Inc. has approved your revalidation application.

Medicare Enrollment Information

Supplier Legal Business Name (LBN): Smart Choice Medical Llc
Doing Business As (DBA): A1 MED
Physical Address Location: 148 MARKET PLACE BLVD, KNOXVILLE, TN 37922-2337
Supplier Type: MEDICAL SUPPLY COMPANY
National Provider Identifier (NPI): 1033678438
Provider Transaction Access Number (PTAN): 7745720001
PTAN Effective Date: June 27, 2019
Changed Information: PHYSICAL LOCATION, SPECIAL PAYMENTS ADDRESS, DME HOURS OF OPERATION, DME JURISDICTIONS, PRODUCTS AND SERVICES FURNISHED BY THIS SUPPLIER,1099 MAILING ADDRESS, CORRESPONDENCE ADDRESS, MEDICAL RECORD CORRESPONDENCE ADDRESS, REVALIDATION REQUEST PACKAGE MAILING ADDRESS, MEDICAL RECORD STORAGE ADDRESS - ELECTRONIC STORAGE, COMPREHENSIVE LIABILITY INSURANCE INFORMATION, CONTACT PERSON

Your PTAN is the authentication element for all inquiries to customer service representatives (CSRs), written inquiry units, and the interactive voice response (IVR) system.

To file claims electronically, please contact the Common Electronic Data Exchange (CEDI) Contractor at www.ngscedi.com or (866) 311-9184.

Subscribe to receive timely listserv messages regarding Medicare billing policies at:

- Jurisdiction A – Noridian Healthcare Solutions, med.noridianmedicare.com/web/jadme
- Jurisdiction B – CGS, www.cgsmedicare.com
- Jurisdiction C – CGS, www.cgsmedicare.com
- Jurisdiction D – Noridian Healthcare Solutions, med.noridianmedicare.com/web/jddme

Enroll, make changes or view your existing enrollment information by logging into PECOS at https://pecos.cms.hhs.gov.

Submit updates and changes to your enrollment information within the timeframes specified at 42 CFR §424.516. For more information on the reporting requirements, go to Medicare Learning Network Article SE1617.

Find additional Medicare program information, including billing, fee schedules, and Medicare policies and regulations at https://med.noridianmedicare.com/ or https://www.cgsmedicare.com/ or https://www.cms.gov.

Right to Submit a Reconsideration Request:

You may request a reconsideration of this determination. This is an independent review conducted by a person not involved in the initial determination.

Reconsideration requests must:

- Be received in writing within 65 calendar days of the date of this letter and mailed or emailed to the address below.
- State the issues or findings of fact with which you disagree and the reasons for disagreement.
- Be signed by the provider or supplier, an authorized or delegated official that has been reported within your Medicare enrollment record, or an authorized representative.
    - If the authorized representative is an attorney, the attorney's statement that he or she has the authority to represent the provider or supplier is sufficient to accept this individual as the representative.
    - If the authorized representative is not an attorney, the individual provider, supplier, or authorized or delegated official must file written notice of the appointment of its representative with the submission of the reconsideration request.
    - Authorized or delegated officials for groups cannot sign and submit a reconsideration request on behalf of a reassigned provider/supplier without the provider/supplier submitting a signed statement authorizing that individual from the group to act on his/her behalf.

Providers and suppliers may:

- Submit additional information with the reconsideration that may have a bearing on the decision. However, if you have additional information that you would like a Hearing Officer to consider during the reconsideration or, if necessary, an Administrative Law Judge (ALJ) to consider during a hearing, you must submit that information with your request for reconsideration. This is your only opportunity to submit information during the administrative appeals process unless an ALJ allows additional information to be submitted.
- Include an email address if you want to receive correspondence regarding your appeal via email.

If a reconsideration is not requested, CMS deems this a waiver of all rights to further administrative review. More information regarding appeal rights can be found at 42 C.F.R. Part 498.

The reconsideration request should be sent to:

Chags Health Information Technology LLC
P.O. BOX 45266
Jacksonville, FL 32232

Or emailed to:

PEARC@c-hit.com

For questions concerning this letter, contact Novitas Solutions, Inc. at 1-866-520-5193 between the hours of 9:00 AM and 5:00 PM EST Monday - Friday for suppliers in NPEAST DMEPOS jurisdiction (Alabama, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin, District of Columbia, Puerto Rico and US Virgin Islands).

Sincerely,

Chyna Edwards
Provider Enrollment Representative
Novitas Solutions, Inc.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/2/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Brown & Brown Insurance Services, Inc.
1201 E. Cypress Creek Road, Suite 130
Ft Lauderdale, FL 33309

CONTACT NAME:
PHONE (A/C, No. Ext): 954-475-3600 FAX (A/C, No): 954-475-2120
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Scottsdale Insurance Company	41297
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

Smart Choice Medical, LLC
c/o H&F Medical, LLC
148 Market Place Blvd
Knoxville, TN 37922

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT X LOC			CPS7970092	3/28/2025	3/28/2026	EACH OCCURENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS – COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			CPS7970092	3/28/2025	3/28/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODLIY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $ NIL			CXS4021503	3/28/2025	3/28/2026	EACH OCCURANCE AGGREGATE	$ 1,000,000 $ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY ROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE – EA EMPLOYEE E.L. DISEASE – POLICY LIMIT	$ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Named Insured: Smart Choice Medical, LLC
Property Address: 148 Market Place Blvd Knoxville, TN 37922

CERTIFICATE HOLDER

PROOF OF INSURANCE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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SMART CHOICE MEDICAL LLC

CEO List/Ownership Information

Smart Choice Medical, LLC is 100% owned by:

Name:	H&F Medical, LLC
Mailing Address:	401 East Las Olas Blvd Ste 130-414 Fort Lauderdale, FL 33301
Phone:	954-228-0321
TIN:	47-2176015

The name, address, and title of the Managing Members and Individual Owners of H&F Medical, LLC are:

1. **Name:** Justin Ferreira
   Home Address: [redacted]
   Mailing Address:
   Phone:
   Title: Managing Member

2. **Name:** Chris Henry
   Home Address: [redacted]
   Mailing Address:
   Phone:
   Title: Managing Member

Smart Choice Medical, LLC's *Operations Manager* is **Fran Glasscock.**

Secretary of the State of Connecticut
Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Monday, February 17, 2025 4:36 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	SMART CHOICE MEDICAL LLC
Business ALEI	US-CT.BER:1299275
Formation Date	02/13/2019

Secretary of the State

Business ALEI: US-CT.BER:1299275 Certificate Number: C-00157558

Note: To verify this certificate, visit Business.ct.gov

33963

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000008331
EXPIRATION DATE: 09/30/2025

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
SMART CHOICE MEDICAL LLC DBA A1 MED

COMMISSIONER OF HEALTH

LAURA HAWKS
SMART CHOICE MEDICAL LLC DBA A1 MED
148-E MARKET PLACE BLVD
KNOXVILLE TN 37922-2337

1362724

33963

State of Tennessee
Department of Health

BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
SMART CHOICE MEDICAL LLC DBA A1 MED
148-E MARKET PLACE BLVD
KNOXVILLE TN 37922

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000008331
EXPIRATION DATE: 09/30/2025

Jennifer L. Rotramel Esq
ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

COMMISSIONER, DEPARTMENT OF HEALTH

MEDICAL DEVICES

3150

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Smart Choice Medical, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 148 Market Place Blvd

City: Knoxville State: TN Zip: 37922

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 800-876-6855 Website:

Licensing Company Email: ACCOUNTING@HFMED.US

Section 2: Personal Information

First: CHRIS Middle: Last: HENRY

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: CHRIS@HFMED.US

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Coconut Creek High School		08/1996-06/2020	
Address	**City**	**State**	**Zip**
1400 NW 44th Ave	Coconut Creek	FL	33066
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
University of Central Florida		08/2020-05/2024	
Address	**City**	**State**	**Zip**
4000 Central Florida Blvd	Orlando	FL	32816
Diploma/Degree obtained, if any			
Bachelor's in Electrical Engineering			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/23-02/25	[redacted]	[redacted]		[redacted]
06/16-05/23				
11/11-0616				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Digital Media Solutions			04/21 - 07/22
Business Address	**City**	**State**	**Zip**
48 140th Ave Ste 101	Clearwater	FL	33762
Phone	**Title**		
727-287-0426	Marketing Manager		

Description of Duties

Market research and developing strategies, budget management, negotiating contracts, and overseeing marketing team.

Business Name			From - To (MM/YY – MM/YY)
Crisp Marketing, LLC			01/08 - 04/21
Business Address	**City**	**State**	**Zip**
110 E Broward Blvd Ste 1600	Fort Lauderdale	FL	33301
Phone	**Title**		
957-537-3380	Managing Member		

Description of Duties

Owner

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chris Henry

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/31/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami Dade

I, Chris Henry, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/31/2025

Date

Subscribed and Sworn to before me this 31 day of March 2025.

Notary Public Signature

CHRISTINA RODRIGUEZ
Notary Public - State of Florida
Commission # HH 520174
My Comm. Expires Apr 24, 2028
Bonded through National Notary Assn.

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Smart Choice Medical, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 148 Market Place Blvd

City: Knoxville State: TN Zip: 37922

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 800-876-6588 Website:

Licensing Company Email: ACCOUNTING@HFMED.US

Section 2: Personal Information

First: Justin Middle: Last: Ferreira

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: JUSTIN@HFMED.US

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Dartmouth High School		09/96 - 05/99	
Address	**City**	**State**	**Zip**
555 Bakerville Rd	Dartmouth	MA	02748
Diploma/Degree obtained, if any			
Yes			

School Name		From - To (MM/YY – MM/YY)	
Florida Atlantic University		09/00 - 05/04	
Address	**City**	**State**	**Zip**
	Boca Raton	FL	33433
Diploma/Degree obtained, if any			
BSEE			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/24 -	[redacted]	[redacted]	[redacted]	[redacted]
01/20 - 03/24				
01/14 - 12/19				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Digital Media Solutions			04/21 - 07/22	
Business Address		**City**	**State**	**Zip**
48 140th Ave Ste 101		Clearwater	FL	33762
Phone	**Title**			
727-287-0426	SVP			
Description of Duties				
SVP of senior insurance products				

Business Name			From - To (MM/YY – MM/YY)	
Crisp Marketing, LLC			01/08 - 04/21	
Business Address		**City**	**State**	**Zip**
110 E Broward Blvd Ste 1600		Fort Lauderdale	FL	33301
Phone	**Title**			
954-537-3380	Managing Member			
Description of Duties				
Owner				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Justin Ferreira

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/19/25

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, Justin Ferreira, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/19/25

Date

Subscribed and Sworn to before me this 19 day of February.

Notary Public Signature

CHRISTINA RODRIGUEZ
Notary Public - State of Florida
Commission # HH 520174
My Comm. Expires Apr 24, 2028
Bonded through National Notary Assn.

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Smart Choice Medical, LLC MDEG License # (if applicable) _____

Physical Address 148 Market Place Blvd

City Knoxville State TN Zip 37922

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 800-876-6855 Website _____

Licensing Company Email accounting@hfmed.us

Section 2: Personal Information

First Martha Middle Fran Last Glasscock

Alias(es, nicknames, name changes, etc.) Fran

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email fran@hfmed.us

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Mississippi State University		08/2000 - 05/2024	
Address	**City**	**State**	**Zip**
75 B.S. Hood Dr	Mississippi State	MS	39762
Diploma/Degree obtained, if any			
Bachelor in Finance			

School Name		From - To (MM/YY – MM/YY)	
Amory High School		08/1996 - 05/2000	
Address	**City**	**State**	**Zip**
1006 Sam Haskell Dr	Amory	MS	38821
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/23 - present	[redacted]	[redacted]	[redacted]	[redacted]
08/18 - 10/23				
06/11 - 08/18				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
Smart Choice Medical		05-24 - present	
Business Address	**City**	**State**	**Zip**
148 Market Place Blvd	Knoxville	TN	37922
Phone	**Title**	**Number of Employed Hours**	
	Operations	40 hours/wk	
Description of Duties			
Managing Operations of the business and employees, Customer Service, Product Training, Physician Support			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) _____ Date _____

I, Martha Glasscock, certify that as the MDEG Administrator for

Smart Choice Medical, LLC,

that I (initial that you have read and meet the following requirements):

1. X Have a high school diploma or its equivalent;
2. X Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. X Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Martha Glasscock
Print Name (First, Last)

Martha Glasscock
Original Signature (electronic, copies or stamps not accepted)

3-20-2025
Date

Board Use Only	Date Received:

8

8A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☒ New Pharmacy	☐ Retail/Community	☐ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☒ Hospital (# beds 48)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #:
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH		☒ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☒ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☒ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Vogue Recovery Center

Physical Address: 4011 McLeod Dr.

City: Las Vegas State: NV Zip: 89156

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-803-0060 Toll Free # (NAC 639.708, NRS 639.23286):

Fax: 702-780-4955 Contact Email: aellison-smith@voguerc.com

Website: www.voguerecoverycenter.com

Nevada Business License # (if applicable) 2006369-062-101

Supervising/Managing Pharmacist Name (NRS 639.220): Murray Robison

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 13867

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Murray Robison	NV Pharmacist Registration #: 13867
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable: NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b). To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): Aliya Health Group

Corporation/Organization Name: Vogue Recovery Center

Mailing Address: 1590 S. Congress Ave

City: Palm Springs State: FL Zip: 33406

Telephone: 702-803-0060 Email: aellison-smith@voguerc.com

Contact Person Name: Araneth Ellison-Smith

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: N/A

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: N/A

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Director of Nursing (title) for Vogue Recovery Center (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Araneth Ellison-Smith

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3/17/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Murray Robison hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Vogue Recovery Center Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 17th day of FEBRUARY, 2025

Notary Public

KIMBERLY K. OLSEN
Notary Public, State of Nevada
Appointment No. 11-3902-1
My Appt. Expires Jan 17, 2027

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Murray Robison Pharmacist Registration #: 13867

Pharmacy Name: Vogue Recovery Center Pharmacy

Initial each statement below to indicate you have read and agree with the following:

MKR I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

MKR I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

MKR I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

MKR I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

MKR I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Murray K Robison 2/17/2025

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Yisrael Herzka

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4/10/25

Date

Board Use Only	Date Received: 5/5/25	Amount: $500cc

APRIL 9, 2025

TO: NEVADA BOARD OF PHARMACY

FROM: CMJ RECOVERY NV, LLC

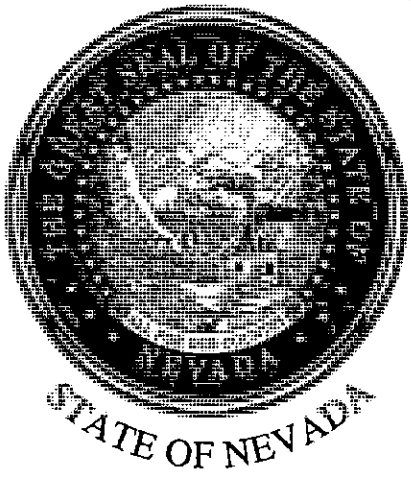
RE: SECTION 12 REQUIRED INFORMATION

1. List of all Officers and Directors
    a. Dave Johnson- CEO
    b. Janice Vaysberg- CFO

2. List the Top four stockholders and percent ownership
    a. Chava Wolofsky - 27.25% Ownership
    b. Yisroel Herzka – 27.25% Ownership
    c. Shaul Kopelowitz- 8% Ownership
    d. Joel Strulovics- 7% Ownership

3. List all stockholders who hold 10% or more of the shares (these require the personal history applications):
    a. Chava Wolofsky - 27.25% Ownership
    b. Yisroel Herzka – 27.25% Ownership

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational or qualification, as applicable, documents on file in this office for

CMJ Recovery NV LLC

Organizational Documents on File	Filing Date
Amendment to Articles of Organization	05/05/2020
Articles of Organization	04/22/2020

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence CMJ Recovery NV LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, and by virtue of the laws of the State of Nevada since 04/22/2020, and is in good standing in this state.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site CMJ Recovery NV LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 4011 McLeod Dr

City Las Vegas State NV Zip 89121

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-803-0060 Website www.voguerecoverycenter.com

Licensing Company Email _____

Section 2: Personal Information

First Yisroel Middle _____ Last Herzka

Alias(es, nicknames, name changes, etc.) Chuny Herzka

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Lakewood State NJ Zip [redacted]

Telephone [redacted] Ema[redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Yeshiva Gedolah of Bayonne		09/01 - 06/05	
Address	City	State	Zip
747 Ave C	Bayonne	NJ	07002
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
01/15 - 02/19				
From - To (MM/YY – MM/YY)				
02/19 - Present				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
CMJ Healthcare Holdings LLC			04/20 - Present	
Business Address	**City**	**State**	**Zip**	
1777 Avenue of the States, #102	Lakewood	NJ	08701	
Phone	**Title**			
708-330-7511				
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Royal Realty Holdings LLC			11/23 - Present	
Business Address	**City**	**State**	**Zip**	
1590 S Congress Ave	Palm Springs	FL	33406	
Phone	**Title**			
847-345-5541				
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Royal LC WA Holdings LLC			04/21 - Present	
Business Address	**City**	**State**	**Zip**	
1590 S Congress Ave	Palm Springs	FL	33406	
Phone	**Title**			
847-345-5541				
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Royal LC AZ Holdings LLC			04/21 - Pres	
Business Address	**City**	**State**	**Zip**	
1590 S Congress Ave	Palm Springs	FL	33406	
Phone	**Title**			
847-345-5541				
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
UAB RC Holdings LLC			11/21 - Present	
Business Address	**City**	**State**	**Zip**	
1590 S Congress Ave	Palm Springs	FL	33406	
Phone	**Title**			
847-345-5541				
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Footprints Recovery Holdings LLC			01/21 - Present	
Business Address		City	State	Zip
411 W. River Rd.		Elgin	IL	60123
Phone	Title			
847-345-5541				
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
SCHG Healthcare Holdings LLC			03/20 - Present	
Business Address		City	State	Zip
1590 S Congress Ave		Palm Springs	FL	33406
Phone	Title			
847-345-5541				
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Elgin Centennial Realty Holdings LLC			03/23 - Present	
Business Address		City	State	Zip
1590 S Congress Ave		Palm Springs	FL	33406
Phone	Title			
847-345-5541				
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Malibu Recovery Center Holdings LLC			06/23 - Present	
Business Address		City	State	Zip
1590 S Congress Ave		Palm Springs	FL	33406
Phone	Title			
847-345-5541				
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Aliya Health Group LLC			01/24 - Present	
Business Address		City	State	Zip
1590 S Congress Ave		Palm Springs	FL	33406
Phone	Title			
(561) 562-6271				
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
UC Laboratory Holdings LLC			08/22 - Present	
Business Address		City	State	Zip
1590 S Congress Ave		Palm Springs	FL	33406
Phone	Title			
847-345-5541	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Oklahoma Recovery Holdings LLC			05/24 - Present	
Business Address		City	State	Zip
1590 S Congress Ave		Palm Springs	FL	33406
Phone	Title			
847-345-5541	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Golden SNF Realty Holdings LLC			04/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Golden SNF Operations Holdings LLC			04/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Golden SNF Consulting LLC			04/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

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Business Name			From - To (MM/YY – MM/YY)	
CAFive Realty Holdings LLC			02/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
CAFive Operations Holdings LLC			03/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
CAFive Consulting Holdings LLC			03/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Madera Realty Holdings LLC			02/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Madera Operations Holdings LLC			02/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

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Business Name		From - To (MM/YY – MM/YY)	
Pacific Northwest Realty Holdings Parent LLC		08/23 - Present	
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Pacific Northwest SNF Operations Holdings, LLC		08/23 - Present	
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Pacific Northwest 12 Leased Operations Holdings LLC		08/23 - Present	
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Madera Consulting Holdings LLC		02/23 - Present	
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
PNW 12 Consulting Holdings LLC		08/23 - Present	
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

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Business Name			From - To (MM/YY – MM/YY)
Pacific Northwest Consulting Holdings LLC			08/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Central Montana SNF Operations Holdings LLC			08/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Transitional Care SNF Operations Holdings LLC			08/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Seattle SNF Operations Holdings LLC			08/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Dolan Creek ALF Operations Holdings LLC			08/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

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Business Name			From - To (MM/YY – MM/YY)
Sonora Realty Holdings Parent LLC			03/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Sonora Operations Holdings LLC			03/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Alaska Gardens SNF Realty Holdings LLC			04/21 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Alaska Gardens SNF Operations Holdings LLC			04/21 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
El Jen SNF Realty Holdings LLC			08/21 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

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Business Name			From - To (MM/YY – MM/YY)	
El Jen SNF Operations Holdings LLC			08/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
El Jen SNF Consulting Holdings LLC			08/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Heartwood Washington Care Realty Holdings LLC			04/20 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Heartwood Washington Care Operations Holdings LLC			04/20 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Evergreen Healthcare LLC			04/20 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Main PA Property Holdings LLC			06/18 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Main PA Operations Holdings LLC			06/18 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Imperial Healthcare Group LLC			06/18 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
41 Newport Avenue SNF Realty Holdings LLC			01/20 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Imperial HH SNF Operations LLC			01/20 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Newport Meadows SNF Consulting Holdings LLC			01/20 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
1425 Horsham SNF Realty Holdings LLC			10/20 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
1425 Horsham SNF Operations Holdings LLC			10/20 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
BH Propco Holdco LLC			07/19 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
BH Opco Holdco LLC			07/19 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
IH PA Realty Holdings LLC			04/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
IH PA Operations Holdings LLC			04/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
TYH Healthcare Management Holdings LLC			04/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
SK SW Realty Holdings LLC			04/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
SK SW Operations Holdings LLC			04/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
SK SW Management Holdings LLC			04/21 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
TimberRidge Realty Holdings LLC			09/19 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
TimberRidge Operations Holdings LLC			09/19 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
TR FL Management LLC			09/19 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Summit Care Realty Holdings LLC			03/20 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

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Business Name			From - To (MM/YY – MM/YY)
Summit Care Operations Holdings LLC			03/20 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Summit Care Management LLC			03/20 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Summit Care Group II Operations Holdings LLC			02/22 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Hawthorne FL Realty Holdings LLC			08/21 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Hawthorne FL Operations Holdings LLC			08/21 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

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Business Name			From - To (MM/YY – MM/YY)	
Hawthorne Ocala Realty Holdings LLC			08/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Hawthorne Ocala Operations Holdings LLC			08/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Hawthorne Care Consulting Holdings LLC			08/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
ICC Lakeside SNF Realty Holdings LLC			04/22 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
ICC Lakeside SNF Realty Holdings LLC			04/22 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

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Business Name			From - To (MM/YY – MM/YY)
Lakeside SNF Consulting Holdings LLC			04/22 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Seven Hills SNF Realty Holdings LLC			05/24 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
SH SNF Operations Holdings LLC			08/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
PLB SNF Realty Holdings LLC			12/21 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
PLB SNF Operations Holdings LLC			12/21 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

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Business Name			From - To (MM/YY – MM/YY)	
PLB SNF Consulting Holdings LLC			12/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
SF Ancillary Holdings LLC			12/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Solaris Lending Holdings LLC				
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Solaris Licensing Holdings LLC				
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
AHCP Holdings LLC				
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
	Member/Manager			
Description of Duties				

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Business Name			From - To (MM/YY – MM/YY)	
Osceola SNF Realty Holdings LLC			02/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
ICC Osceola SNF Operations Holdings LLC			02/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Osceola SNF Consulting Holdings LLC			02/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
ACC SNF Realty Parent Holdings LLC			06/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member/Manager			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
ACC SNF Operations Holdings LLC			06/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

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Business Name			From - To (MM/YY – MM/YY)
ACC SNF Consulting Holdings LLC			06/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
ACC II SNF Realty Parent Holdings LLC			06/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
ACC II SNF Operations Holdings LLC			06/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
ACC II SNF Consulting Holdings LLC			06/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Ashley Street SNF Realty Holdings LLC			12/22 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

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Business Name			From - To (MM/YY – MM/YY)
Ashley Street SNF Operations Holdings LLC			12/22 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Ashley Street SNF Consulting Holdings LLC			12/22 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Forest Hill SNF Realty Holdings LLC			03/22 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Forest Hill SNF Operations Holdings LLC			03/22 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Forest Hill SNF Consulting Holdings LLC			03/22 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

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Business Name			From - To (MM/YY – MM/YY)
RB SNF Realty Holdings LLC			08/22 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
RB SNF Operations Holdings LLC			08/22 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
RB SNF Consulting Holdings LLC			08/22 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Yonkers Healthcare Realty Holdings LLC			05/22 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
BV SNF Realty Holdings LLC			06/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

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Business Name			From - To (MM/YY – MM/YY)
BV SNF Consulting Holdings LLC			06/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Alabama SNF Realty Holdings LLC			03/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Alabama SNF Operations Holdings LLC			03/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Alabama SNF Consulting Holdings LLC			03/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Alabama Pharma Realty Holdings LLC			03/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

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Business Name			From - To (MM/YY – MM/YY)	
Alabama Pharma Operations Holdings LLC			03/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member/Manager			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Alabama Psych Realty Holdings LLC			03/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member/Manager			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Alabama Psych Operations Holdings LLC			03/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Alabama Psych Consulting LLC			03/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
AOP SNF Operations Holdings LLC			03/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

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Business Name			From - To (MM/YY – MM/YY)
AOP SNF Consulting LLC			03/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
LA2 SNF Operations Holdings LLC			12/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
LA2 SNF Consulting LLC			12/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Regency House Realty Holdings LLC			09/24 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Regency House SNF Operations Holdings LLC			09/24 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

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Business Name			From - To (MM/YY – MM/YY)	
Regency House SNF Consulting LLC			09/24 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
FH SNF Realty Holdings LLC			12/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member/Manager			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
FH SNF Operations Holdings LLC			12/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
FH SNF Consulting LLC			12/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Pepper Hill SNF Realty Holdings LLC			09/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member/Manager			
Description of Duties				

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Business Name			From - To (MM/YY – MM/YY)
Pepper Hill SNF Operations Holdings LLC			09/21 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Pepper Hill SNF Consulting Holdings LLC			09/21 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Venza Care Management LLC			07/21 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Whitesburg SNF Realty Holdings LLC			12/24 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Whitesburg SNF Operations Holdings LLC			12/24 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301			
Description of Duties			

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Business Name			From - To (MM/YY – MM/YY)
Village SNF Realty Holdings LLC			12/24 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Village SNF Operations Holdings LLC			12/24 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Village SNF Consulting Holdings LLC			12/24 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
			05/22 - Present
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
	Member/Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

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Business Name			From - To (MM/YY – MM/YY)
Clovernook Realty Holdings LLC			09/18 - Present
Business Address	**City**	**State**	**Zip**
15 America Ave, Suite 304	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Clovernook Healthcare Holdings LLC			09/18 - Present
Business Address	**City**	**State**	**Zip**
15 America Ave, Suite 304	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Village SNF Consulting Holdings LLC			12/24 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member/Manager		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
2215 Northport Opco LLC			01/19 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
PL APTS TG LLC			12/24 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/13/23	04/02/24	NJ		Ocean County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
L-002363-23	Ocean County, NJ Superior Court

Reason/Charge
Breach of Contract

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Yisroel Herzka

Provide explanation below:

Dispute over finder's fee.

Original Signature (electronic, copies or stamps not accepted)

4/7/25
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4/5. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/20/23	12/16/24	NJ		Ocean County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
L-002886-23	Ocean County, NJ Superior Court

Reason/Charge
Declaratory Judgment - Voiding Agreement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Yisroel Herzka, Royal LLC WA Holdings LLC

Provide explanation below:

Dispute relating to dismissal of CEO and forfeiture of membership interests in LLC.

Original Signature (electronic, copies or stamps not accepted)

4/7/25
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
05/27/22		NJ		Essex County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
L-003129-22	Essex County, NJ Superior Court

Reason/Charge
Construction - Torts

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Yisroel Herzka

Provide explanation below:

Personal injury litigation arising out of injury on construction site.

Original Signature (electronic, copies or stamps not accepted)

4/7/25
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4/5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/25/21	12/06/21	CA		Los Angeles

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2:21-CV-06868-FMO-AFM	Los Angeles County Superior Court

Reason/Charge
Breach of Contract

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Yisroel Herzka

Provide explanation below:

Contractual dispute relating to sale of behavioral health facility.

Original Signature (electronic, copies or stamps not accepted)

4/7/25
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4/5. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
09/20/22	05/22/24	CA	Los Angeles	Los Angeles
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2:22-CV-06751-KK-AJR		US District Court for the Central District of California		
Reason/Charge				
Breach of Contract				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Yisroel Herzka				

Provide explanation below:

Earn-out of sale contract dispute.

Original Signature (electronic, copies or stamps not accepted)

4/7/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Yisroel Herzka

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/7/25

Date

Please have this section completed in the presence of a Notary Public.

State of NJ, ss. County of Ocean

I, Yisroel Herzka, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/7/25

Date

Subscribed and Sworn to before me this 7 day of April.

Notary Public Signature

SHOSHANA R. MUNK
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES 5/15/28
COMMISSION # 50082613

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site CMJ Recovery NV LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 4011 McLeod Dr.

City Las Vegas State NV Zip 89121

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-803-0060 Website www.voguerecoverycenter.com

Licensing Company Email _____

Section 2: Personal Information

First Chava Middle _____ Last Wolofsky

Alias(es, nicknames, name changes, etc.) _____

Date of Birt[redacted] SSN or ITIN[redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City Lakewood State NJ Zip[redacted]

Telephone[redacted] Ema[redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Bais Yaakov Academy			09/06 - 06/10	
Address		City	State	Zip
1213 Elm Ave		Brooklyn	NY	11230
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
Touro University			09/10 - 12/10	
Address		City	State	Zip
1602 Ave J		Brooklyn	NY	11230
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
New York Career Institute			01/11 - 12/13	
Address		City	State	Zip
11 Park Place, 4th FL		New York	NY	10007
Diploma/Degree obtained, if any				
Associate Degree in Court Reporting				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
01/15 - 02/19				
From - To (MM/YY – MM/YY)				
02/19 - Present				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
CMJ Healthcare Holdings LLC			04/20 - Present	
Business Address		**City**	**State**	**Zip**
1777 Avenue of the States, #102		Lakewood	NJ	08701
Phone	**Title**			
708-330-7511				
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
UC Laboratory Holdings LLC			08/22 - Present	
Business Address		**City**	**State**	**Zip**
1590 S Congress Ave		Palm Springs	FL	33406
Phone	**Title**			
847-345-5541				
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Royal LC WA Holdings LLC			04/21 - Present	
Business Address		**City**	**State**	**Zip**
1590 S Congress Ave		Palm Springs	FL	33406
Phone	**Title**			
847-345-5541				
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Royal LC AZ Holdings LLC			04/21 - Pres	
Business Address		**City**	**State**	**Zip**
1590 S Congress Ave		Palm Springs	FL	33406
Phone	**Title**			
847-345-5541				
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
UAB RC Holdings LLC			11/21 - Present	
Business Address		**City**	**State**	**Zip**
1590 S Congress Ave		Palm Springs	FL	33406
Phone	**Title**			
847-345-5541				
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Footprints Recovery Holdings LLC			01/21 - Present	
Business Address		City	State	Zip
411 W. River Rd.		Elgin	IL	60123
Phone	Title			
847-345-5541				
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
SCHG Healthcare Holdings LLC			03/20 - Present	
Business Address		City	State	Zip
1590 S Congress Ave		Palm Springs	FL	33406
Phone	Title			
847-345-5541				
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Sonora Realty Holdings Parent LLC			03/23 - Present	
Business Address		City	State	Zip
1777 Avenue of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301				
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Sonora Operations Holdings LLC			03/23 - Present	
Business Address		City	State	Zip
1777 Avenue of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301				
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Sonora Consulting Holdings LLC			03/23 - Present	
Business Address		City	State	Zip
1777 Avenue of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301				
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Main PA Property Holdings LLC			06/18 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Main PA Operations Holdings LLC			06/18 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Alaska Gardens SNF Realty Holdings LLC			04/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Alaska Gardens SNF Operations Holdings LLC			04/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
El Jen SNF Realty Holdings LLC			08/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
El Jen SNF Operations Holdings LLC			08/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
El Jen SNF Consulting Holdings LLC			08/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Golden SNF Realty Holdings LLC			04/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Golden SNF Operations Holdings LLC			04/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Golden SNF Consulting LLC			04/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Hawthorne FL Realty Holdings LLC			08/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
1425 Horsham SNF Realty Holdings LLC			10/20 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
1425 Horsham SNF Operations Holdings LLC			10/20 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Hawthorne FL Operations Holdings LLC			08/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Lakeside SNF Consulting Holdings LLC			04/22 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Hawthorne Ocala Realty Holdings LLC			08/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Hawthorne Ocala Operations Holdings LLC			08/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Hawthorne Care Consulting Holdings LLC			08/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
ICC Lakeside SNF Realty Holdings LLC			04/22 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
ICC Lakeside SNF Realty Holdings LLC			04/22 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
PLB SNF Consulting Holdings LLC			12/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Seven Hills SNF Realty Holdings LLC			05/24 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
SH SNF Operations Holdings LLC			08/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
PLB SNF Realty Holdings LLC			12/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
PLB SNF Operations Holdings LLC			12/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Osceola SNF Realty Holdings LLC			02/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
ICC Osceola SNF Operations Holdings LLC			02/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Osceola SNF Consulting Holdings LLC			02/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Ashley Street SNF Realty Holdings LLC			12/22 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Yonkers Healthcare Operations Holdings LLC			05/22 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Ashley Street SNF Operations Holdings LLC		12/22 - Present	
Business Address	City	State	Zip
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	Title		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Ashley Street SNF Consulting Holdings LLC		12/22 - Present	
Business Address	City	State	Zip
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	Title		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Forest Hill SNF Realty Holdings LLC		03/22 - Present	
Business Address	City	State	Zip
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	Title		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Forest Hill SNF Operations Holdings LLC		03/22 - Present	
Business Address	City	State	Zip
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	Title		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Forest Hill SNF Consulting Holdings LLC		03/22 - Present	
Business Address	City	State	Zip
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	Title		
732-366-8301 ext. 301	Member		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
RB SNF Realty Holdings LLC			08/22 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
RB SNF Operations Holdings LLC			08/22 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
RB SNF Consulting Holdings LLC			08/22 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Westchester Healthcare Consulting Holdings LLC			05/22 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
BV SNF Realty Holdings LLC			06/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
BV SNF Consulting Holdings LLC			06/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
BV SNF Operations Holdings LLC			06/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Clove Lakes SNF Operations Holdings LLC			02/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Yonkers Healthcare Operations Holdings LLC			05/22 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member/Manager			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
AOP SNF Operations Holdings LLC			03/23 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member/Manager			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
FH SNF Consulting LLC			12/21 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
LA2 SNF Operations Holdings LLC			12/23 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Pepper Hill SNF Realty Holdings LLC			09/21 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Regency House Realty Holdings LLC			09/24 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Regency House SNF Operations Holdings LLC			09/24 - Present
Business Address	**City**	**State**	**Zip**
1777 Ave of the States, #204	Lakewood	NJ	08701
Phone	**Title**		
732-366-8301 ext. 301	Member		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Pepper Hill SNF Operations Holdings LLC			09/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Pepper Hill SNF Consulting Holdings LLC			09/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member/Manager			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Venza Care Management LLC			07/21 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member/Manager			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Whitesburg SNF Realty Holdings LLC			12/24 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301	Member/Manager			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Whitesburg SNF Operations Holdings LLC			12/24 - Present	
Business Address		City	State	Zip
1777 Ave of the States, #204		Lakewood	NJ	08701
Phone	Title			
732-366-8301 ext. 301				
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4/5. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
05/27/22		NJ		Essex

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
L-003129-22	Essex County, NJ Superior Court

Reason/Charge
Construction - Torts

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	Lawsuit

Name of Business/Industry/Entity
Chava Wolofsky

Provide explanation below:

Personal injury litigation arising out of injury on construction site.

Original Signature (electronic, copies or stamps not accepted)

4/7/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chava Wolofsky

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/7/25

Date

Please have this section completed in the presence of a Notary Public.

State of NJ, ss. County of Ocean

I, Chava Wolofsky, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/7/25

Date

Subscribed and Sworn to before me this 7 day of April.

Notary Public Signature

SHOSHANA R. MUNK
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES 5/15/28
COMMISSION # 50082613

(Seal)

SECRETARY OF STATE

STATE OF NEVADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/24/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202502245462793
You may verify this certificate online at
https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Vogue Recovery Center Pharmacy

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 4011 McLeod Dr.

City: Las Vegas State: NV Zip: 89156

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-803-0060 Website: www.voguerecoverycenter.com

Licensing Company Email:

Section 2: Personal Information

First: Murray Middle: Kent Last: Robison

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: Las Vegas State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Illinois College of Pharmacy		1967-1971	
Address	**City**	**State**	**Zip**
833 S. Wood St	Chicago	IL	60612
Diploma/Degree obtained, if any			
B.S. Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Fenwick High School			
Address	**City**	**State**	**Zip**
505 Washington blvd	Oak Park	IL	60302
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
3/2003- present				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Advanced Pharmaceutical Consultants			11/2016- present	
Business Address		**City**	**State**	**Zip**
3247 S. Maryland Parkway		Las Vegas	NV	89109
Phone	**Title**		**Number of Employed Hours**	
702-776-3517	Part Time Pharmacist and Consultant		10hours/week	
Description of Duties				
Weekend Pharmacist, Order Verification, Reconcile medications, monitor use.				

Business Name			From - To (MM/YY – MM/YY)	
Pinnacle Compounding Pharmacy			08/2014-07/2015	
Business Address		**City**	**State**	**Zip**
4445S Eastern		Las Vegas	NV	89119
Phone	**Title**		**Number of Employed Hours**	
no longer exists	Part time Pharmacist and Consultant		8 hours/week	
Description of Duties				
Verify orders, advise on requirements needed.				

Business Name			From - To (MM/YY – MM/YY)	
Nathan Adelson Hospice			6/2003-10/2013	
Business Address		**City**	**State**	**Zip**
4141 Swenson Street		Las Vegas	NV	89119
Phone	**Title**		**Number of Employed Hours**	
	Director of Pharmacy		40 hours/week	
Description of Duties				
Provided oversight on 2 inpatient units and 400 home care patients, process patient orders, consult and education with medical staff, Inter-departmental weekly meetings, Policy and Formulary review, and P&T meetings.				

Business Name			From - To (MM/YY – MM/YY)	
Attached is employment history from 2013 and prior				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Murray Robison, **certify that as the designated representative for**

Vogue Recovery Center Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MKR I am at least 21 years of age;
3. MKR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MKR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MKR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MKR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MKR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

MURRAY ROBISON
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/17/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Murray Robison

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/17/2025

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, MURRAY K. ROBISON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/17/2025

Date

Subscribed and Sworn to before me this 17th day of FEBRUARY 2025

Notary Public Signature

KIMBERLY K. OLSEN
Notary Public, State of Nevada
Appointment No. 11-3902-1
My Appt. Expires Jan 17, 2027

(Seal)

Murray K. Robison R.Ph.

[redacted]

SUMMARY

My career has encompassed three distinct areas of pharmacy practice:
General retail pharmacy practice including large retail stores and medical centers along with two sub- specialties;

- Psychiatric and Mental Health
- Hospice and Palliative Care/End of Life Care/Pain Management

EMPLOYMENT HISTORY

06/2003-10/2013

Nathan Adelson Hospice, 4141 Swenson Street, Las Vegas NV
Director of Pharmacy Services (4/07-10/13) Staff pharmacist (6/03-4/07)
This position required oversight of the two in-patient pharmacies located in the acute care units of Nathan Adelson Hospice totaling 38 beds as well as coordinating pharmacy services provided by our contracted pharmacy for approximately 400 homecare patients.
Responsibilities included processing daily patient orders, consulting with the medical and nursing staff, sterile product preparation and administration, education for staff members in the proper dosing of narcotic analgesics and other aspects of end of life pharmacy care.
Supervision and hiring of staff at both locations, attending weekly IDG meetings and participation in monthly Operations and quarterly QAPI meetings was required.
Other key aspects of this position included preparation of a medication formulary, updating and maintaining a Policy and Procedures Manual, purchasing, inventory control, and evaluating new products for formulary inclusion through P and T committee participation.

11/2002-06/2003

Sav-On Pharmacies Las Vegas, NV
Registered Pharmacist
Temporary position as a floater pharmacist working in several locations.
Responsibilities included all normal functions associated with a staff pharmacist in a large chain store setting.

11/2000-09/2002

PBM Pharmacies, Inc., 6235 Industrial Road, Las Vegas, NV 09/2002
Pharmacy Manager-PBM Pharmacy #3, 3150 N. Tenaya Way, Las Vegas NV
Responsibilities included managing all aspects of day-to-day operations of a retail pharmacy including filling prescriptions, counseling patients, and interacting with clinic staff. However this pharmacy was a much larger facility then PBM #2 as it also included cards, gifts, vending, durable medical goods and a wide assortment of OTC drug products.

Pharmacy Manager - PBM Pharmacy #2, 150 E. Harmon, Las Vegas, NV
Responsibilities included managing all aspects of day-to-day operations of a retail pharmacy including filling prescriptions, counseling patients, and interacting with clinic staff.

11/1997-10/2000 *Southern Nevada Adult Mental Health Services,*
Staff pharmacist for Outpatient Pharmacy Services in mental health hospital. Responsibilities included outpatient dispensing, hospital discharge medications, and Desert Willow Treatment Center discharge orders, close interaction with psychiatric staff, patient counseling, in-service education for clinic staff, inventory control, and supervision of support personnel.

Staff pharmacist at the North Las Vegas satellite clinic pharmacy
Responsibilities were similar to above listed duties with the exception of hospital services.

1996-1997 *Registered Pharmacist - Ridgemoor Pharmacy, Chicago, IL*
1985-1991 Prior to 1991, responsibilities included all standard retail pharmacist's duties in addition to providing consultation and pharmaceutical service to two nursing homes. Since 1992, this pharmacy no longer engages in retail practice. It now specializes in hospice care only, providing comprehensive pharmacy services to five major hospices in the metropolitan Chicago area.

1991-1996 *Registered Pharmacist - Gungler's Pharmacy, Inc., Gurnee, IL*
As full-time pharmacist, I was responsible for all aspects of daily pharmacy operations including purchasing, inventory control, updating and maintaining computer files, dispensing, and patient consultation. Some of the changes I implemented include:

- conversion of all third-party billing to on-line adjudication;
- establishment of procedures to insure compliance with all insurance company regulations;
- initiation of procedures for systematic return of outdated pharmaceutical products;
- research, selection, and installation of new computer system;
- implementation of training procedures to incorporate the use of pharmacy support personnel;
- institution of new methods for daily operation to comply with OBRA 90 requirements.

EDUCATION
University of Illinois, Chicago, IL, B.S. Pharmacy
Wright College, Chicago, IL, Pre-Pharmacy
Loyola University, Chicago, IL, College of Business Administration

PHARMACY LICENSURE
State of Nevada
State of Illinois (currently inactive)
State of Wisconsin (currently inactive)

PROFESSIONAL AFFILIATIONS
American Pharmacists Association
National Association of Hospice and Palliative Care (NHPCO)
National Council of Hospice and Palliative Professionals

I am employed with Advanced Pharmaceutical Consultants as a part time pharmacist. I have 25 years of experience in the State of Nevada. I know what is required by the Nevada Board of Pharmacy in the construction of a new pharmacy and have been tasked with assisting in making sure the pharmacy meets all the requirements to pass an inspection. I will be the Pharmacy Manager for the opening until a suitable pharmacist is hired and trained.

9

9A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada	☑ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☑ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☑ Mail-Order Service
			☐ Off-site Cognitive Services
			☑ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☑ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Advantixx Pharmacy, LLC

Physical Address: 4525 S Sandhill Rd Ste 103A

City: Las Vegas State: NV Zip: 89121

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 7026658797 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 7026658797 Contact Email: compliance@advantixxpharmacy.com

Website: https://advantixxpharmacy.com

Nevada Business License # (if applicable) NV20243094234

Supervising/Managing Pharmacist Name (NRS 639.220): Soyoung Eom

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 18126

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Soyoung Eom	NV Pharmacist Registration #: 18126
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Advantixx Pharmacy, LLC

Mailing Address: 4525 S Sandhill Rd Ste 103A

City: Las Vegas State: NV Zip: 89121

Telephone: 7026658797 Email: info@advantixxpharmacy.com

Contact Person Name: Osmel Villarreal

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: The Villarreal Organization, Inc and Jose B. Hernandez Abolenda

Mailing Address: 4525 S Sandhill Rd Ste 103A

City: Las Vegas State: NV Zip: 89121

Telephone: 7029020304 Email: osmel@thevillarrealorganization.com

Contact Person Name: Osmel Villarreal

Please check type of partnership (NAC 639.214) ☒ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Soyoung Eom (title) for Advantixx Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Soyoung Eom

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/18/2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Soyoung Eom hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Director of Pharmacy (title) for Advantixx Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 18 day of April, 2025

Notary Public

DILLAN HARRIS
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 25-6376-01
My Appt. Expires November 18, 2028

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Soyoung Eom Pharmacist Registration #: 18126

Pharmacy Name: Advantixx Pharmacy, LLC

Initial each statement below to indicate you have read and agree with the following:

SE I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

SE I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

SE I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

SE I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

SE I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	✔	

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation.</u> <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:
NV State Board of Pharmacy	NV	08/31/2022	18-067-RPH-S

Criminal Action:	State:	Date:	Case #:	County:	Court:
None					

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

4/18/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Osmel Villarreal for The Villarreal Organization, Inc.

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4/18/2025
Date

Board Use Only	Date Received: 4/21/25	Amount: $500cc

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Advantixx Pharmacy, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 04/11/2024, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 06/13/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202506135810125
You may verify this certificate online at https://www.nvsilverflume.gov/home

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Advantixx Pharmacy, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 04/11/2024, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 06/13/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202506135810125
You may verify this certificate online at https://www.nvsilverflume.gov/home

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Advantixx Pharmacy, LLC

Nevada Business Identification # NV20243094234
Expiration Date: 04/30/2025

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/16/2025.

Certificate Number: B202504165633836
You may verify this certificate online at https://www.nvsilverflume.gov/home

FRANCISCO V. AGUILAR
Secretary of State

STATE OF NEVADA

FRANCISCO V. AGUILAR
Secretary of State

RUBEN J. RODRIGUEZ
Deputy Secretary for Southern Nevada

2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2452

OFFICE OF THE
SECRETARY OF STATE

GABRIEL DI CHIARA
Chief Deputy Secretary of State

DEANNA L. REYNOLDS
Deputy Secretary for Commercial Recordings

401 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7141

Business Entity - Filing Acknowledgement

04/16/2025

Work Order Item Number:	W2025041602323 - 4391250
Filing Number:	20254827702
Filing Type:	Amendment to Articles of Organization
Filing Date/Time:	04/16/2025 16:36:07 PM
Filing Page(s):	4

Indexed Entity Information:

Entity ID: E39854402024-3 **Entity Name:** Advantixx Pharmacy, LLC

Entity Status: Active **Expiration Date:** None

Non-Commercial Registered Agent
Villarreal Enterprise Group, LLC
1515 E Tropicana Ave Ste 345, Las Vegas, NV 89119, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

FRANCISCO V. AGUILAR
Secretary of State

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
FVAguilar	E39854402024-3
	Filing Number
Secretary of State	20254827702
State Of Nevada	Filed On
	04/16/2025 16:36:07 PM
	Number of Pages
	4

Limited-Liability Company:

Certificate of Amendment (PURSUANT TO NRS 86.216, 86.221 and 86.543)

Certificate to Accompany Restated Articles or Amended and Restated Articles (PURSUANT TO NRS 86.221)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Entity information:

Name of entity as on file with the Nevada Secretary of State :

BCC JANITORIAL SOLUTIONS, LLC

Entity or Nevada Business Identification Number (NVID) : **NV20243094234**

2. Restated or Amended and Restated Articles (Select one):

(If restating or amending and restating, complete section 1, 2 and 6.)

☐ **Certificate to Accompany Restated Articles or Amended and Restated Articles**

☐ Articles have been Restated

☐ Articles have been Amended and Restated

* Restated or Amended and Restated Articles must include with this filing type.

3. Type of amendment filing being completed: (Select only one box):

(If amending, complete section 1,3,5 and 6.)

☐ **Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company Before Issuance of Member's Interest** (Pursuant to NRS 86.216)

The signers thereof are at least two-thirds of the ☐ organizers or the ☐ managers of the limited-liability company

As of the date of the certificate, no member's interest in the limited-liability company has been issued.

☑ **Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company** (Pursuant to NRS 86.221)

The limited-liability company is managed by ☐ Managers or ☑ Members

The certificate of amendment must be signed by a manager of the company or, if management is not vested in a manager, by a member.

☐ **Amendment to Application for Registration of a Foreign Limited-Liability Company** (Pursuant to NRS Chapter 86)

Name of Foreign Limited-Liability Company if different than registered to transact business in Nevada:

If amendment is to change the name, the change taking effect: (select all that apply)

☐ The name under which Limited-Liability Company transacts business in this State

☐ Foreign Limited-Liability Company name from home jurisdiction

This form must be accompanied by appropriate fees.

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Limited-Liability Company:
Certificate of Amendment (PURSUANT TO NRS 86.216, 86.221 and 86.543)
Certificate to Accompany Restated Articles or Amended and Restated Articles (PURSUANT TO NRS 86.221)

4. Effective date and time: (Optional)

Date: **04/16/2025** Time:

(must not be later than 90 days after the certificate is filed)

5. Information being changed:

Changes to takes the following effect:

- ☑ The entity name has been amended.
- ☐ The registered agent has been changed. (attach Certificate of Acceptance from new registered agent)
- ☐ The purpose of the entity has been amended.
- ☐ The directors, managers or general partners have been amended.
- ☐ IRS tax language has been added.
- ☐ Articles have been added
- ☐ Articles have been deleted
- ☐ Other.

The articles have been amended as follows: (provide article numbers, if available)

Entity Name: Advantixx Pharmacy, LLC

(attach additional page(s) if necessary)

6. Signature: (Required)

X **Osmel Villarreal** **Member**

Signature of Manager, Member or Authorized Signer — Title

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Filed in the Office of	Business Number
FVAguilar	E39854402024-3
	Filing Number
	20254827702
Secretary of State	Filed On
State Of Nevada	04/16/2025 16:36:07 PM
	Number of Pages
	4

Limited-Liability Company:
Certificate of Amendment (PURSUANT TO NRS 86.216, 86.221 and 86.543)
Certificate to Accompany Restated Articles or Amended and Restated Articles (PURSUANT TO NRS 86.221)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Entity information:

Name of entity as on file with the Nevada Secretary of State:
Advantixx Pharmacy, LLC

Entity or Nevada Business Identification Number (NVID): NV20243094234

2. Restated or Amended and Restated Articles (Select one):

(If restating or amending and restating, complete section 1,2 3, 5 and 6.)

× **Certificate to Accompany Restated Articles or Amended and Restated Articles**

× Articles have been Restated

Articles have been Amended and Restated

* Restated or Amended and Restated articles must be included with this filing type.

3. Type of amendment filing being completed: (Select only one box):

(If amending, complete section 1, 3, 5 and 6.)

Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company Before Issuance of Member's Interest (Pursuant to NRS 86.216)

The signers thereof are at least two-thirds of the organizers or the managers of the limited-liability company

As of the date of the certificate, no member's interest in the limited-liability company has been issued.

Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company (Pursuant to NRS 86.221)

The limited-liability company is managed by Managers or Members

The certificate of amendment must be signed by a manager of the company or, if management is not vested in a manager, by a member.

Amendment to Application for Registration of a Foreign Limited-Liability Company (Pursuant to NRS Chapter 86)

Name of Foreign Limited-Liability Company if different than registered to transact business in Nevada:

If amendment is to change the name, the change taking effect: (select all that apply)

The name under which Limited-Liability Company transacts business in this State

Foreign Limited-Liability Company name from home jurisdiction

This form must be accompanied by appropriate fees.

FRANCISCO V. AGUILAR
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Limited-Liability Company:
Certificate of Amendment (PURSUANT TO NRS 86.216, 86.221 & 86.543)
Certificate to Accompany Restated Articles or Amended and Restated Articles (PURSUANT TO NRS 86.221)

4. Effective date and time: (Optional)	Date: 04/11/2024 Time: 8:00 am (must not be later than 90 days after the certificate is filed)
5. Information being changed:	Changes to takes the following effect: × The entity name has been amended. The registered agent has been changed. (attach Certificate of Acceptance from new registered agent) The purpose of the entity has been amended. The directors, managers or general partners have been amended. IRS tax language has been added. Articles have been added. Articles have been deleted. Other. The articles have been amended as follows: (provide article numbers, if available) (attach additional page(s) if necessary)
6. Signature: (Required)	X Osmel Villarreal — Member Signature of Manager, Member or Authorized Signer — Title X Jose Hernandez Abelenda — Member Signature of Manager, Member or Authorized Signer — Title

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Advantixx Pharmacy LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 4525 S Sandhill Rd Ste 103A

City Las Vegas State NV Zip 89121

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Jose Middle R Last Hernandez Abelenda

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] Stat[redacted] Zip [redacted]

Telephone [redacted] Email info@advantixxpharmacy.com

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Instituto Preuniversitario Ramon Campa Delgado		09/2014 -07/2016	
Address	**City**	**State**	**Zip**
Final Este ,C.Paquito Borrero	Palma Soriano ,Cuba	Cuba	93610
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Aguilas International Technical Institute		07/2021-08/2021	
Address	**City**	**State**	**Zip**
7520 W Water Ave Suite 19	Tampa	FL	33615
Diploma/Degree obtained, if any			
Certificated Nursing Assistance			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2020-03/2021	[redacted]			
03/2021-02/2024				
03/2024-05/2024				
06/2024-08/2024				
08/2024-04/2025				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Carrollwod Care Center			09/2021-03/2024
Business Address	**City**	**State**	**Zip**
15002 Hutchinson Rd	Tampa	FL	33625
Phone	**Title**		
8139601969	Certificte Nursing Assistance (CNA)		

Description of Duties

In this role, I began to develop my skills as a CNA by applying clinical Knowledge ,gaining valuable experience ,and building strong proficiency in patient care .

Business Name			From - To (MM/YY – MM/YY)
Accent Care Hospice & Pelliative Care- Hillsborough County			07/2023-03/2024
Business Address	**City**	**State**	**Zip**
1408 N Westshore Blvd #260	Tampa	Fl	33607
Phone	**Title**		
8552167197	CNA- Hospice Aide		

Description of Duties

As a Certified Nursing Assistant at AccentCare Hospice Agency, I provided compassionate end-of-life care, assisted with daily living activities, administered medications, and offered emotional support to patients and families. I collaborated closely with an interdisciplinary team, maintained accurate documentation, and upheld high standards of safety and

Business Name			From - To (MM/YY – MM/YY)
A Peace of Maind Caregivers			08/2024-04/2025
Business Address	**City**	**State**	**Zip**
4525 S Sandhill Rd Ste 103	Las Vegas	NV	89121
Phone	**Title**		
7024445757	Persnoal Care Attendant (PCA)		

Description of Duties

Worked at this agency as a Personal Care Attendant (PCA), assisting clients with daily living activities, providing emotional support, and ensuring their comfort and safety at home.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

JH

Original Signature (electronic, copies or stamps not accepted)

04/22/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jose R Hernandez Abelenda

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/22/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Jose R Hernandez Abelenda, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/22/2025

Date

Subscribed and Sworn to before me this 22 day of April, 2025.

Notary Public Signature

Notary Public - State of Nevada
COUNTY OF CLARK
Betsabe Parker
My Appointment Expires
March 5, 2029
No. 21-9907-01

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Advantixx Pharmacy, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 4525 S Sandhill Rd Ste 103A

City: Las Vegas State: Nv Zip: 89121

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702.665.8797 Website: https://advantixxpharmacy.com

Licensing Company Email: info@advantixxpharmacy.com

Section 2: Personal Information

First: Osmel Middle: Last: Villarreal

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: osmel@advantixxpharmacy.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Capella University		2019 - 2025	
Address	City	State	Zip
225 South 6th St	Minneapolis	MN	55402
Diploma/Degree obtained, if any			
Doctor of Business Administration - Ongoing			

School Name		From - To (MM/YY – MM/YY)	
Capella University		2019 - 2025	
Address	City	State	Zip
225 South 6th St	Minneapolis	MN	55402
Diploma/Degree obtained, if any			
Master of Science in Psychology			

School Name		From - To (MM/YY – MM/YY)	
Capella University		2019 - 2025	
Address	City	State	Zip
225 South 6th St	Minneapolis	MN	55402
Diploma/Degree obtained, if any			
Master of Business Administration in Human Resources Management			

School Name		From - To (MM/YY – MM/YY)	
Capella University		2019 - 2025	
Address	City	State	Zip
225 South 6th St	Minneapolis	MN	55402
Diploma/Degree obtained, if any			
Bachelor of Science in Business			

School Name		From - To (MM/YY – MM/YY	
CM Ramon Lopez Suarez		2009-2012	
Address	City	State	Zip
	Cienfuegos, Cuba		
Diploma/Degree obtained, if any			
High School Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2014- 01/2015	[redacted]			
02/2015-02/2021				
03/2021-07/2024				
08/2024-04/2025				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
A Peace of Mind Caregivers			10/2021-04/2025	
Business Address	**City**		**State**	**Zip**
1515 E Tropicana Ave Ste 345	Las Vegas		NV	89119
Phone	**Title**			
7024445757	CEO			
Description of Duties				
Home Care Agency				

Business Name			From - To (MM/YY – MM/YY)	
Villarreal Enterprise Group LLC			03/2019-04/2025	
Business Address	**City**		**State**	**Zip**
1515 E Tropicana Ave Ste 345	Las Vegas		NV	89119
Phone	**Title**			
7029020304	CEO			
Description of Duties				
Document Preparation Services - DMV Sevices				

Business Name			From - To (MM/YY – MM/YY)	
Harrahs Las Vegas			10/2021-02/2023	
Business Address	**City**		**State**	**Zip**
Las Vegas Blvd	Las Vegas		NV	89109
Phone	**Title**			
Description of Duties				
Beverage General Manager				

Business Name			From - To (MM/YY – MM/YY)	
Paris Hotel and Casino			03/2015 -07/2020	
Business Address	**City**		**State**	**Zip**
Las Vegas Blvd	Las Vegas		NV	89109
Phone	**Title**			
Description of Duties				
Housekeeping Manager				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

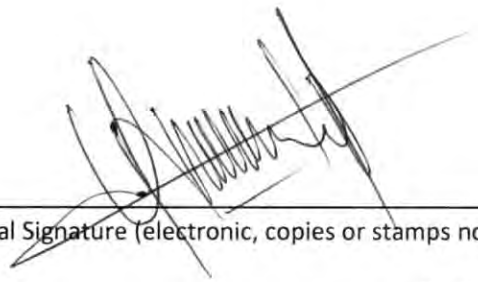
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

4/22/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Osmel, Villarreal

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date 4/22/2025

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Osmel Villarreal, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date 4/22/2025

Subscribed and Sworn to before me this 22 day of April, 2025

Notary Public - State of Nevada
COUNTY OF CLARK
Betsabe Parker
My Appointment Expires
March 5, 2029
No. 21-9907-01

Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Advantixx Pharmacy, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 4525 S Sandhill Rd Ste 103.

City Las Vegas State NV Zip 89103

Mailing Address (if different from physical address) Same.

City _____ State _____ Zip _____

Telephone 7029020304 Website https://advantixxpharmacy.com

Licensing Company Email osmel@advantixxpharmacy.com

Section 2: Personal Information

First Soyoung Middle _____ Last Eom

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] ☐ M ☑ F ☐ X

Mailing Address 4525 S Sandhill Rd Ste 103

City Las Vegas State NV Zip 89121

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Gumpeong High School			1984 – 1988
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
High School			
School Name			**From - To (MM/YY – MM/YY)**
Roseman Health Science University			2008 – 2011
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
Doctor Degree in Pharmacy			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2003 – 05/2010	[redacted]			
From - To (MM/YY – MM/YY)				
05/2010 – current				
From - To (MM/YY – MM/YY)	Address	City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Walgreens			From - To (MM/YY – MM/YY): 11/2014 - Present
Business Address	City: Las Vegas	State: NV	Zip
Phone	Title	Number of Employed Hours: 40 hours per week	
Description of Duties: Pharmacist (Full time)			

Business Name: Accredo Specialty Pharmacy			From - To (MM/YY – MM/YY): 10/2021 - Nov 2022
Business Address	City: Las Vegas	State: NV	Zip
Phone	Title	Number of Employed Hours: 40 hours per week	
Description of Duties: Pharmacist (Full time)			

Business Name: CVS Pharmacy			From - To (MM/YY – MM/YY): 10/2011 - 06/2014
Business Address	City: Las Vegas	State: NV	Zip
Phone	Title	Number of Employed Hours: 40 hours per week	
Description of Duties: Pharmacist (Full time)			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below: N/A.

Original Signature (electronic, copies or stamps not accepted)

6/30/2025
Date

I, Soyoung Eom, certify that as the designated representative for Advantixy Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SE I am at least 21 years of age;
3. SE I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SE I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SE I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SE I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SE I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Soyoung Eom
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/30/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Soyoung Eom

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/30/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Soyoung Eom, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/30/2025

Date

Subscribed and Sworn to before me this 30 day of June 2025.

Aubrey Caramanica

Notary Public Signature

Aubrey Caramanica
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 23-9921-01
My Appt. Expires February 6, 2027
(Seal)

FILED
OCT 12 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293, and** **SOYOUNG EOM, RPH, Certificate of Registration No. 18126,** **Respondents.**	**CASE NOS. 18-067-PH-S** **18-067-RPH-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Walgreens Pharmacy #4854 ("Walgreens"), Pharmacy License No. PH01293, and Respondent Soyoung Eom, RPh ("Eom"), Certificate of Registration No. 18126, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about August 31, 2022, Board's staff served Respondents Walgreens and Eom with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. In lieu of filing an Answer through commonly retained counsel, William Stilling, Esq., this Stipulation and Order is being submitted for the Board's consideration.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have

failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Eom violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she failed to strictly follow the practitioner's order and filled the prescription for montelukast 10 mg with the wrong prescription drug, sildenafil. Respondent further violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified data entry as accurate and the final product on prescription # 1923276 as accurate when it was not, which resulted in Walgreens dispensing ***sildenafil*** 20 mg tablets instead of the ***montelukast*** 10 mg tablets as prescribed.

B. Respondent Walgreens is responsible for the violations as the pharmacy where the violations alleged herein occurred pursuant to NAC 639.945(2).

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 639.210 and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Eom, Certificate of Registration No. 18126, stipulate to the following penalties and/or conditions:

A. Respondent Eom shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

B. Respondent Eom shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens, Pharmacy License No. PH01293 stipulate to the following penalties and/or conditions:

A. Respondent Walgreens shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Respondent Walgreens shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

11. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 12, 2022. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money*

order made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

17. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 7th day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

SOYOUNG EOM, RPH,
Certificate of Registration No. 18126

APPROVED AS TO FORM AND CONTENT
this ___ day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondent Chain Drug Consortium, LLC, considered the charges and allegations contained in the Notice of Hearing and Accusation in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the same and to abide by and waived certain rights, as stated herein.

ACCEPTED

Signed this 25th day of October, 2022

WALGREENS PHARMACY #15511
Pharmacy Owner Name and Title

Signed this 25th day of October, 2022

SOYOUNG OMERPH
Certificate of Registration No. RMP 20

APPROVED AS TO FORM AND CONTENT

Signed this ___ day of October, 2022

Signed this 26th day of October, 2022

WILLIAM T. LINEBURG
Counsel for Respondent

COLLEEN K. DAILEY
General Counsel
New Jersey State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of October, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of October, 2022

SOYOUNG EOM, RPH,
Certificate of Registration No. 18126

APPROVED AS TO FORM AND CONTENT
this 6th day of October, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this 10th day of October, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Soyoung Eom, RPH, Certificate of Registration No. 18126, in Case Nos. 18-067-PH-S, and 18-067-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this 12th day of October, 2022.

Helen Park, President
Nevada State Board of Pharmacy

FILED
AUG 31 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293, and** **SOYOUNG EOM, RPH, Certificate of Registration No. 18126,** **Respondents.**	**CASE NOS. 18-067-PH-S** **18-067-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Walgreens Pharmacy #4854 ("Walgreens") held a Nevada Pharmacy License No. PH01293, and Respondent Soyoung Eom, RPh, ("Eom"), last name also known as Cho, held a Nevada Pharmacist Certificate of Registration No. 18126, both issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Walgreens is located at 4771 West Craig Road in North Las Vegas, Nevada.

3. Respondent Eom was employed as a staff pharmacist of Walgreens during the alleged and relevant timeframes.

4. On or about May 31, 2016, practitioner Dr. A.D. prescribed for patient Z.B., Singulair 10mg tablets, quantity ninety (90) with directions to take one tablet per day, with one refill. The prescription was presented to Walgreens on May 31, 2016.

5. On July 12, 2017, Walgreens system sent an electronic request for refill authorization/renewed prescription for Singulair 10 mg (generic name is montelukast), quantity ninety (90) with three (3) refills, designated prescription number 1824608. Singulair is a drug used to improve symptoms of asthma and inflammation of the lining of the nose.

6. A refill was generated on May 22, 2018, designated prescription number 1923276. Respondent Eom performed the data entry review.

7. PTT J.H. filled the prescription. During the filling process, PTT J.H. retrieved three (3) bottles of what she thought was montelukast 10 mg, quantity thirty (30). PTT J.H. retrieved two (2) bottles of montelukast 10 mg and accidentally grabbed one (1) bottle of sildenafil 20 mg (generic of Viagra). Sildenafil is used to treat erectile dysfunction. The size and label on the bottle of sildenafil is similar to the bottle of montelukast. According to policy and procedure, PTT J.H. should have scanned each of the bottles prior to labeling, but she appeared to scan one bottle of the montelukast three times.

8. The bottles were presented to Respondent Eom for final verification with the lids off so the pharmacist could verify the sealed bottles. Respondent Eom performed the final product review, but failed to discover the error.

9. Prescription number 1923276 was sold with counseling marked as completed by RPh M.C.

10. Patient Z.B. took the medication as directed. She ingested approximately twenty-seven (27) tablets of sildenafil 20 mg (1 per day) before the mistake was discovered by her practitioner.

11. Patient Z.B. reported nerve pain, edema, pneumonia, and asthma due to ingestion of sildenafil.

APPLICABLE LAW

12. A licensee/registrant commits unprofessional conduct when he or she fails to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d).

13. Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

14. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.945(2).

15. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

FIRST COUNT

Unprofessional Conduct - Failure to Strictly Follow the Prescriber's Instructions (Respondent Eom)

16. Respondent Eom violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she failed to strictly follow the practitioner's order and filled the prescription for montelukast 10 mg with the wrong prescription drug, sildenafil. Respondent further violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified data entry as accurate and the final product on prescription # 1923276 as accurate when it was not, which resulted in Walgreens dispensing ***sildenafil*** 20 mg tablets instead of the ***montelukast*** 10 mg tablets as

prescribed. Eom is therefore subject to discipline pursuant to NRS 639.210(4), (11), (15) and/or NRS 639.255.

SECOND COUNT
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens)

17. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for those violations, including those of the pharmacy's employees, pursuant NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license(s)/registration(s) of these Respondents.

Signed this 31st day of August 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. SOYOUNG EOM, RPH, Certification of Registration No: 18126, Respondent.	CASE NO. 18-067-RPH-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, October 12, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 31st day of August 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SOYOUNG EOM, RPH,** **Certification of Registration No. 18126,** **Respondent.**	**CASE NO. 18-067-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

SOYOUNG EOM, RPH

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 04-16-2025

Employer Identification Number: [redacted]

Form: SS-4

Number of this notice: CP 575 B

ADVANTIXX PHARMACY LLC
ADVANTIXX PHARMACY
% OSMEL VILLARREAL MBR
4525 S SANDHILL RD STE 103
LAS VEGAS, NV 89121

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 33-4627250. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1065	04/16/2025

After our review of your information, we have determined that you have not filed tax returns for the above-mentioned tax period(s) dating as far back as 2025. Please file your return(s) by 05/01/2025. If there is a balance due on the return(s), penalties and interest will continue to accumulate from the due date of the return(s) until it is filed and paid. If you were not in business or did not hire any employees for the tax period(s) in question, please file the return(s) showing you have no liabilities.

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, estate, trust, EPMF, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

(IRS USE ONLY) 575B 04-16-2025 ADVA B 9999999999 SS-4

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is ADVA. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records. CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

9999999999

Your Telephone Number
( ) -
_____

Best Time to Call
_____

DATE OF THIS NOTICE: 04-16-2025
EMPLOYER IDENTIFICATION NUMBER: [redacted]
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

ADVANTIXX PHARMACY LLC
ADVANTIXX PHARMACY
% OSMEL VILLARREAL MBR
4525 S SANDHILL RD STE 103
LAS VEGAS, NV 89121

9B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☐ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☒ Dangerous drugs
	☐ Location Change *	☐ Internet	☒ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: AZ Care Pharmacy

Physical Address: 2931 N Tenaya Way , Ste # 206

City: Las Vegas State: Nevada Zip: 89128

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (419) 408-8840 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: (877) 778-0241 Contact Email: azcarelv@gmail.com

Website: _____

Nevada Business License # (if applicable) NV20253361415

Supervising/Managing Pharmacist Name (NRS 639.220): Brian T. Ford

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 15506

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Brian T. Ford	NV Pharmacist Registration #: 15506
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials: NA	%: NA
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Kardam Panjabi

Business Name: AZ Care Pharmacy LLC

Business Address: 2711 Aliso Creek Ct

City: Henderson State: Nevada Zip: 89044

Telephone: (419) 408-8840 Email: azcarelv@gmail.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the OWNER (title) for AZ CARE PHARMACY LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

KARDAM PANJABI

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

05/30/2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, KARDAM PANJABI hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Owner (title) for AZ CARE Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 30th day of MAY, 2025

Notary Public

DENNISE GALINDO
Notary Public, State of Nevada
No. 23-6214-01
My Appt. Exp. May 5, 2027

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Brian T. Ford Pharmacist Registration #: 15506

Pharmacy Name: AZ Care Pharmacy

Initial each statement below to indicate you have read and agree with the following:

✓ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

✓ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

✓ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

✓ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

✓ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian T Ford

Original signature of Managing Pharmacist (copies or stamps not accepted)

5/30/24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KARDAM PANJABI

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

05/30/2025

Date

Board Use Only	Date Received: 6/3/25	Amount: $500 CC

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **AZ Care pharmacy LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 05/27/2025, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 05/28/2025.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202505285755146
You may verify this certificate online at https://www.nvsilverflume.gov/home

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **AZ Care pharmacy LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 05/27/2025, and in good standing in this State.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 05/28/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202505285755147

You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler AZ Care Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 2931 N Tenaya Way, Ste # 206

City Las Vegas State Nevada Zip 89128

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (419) 408-8840 Website _____

Licensing Company Email azcarelv@gmail.com

Section 2: Personal Information

First Brian Middle _____ Last Ford

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City Las Vegas State Nevada Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Creighton University			1997 - 2001	
Address	City		State	Zip
2500 California Plz	Omaha		NE	68178
Diploma/Degree obtained, if any				
PharmD				

School Name			From - To (MM/YY – MM/YY)	
San Diego State University			1990 - 1995	
Address	City		State	Zip
5500 Campanile Dr	San Diego		CA	92182
Diploma/Degree obtained, if any				
BS in Biology				

School Name			From - To (MM/YY – MM/YY)	
Mt Carmel High School			1986 - 1990	
Address	City		State	Zip
9550 Carmel Mountain Rd	San Diego		CA	92192
Diploma/Degree obtained, if any				
High School				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
AUG 2014 - Curr	[redacted]			
NOV '03 - Aug '14	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: ACRx Specialty Pharmacy			From - To (MM/YY – MM/YY): Nov '23 - current
Business Address: 8440 W Lake Mead Blvd	City: Las Vegas	State: NV	Zip: 89128
Phone: 7028006448	Title: STAFF Pharmacist		Number of Employed Hours: 40/week.
Description of Duties: -Filling prescriptions Efficiently & Accurately - Formulating -superior customer service.			

Business Name: National Specialty Pharmacy			From - To (MM/YY – MM/YY): Aug '18 - Oct '23
Business Address: 3022 W Post Rd	City: Las Vegas	State: NV	Zip: 89118
Phone: 702 832 3320	Title: STAFF Pharmacist		Number of Employed Hours: 40/week.
Description of Duties: -Filling Prescriptions Efficiently & Accurately - Formulating -Inventory control			

Business Name: Portell Specialty Pharmacy			From - To (MM/YY – MM/YY): Nov '13 - Aug '18
Business Address: 5835 E Eastern Ave #101	City: Las Vegas	State: NV	Zip: 89119
Phone: 702 791 3800	Title: Pharmacy Manager		Number of Employed Hours: 40/week.
Description of Duties: -Filling prescription Efficiently & Accurately -Inventory control -customer service			

Business Name: Medco Health Solutions			From - To (MM/YY – MM/YY): Sept '07 - Aug '13
Business Address: 6225 Annie Oakley Dr	City: Las Vegas	State: NV	Zip: 89120
Phone: 702 436 8300	Title: Customer service Pharmacist		Number of Employed Hours:
Description of Duties: -Counseling Patient -Resolving potential Rx errors -Taking new Rx from dr office			

Business Name: Vons Pharmacy			From - To (MM/YY – MM/YY): Oct '01 - Sept '07
Business Address: 8540 W Desert Inn Rd	City: Las Vegas	State: NV	Zip: 89117
Phone:	Title: Pharmacy Manager		Number of Employed Hours: 40/week.
Description of Duties: -Filling Prescription -customer service -Inventory control -counseling Patient			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Brian Ford, certify that as the designated representative for

_____,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. BF I am at least 21 years of age;
3. BF I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. BF I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. BF I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. BF I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. BF I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Brian Ford

Print Name (First, Last)

Brian Ford

Original Signature (electronic, copies or stamps not accepted)

5/30/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Ford

Print Name (First, Last)

Brian Ford

Original Signature (electronic, copies or stamps not accepted)

5/30/25

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Brian Ford, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Brian Ford

Original Signature

5/30/25

Date

Subscribed and Sworn to before me this 30th day of May, 2025.

Notary Public Signature

Michael Turner
Notary Public - State of Nevada
County of Clark
Appt. No. 12-9075-1
My Appt. Expires: November 15,2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site AZ Care Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 2931 N Tenaya Way, Ste # 206

City Las Vegas State Nevada Zip 89128

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Kardam Middle _____ Last Panjabi

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Henderson State Nevada Zi[redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: University of Findlay.			From - To (MM/YY – MM/YY): 2009 – 2010
Address: 1000 N Main St	City: Findlay	State: OH	Zip: 45840
Diploma/Degree obtained, if any: MBA in health Care.			
School Name: NVPAS			From - To (MM/YY – MM/YY): 2006 – 2008
Address: Moty Bazaar, Vallabh Vidhaynagar	City: Anand, India.	State: Gujarat	Zip: 388120
Diploma/Degree obtained, if any: Bachelor in Science In Biotechnology.			
School Name: Angels School.			From - To (MM/YY – MM/YY): 1991 – 2006
Address: Gitodiya Rd, Near Chandapura	City: Anand	State: Gujarat	Zip: 388001
Diploma/Degree obtained, if any: 12th Grade. High School			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019 - 2025	[redacted]			
2015 - 2019	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Greenbay Specialty Pharmacy			From - To (MM/YY – MM/YY): 2022 - Current	
Business Address: 3483 S Eastern Ave.	City: Las Vegas.	State: NV	Zip: 89169	
Phone: 725-254-3210	Title: Pharmaceutical Operation Analyst / Store Manager			
Description of Duties: Insurance Contracts, Compliance Duties, Audits, Customer Service. PTCB (Tech license) Financial Analysis, Business Analysis.				
Business Name: Asp Cares Pharmacy.			From - To (MM/YY – MM/YY): 2014 - 2022.	
Business Address: 501 S Rancho Dve, 646.	City: Las Vegas.	State: NV.	Zip:	
Phone: 702-912-8488	Title: Store Manager.			
Description of Duties: Insurance Contracts, Compliance Duties, Audits help, Customer Service PTCB (Tech license). Vendor Contracts, Business and financial Analysis				
Business Name: Jax Trail Coffee			From - To (MM/YY – MM/YY): 2024 - Current	
Business Address: 9490 W Russell Rd Suite 101	City: Las Vegas	State: NV	Zip: 89148.	
Phone: 702-749-3117	Title: Partner (16 percent)			
Description of Duties: -				
Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:	State:	Zip:	
Phone:	Title:			
Description of Duties:				
Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:	State:	Zip:	
Phone:	Title:			
Description of Duties:				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KARAM PANJABI

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/30/2025

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, KARAM PANJABI, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/30/2025

Date

Subscribed and Sworn to before me this 30th day of MAY, 2025.

Notary Public Signature

DENNISE GALINDO
Notary Public, State of Nevada
No. 23-6214-01
My Appt. Exp. May 5, 2027

(Seal)

10

10A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-Nevada	■ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00** fee with the application.) * Current license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ■ Other: Oncology infusion center	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ■ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Southwest Medical Associates, Inc dba OptumCare Cancer Care Pharmacy in Henderson

Physical Address: 1655 E Cactus Ave Ste *TBD

City: Henderson State: NV Zip: 89052

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: TBD Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: colby_meier@optum.com

Website: https://optum-cancer.com/

Nevada Business License # (if applicable) NV19841012123

Supervising/Managing Pharmacist Name (NRS 639.220): Colby Meier

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19030

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Colby Meier	NV Pharmacist Registration #: 19030
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): Sierra Health Services, Inc.

Corporation/Organization Name: Southwest Medical Associates, Inc. dba OptumCare Cancer Care Pharmacy in Henderson

Mailing Address: 1655 E Cactus Ave Ste *TBD

City: Henderson State: NV Zip: 89052

Telephone: 763-361-9805 Email: cindee.kusser@uhg.com

Contact Person Name: Cindee Kusser

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Optum Care Cancer Care Pharmacy in Southwest Medical associates, Inc dba Henderson (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Dr. John Rhodes

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5.19.25

Date

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Colby Meier Pharmacist Registration #: 19030

Pharmacy Name: Southwest Medical Associates, Inc dba OptumCare Cancer Care Pharmacy in Henderson

Initial each statement below to indicate you have read and agree with the following:

CM — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

CM — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

CM — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

CM — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

CM — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

5/29/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dr. John Rhodes

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

JC Rhodes

Original signature of Authorized Person (copies or stamps not accepted)

5.19.25

Date

Board Use Only	Date Received: 6/3/25	Amount: $500 CC

Management Structure Report

Southwest Medical Associates, Inc.

Directors

Name	Title	Last Elected
Allen, Carl Edward	Director	06/26/2024
Corbin, Toni M	Director	06/26/2024
Gokal, M.D., Nilesh Neil	Director	06/26/2024
Kaur, M.D., Girisha	Director	06/26/2024
Rhodes, John C.	Director	07/06/2023

Officers

Name	Title	Last Elected
Rhodes, John C.	President	06/26/2024
Flynn, Conor Patrick	Secretary	06/26/2024
Gill, Peter Marshall	Treasurer	06/26/2024
Rappleye, Ryan Chad	Vice President, Finance	06/26/2024

Top Four Stockholders who own more than 10%:

Owner Name	Security / Interest	Number of Shares	% Owned	Owner Type	Total % Owned
Sierra Health Services, Inc.	Common	100.000000	100.000000	Entity	100.000000

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **SOUTHWEST MEDICAL ASSOCIATES, INC.** as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 08/31/1984, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 05/13/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202505135714664
You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Southwest Medical Associates, Inc dba OptumCare Cancer Care Pharmacy in Henderson
Pharmacy/Wholesaler License # (if applicable): TBD - New Application
Physical Address: 1655 E Cactus Ave Ste *TBD
City: Henderson State: NV Zip: 89052
Mailing Address (if different from physical address):
City: State: Zip:
Telephone: Website: https://optum-cancer.com/
Licensing Company Email:

Section 2: Personal Information

First: Colby Middle: Wade Last: Meier
Alias(es, nicknames, name changes, etc.):
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X
Mailing Address: [redacted]
City: Henderson State: NV Zip: [redacted]
Telephone: [redacted] Email: [redacted]
Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University		08/12 - 6/15	
Address	City	State	Zip
11 Sunset Way	Henderson	NV	89014
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Southern Utah University		08/08 - 5/12	
Address	City	State	Zip
351 W University Blvd	Cedar City	UT	84720
Diploma/Degree obtained, if any			
Bachelors of Science in Biology/Chemistry minor			

School Name		From - To (MM/YY – MM/YY)	
Cedar City High School		08/04 - 5/08	
Address	City	State	Zip
703 W 600 S	Cedar City	UT	84720
Diploma/Degree obtained, if any			
Highschool diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/22 - current	[redacted]			
05/16 - 06/22				
05/15 - 05/16				
From - To (MM/YY – MM/YY)				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Kindred Hospital			10/16 - 7/23	
Business Address		**City**	**State**	**Zip**
2250 E Flamingo Rd		Las Vegas	NV	89119
Phone	**Title**		**Number of Employed Hours**	
(702)936-6377	Clinical Pharmacy Manager		~16,000 hours	
Description of Duties				
*Ensured pharmacy met all regulations *Hired and trained new employees *Maintained drug inventory, along with monthly controlled substance inventory *Oversaw daily business operations				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Colby Meier, **certify that as the designated representative for**

Southwest Medical Associates, Inc dba OptumCare Cancer Care Pharmacy in Henderson,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CM I am at least 21 years of age;
3. CM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Colby Meier

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/29/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Colby Meier

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/29/25

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Colby Meier, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/29/25

Date

Subscribed and Sworn to before me this 29 day of May 2025.

Notary Public Signature

SARA CHRISTIANSON
Notary Public, State of Nevada
Appointment No. 16-4453-1
My Appt. Expires Jan 5, 2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Southwest Medical Associates, Inc dba OptumCare Cancer Care Pharmacy in Henderson

NV Pharmacy or Outsourcing facility license # (if applicable): TBD - New Application

Physical Address: 1655 E Cactus Ave Ste *TBD

City: Henderson State: NV Zip: 89052

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: TBD Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: colby_meier@optum.com

Website: https://optum-cancer.com/

Nevada Business License # (if applicable) NV19841012123

Supervising/Managing Pharmacist Name (NRS 639.220): Colby Meier

Supervising/Managing Pharmacist NV Pharmacist Registration #: 19030

Name of Designated Person(s) as defined by revised USP-797 guidelines: Colby Meier

Email of Designated Person(s): Colby_Meier@optum.com

Telephone of Designated Person(s): (435) 590-9403

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

   ■ Category 1 ■ Category 2 ☐ Category 3

   If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ☐ Yes ■ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? TBD - New Construction

6. What is the frequency of the recertification for the ISO classified areas? Six months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ☐ Yes ■ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Monthly

10. Will you be performing sterile hazardous drug compounding? ■ Yes No

    If you marked "Yes", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Including but not limited to:

Chemotherapy (Carboplatin, Paclitaxol, 5-FU, Oxaliplatin)

Immunotherapy (Keytruda, Opdivo, Bevacizumab)

Supportive care infusions (Zofran, Dexamethasone, Famotidine, Aloxi)

Hematologic (IV Iron)

Misc (IVIG, Zoledronic Acid)

12. What laboratory performs your sterility or endotoxin testing?

Name: NA - No non-sterile ingredients

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

13. What is your procedure for visual inspection of compounded sterile products?

All CSPs are visually inspected to determine whether the physical appearance of the CSP is as expected: free from visible particulates or other foreign matter, discoloration, or other defects. The CSP label is inspected to confirm that the CSP and its labeling match the prescription or medication order. Written compounding procedures are reviewed to verify accuracy of correct ingredients and amounts. The visual inspection also includes container closure integrity. Any CSP found to be of unacceptable quality must be promptly discarded.

14. How often do you perform glove fingertip and medial fill testing?

Trained compounders (Infusion technicians and pharmacist designated personnel): biannual
Pharmacist: annual

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

Initial and ongoing training includes observational competency training to prepare for media fill and gloved fingertip testing:
-Gowning and Garbing procedure
-Hand Hygiene
-Aseptic Manipulations
-Cleaning and Disinfection Practices (Daily, monthly and remediation cleaning process)
-Core skills (Calculations, Principles of High Efficiency Particulate Air (HEPA) filter, Spill management)
-Use of Equipment - Surface Sampling
-Reassess personnel competency biannually

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Cleaning process for Primary Engineering Controls (PEC) and Secondary Engineering Controls (SEC)
-Cleaning order starts from the cleanest to dirtiest room--Buffer room, Hazardous Room, Ante Room
Daily cleaning sequence: (1) PEC hood, (2) Surfaces (tables, carts and stools), Floors
Monthly cleaning sequence: All items from daily cleaning are included, with the addition of shelving, bins, totes, exterior parts of the PEC, tables, carts, walls, doors, ceilings, etc.

Cleaning agents:
1. TB1-3300 disinfectant for daily cleaning with 70% Sterile Isopropyl Alcohol
2. PeridoxRTU cleaning agent for bactericidal, virucidal, tuberculocidal and fungicidal with 70% Sterile Isopropyl Alcohol

17. Who performs the sterile compounding process at your facility?

Trained Pharmacists and Infusion Technicians

18. Who is responsible and accountable for the sterile compounding process at your facility?

Colby Meier: Pharmacist-In-Charge

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

N/A

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Germfree A2 Biosafety cabinet (Model = BBF-3SSRX) Germfree Vertical Laminar Flow Hood		
2. Are you complying with all USP 800 guidelines?	■ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	■ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	■ Yes	No
5. Do you have a negative pressure buffer room at your facility?	■ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	■ Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	■ Yes	No
8. Will you be utilizing a closed system transfer device?	■ Yes	No
9. If yes, list the name of the device: Equashield CSTD.		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

When handling hazardous drugs, we inform the healthcare workers that they must follow standard precautions--wear chemotherapy gloves and gowns when handling hazardous drugs (e.g., when administering and preparing administration, and disposing). Nursing staff follow facility protocols for disposal of hazardous drugs.

Patients receive education from nursing regarding their chemotherapy regimens with instructional brochures prior to the initiation of treatment.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Initial training prior to compounding sterile hazardous drugs includes:
1. Workplace training and competency assessment program: New personnel must complete the media fill test and gloved fingertip test.
2. Documentation of cleaning and disinfecting competency: visual
3. Didactic overview of hazardous drugs (USP800 - Handling HD's Employee Training Module)
4. Ongoing training for each new hazardous medication
5. Review assessment of risk for each hazardous medication
6. Reassess personnel competency every 12 months

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Colby Meier

Name of Person who Completed the Form

Oncology Pharmacy Manager

Title

Signature (copies or stamps not accepted)

5/29/2025

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

11

11A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FC0738700
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00** fee with the application.)	☐ Other:	■ Non-sterile Compounding
			☐ Sterile Compounding
			■ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Precision Fulfillment Pharmacy

Physical Address: 3999 N Dixie Hwy

City: Boca Raton State: FL Zip: 33431

Mailing Address (if different from physical address): N/A - Same as physical address

City: _____ State: _____ Zip: _____

Telephone: 516-833-6262 Toll Free # (NAC 639.708, NRS 639.23286): 855-277-9610

Fax: 954-289-0693 Contact Email: licensingfl@mypcphealth.com

Website: mypcphealth.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Dan Nguyen

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 10789

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Dan Nguyen	NV Pharmacist Registration #: 10789
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): Precision Compounding Pharmacy & Wellness Inc.

Corporation/Organization Name: Carefree Pharmacy LLC

Mailing Address: 3999 N Dixie Hwy

City: Boca Raton State: FL Zip: 33431

Telephone: 516-833-6262 Email: licensingfl@mypcphealth.com

Contact Person Name: Christian Stella

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President/Secretary (title) for Precision Fulfillment Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Christian Stella

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/16/2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Christian Stella hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President/Secretary (title) for Precision Fulfillment Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 16th day of APRIL, 2025

Notary Public

YASMIN RAFIUDDIN
Notary Public - State of New York
NO. 01RA6181530
Qualified in Suffolk County
My Commission Expires Feb 4, 2028

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christian Stella

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4/16/2025

Date

Board Use Only	Date Received: 4/24/25	Amount: $500ck 2542

Carefree Pharmacy LLC dba Precision Fulfillment Pharmacy
Explanation of Prior Action

Signature:

Christian Stella

4/16/25
Date

PRECISION
FULFILLMENT
PHARMACY

3999 N Dixie Hwy, Boca Raton, FL 33431
Phone: 516-[illegible]
Fax: 516-22-[illegible]
Tel: 516-77[illegible]
Toll Free: 855-77[illegible]

To whom it may concern,

The intent of this letter is to explain the disciplinary action that Carefree Pharmacy LLC (dba Precision Fulfillment Pharmacy) received from the Colorado Board of Pharmacy.

On April 26, 2024 the Colorado Board of Pharmacy issued a disciplinary action against Precision Fulfillment Pharmacy for failing to report a change of Pharmacist-in-Charge within the allotted time deemed in the state's pharmacy laws. This was finalized on June 20, 2024. The pharmacy was released on July 16, 2024.

The pharmacy was in the process of changing our Pharmacist-in-Charge for the licenses that the pharmacy has. Precision Fulfillment Pharmacy is located in Florida. However, the pharmacy holds multiple non-resident licenses, in addition to its license in its resident state of Florida. A clerical error by a new employee caused the form for the change in Pharmacist-in-Charge for Colorado to reflect the date that the change of Pharmacist-in-Charge happened for the pharmacy's resident Florida address. The date used was longer than the time allowed for notification of a change in Pharmacist-in-Charge by the Colorado Board of Pharmacy. However, our Pharmacist-in-Charge was still active during the time in question. They remained as our Pharmacist-in-Charge for the state of Colorado but were no longer our Pharmacist-in-Charge for the state of Florida. When the time came to change our Pharmacist-in-Charge for the state of Colorado, the wrong date was utilized in error, making it seem that the pharmacy neglected to properly notify the Colorado Board of Pharmacy of a change in our Pharmacist-in-Charge.

This was explained in detail to the Colorado Board of Pharmacy, along with supporting documentation showing that this Pharmacist-in-Charge was only removed as the pharmacies Pharmacist-in-Charge for Florida and remained as the current and active Pharmacist-in-Charge for other states that the pharmacy held non-resident licenses in. However, the board decided to impose disciplinary action against the pharmacy.

Precision Fulfillment Pharmacy has learned from this error. Employees in training are no longer permitted to fill you, even partially, or submit forms to the board without prior approval from the Pharmacist-in Charge leaving, entering, or both. Furthermore, employees in training are to be instructed of this during training and after on boarding. Better processes are in place to validate any work being done and to ensure an error like this won't occur again. Precision Fulfillment Pharmacy understands that the liability lies with the Pharmacist-in-Charge signing the forms to ensure that all forms are complete and accurate. This is the reason why the pharmacy decided to accept responsibility and pay the Colorado Board of Pharmacy the fines set forth and accept the disciplinary action.

Thank you for your time and consideration,
Precision Fulfillment Pharmacy

Precision Compounding Pharmacy & Wellness Inc. dba Precision Compounding Pharmacy
Explanation of Prior Action

Signature:

Christian Stella

4/15/25
Date

PRECISION
COMPOUNDING
PHARMACY

TELEHEALTH · EDUCATION · WELLNESS

2657 Merrick Rd Bellmore, NY 11710
516-831-5555
Fax: 516-576-0811
Toll Free: 1-855-277-7411

Written Notice of Final Consent Agreement from the Louisiana Board of Pharmacy

Dear Members of the Board,

I am writing to formally provide notice regarding a final consent agreement that our pharmacy has received from the Louisiana Board of Pharmacy.

The Louisiana Board of Pharmacy requested records from Precision Compounding Pharmacy of all compounded sterile preparations into Louisiana to cover a timespan of two years. From this request, another request followed to provide records for all prescriptions dispensed into Louisiana regardless of the time period. From these records, the Louisiana Board of Pharmacy sent an official notice of alleged violations against the pharmacy.

The alleged violations were of medications being dispensed into the state of Louisiana without a Louisiana permit authorizing the pharmacy to do as well as the pharmacy's original "Application for New Louisiana Pharmacy Permit for Nonresident Pharmacy" that was submitted had an incorrect answer. The application asked the question if the pharmacy had already dispensed prescription medications to Louisiana residents, to which the pharmacy had incorrectly answered "No."

The Board issued this consent agreement to the pharmacy along with a fine, constituting a formal disciplinary action. A copy of the final consent agreement is enclosed with this notice.

This notice serves to inform the Board of this matter as well as to assure the Board that Precision takes these matters seriously and has taken steps to ensure better and more efficient compliance, and continues to monitor and update its compliance program and efforts.

Thank you for your attention to this matter.

Sincerely,

Precision Compounding Pharmacy

PRECISION
COMPOUNDING
PHARMACY

TELEHEALTH • EDUCATION • WELLNESS

2657 Merrick Rd Bellmore, NY 11710
Phone: 516-[illegible]
Fax: 516-222-0[illegible]
Toll Free: 1-[illegible]
Direct: 1-[illegible]

To whom it may concern,

It has recently come to the attention of Precision Compounding Pharmacy & Wellness Inc. that a disciplinary action was taken against us by the Colorado Board of Pharmacy on December 21, 2023. The disciplinary action was in the form of a letter of admonition. The letter of admonition was due to our, "Failing to come into compliance and maintain compliance for one consecutive week following the due date of the complaint response, as well as failing to correct error records submitted to the Colorado Prescription Drug Monitoring Program (PDMP)."

Due to it being a letter of warning, Precision mistakenly believed that this was not a formal disciplinary action. Since discovering our mistake, we have drafted this letter to submit to the Boards of Pharmacy to report the Colorado letter of admonition and to explain our error in not reporting this disciplinary action in a more timely manner. Precision deeply apologizes for this misunderstanding and hopes to show its willingness to be compliant by drafting this letter.

With regards to the cause of the disciplinary action, since receiving this letter of admonition, Precision has taken many steps to ensure all our PMP reporting is accurate, up to date, correct, and monitored on a regular basis. Our PMP reporting is checked every morning Monday-Friday and errors are now corrected immediately. This is to ensure future compliance with all State Boards of Pharmacy and their prospective timeline allotted to correct PMP errors.

Thank you for your time and understanding,
Precision Compounding Pharmacy & Wellness Inc.

Name	Title(s)	Telephone	Business Address
Christian Stella	President/Secretary	(516) 833-6262	2657 Merrick Road, Bellmore, NY 11710
Connor Longo	Vice President/Treasurer	(516) 833-6262	2657 Merrick Road, Bellmore, NY 11710

The Pharmacy is wholly owned by:
Carefree Pharmacy LLC
3999 N Dixie Hwy, Boca Raton, FL 33431
86-2193650

Carefree Pharmacy LLC is wholly owned by:
Precision Compounding Pharmacy & Wellness Inc. d/b/a Precision Compounding Pharmacy
2657 Merrick Road, Bellmore, NY 11710
85-1189460

State of Florida
Department of State

I certify from the records of this office that CAREFREE PHARMACY LLC is a limited liability company organized under the laws of the State of Florida, filed on February 10, 2021.

The document number of this limited liability company is L21000071393.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024, that its most recent annual report was filed on February 4, 2024, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourteenth day of January, 2025



Secretary of State

Tracking Number: 9668751785CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Precision Fulfillment Pharmacy

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 3999 N Dixie Hwy

City: Boca Raton State: FL Zip: 33431

Mailing Address (if different from physical address): N/A - Same as physical address

City: State: Zip:

Telephone: 516-833-6262 Website: mypcphealth.com

Licensing Company Email: licensingfl@mypcphealth.com

Section 2: Personal Information

First: Dan Middle: Vu Last: Nguyen

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Oviedo State: FL Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UCSF		1987-1991	
Address	**City**	**State**	**Zip**
1600 Divisadero St. 1825, 1855 and 1975 Fourth St.	San Francisco	CA	94143
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2004- Present	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Clinical Pharmacist (PRH on the Go)			01/2010-Present
Business Address	**City**	**State**	**Zip**
1396 Hampstead Terrace	Oviedo	FL	32765
Phone	**Title**		**Number of Employed Hours**
(407) 697-0715	Clinical Pharmacist		Around 30000 hours

Description of Duties

- Contract assignments in various states for hospitals, long term care and specialty pharmacies
- IV Infusion experience in all Hospital and assignments

Business Name			From - To (MM/YY – MM/YY)
Lakeland Regional Medical Center			04/12-06/13
Business Address	**City**	**State**	**Zip**
1324 Lakeland Hills Blvd	Lakeland	FL	33805
Phone	**Title**		**Number of Employed Hours**
863-687-1100	Clinical Pharmacist		Around 2000 hours

Description of Duties

-Anticoagulant, TPN Dosing Pharmacokinetics at 800+ bed hospital
-Well versed in Cerner and CPOE system

Business Name			From - To (MM/YY – MM/YY)
Orlando Health - Health Central Hospital			09/2006-07/2012
Business Address	**City**	**State**	**Zip**
10000 W Colonial Dr	Ocoee	FL	34761
Phone	**Title**		**Number of Employed Hours**
(407) 296-1000	Clinical Pharmacist		Around 120000 hours

Description of Duties

-Acting Director in the absence of management at 174 bed community hospital
-Calculating rate and prepare IV solutions for out patient infusion

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Dan Nguyen, **certify that as the designated representative for**

Precision Fulfillment Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. x I am at least 21 years of age;
3. x I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. x I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. x I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. x I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. x I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Dan Nguyen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/03/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dan Nguyen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/03/25

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, Dan Nguyen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/03/25

Date

Subscribed and Sworn to before me this 3rd day of April.

Maria Luna

Notary Public Signature

Maria Luna
Comm.: HH 473529
Expires: Dec. 17, 2027
Notary Public - State of Florida

(Seal)

Carefree Pharmacy LLC d/b/a Precision Fulfillment Pharmacy

Organizational Chart

Precision Compounding Pharmacy & Wellness Inc. d/b/a Precision Compounding Pharmacy

FEIN: 85-1189460

Precision Fulfillment Pharmacy

FEIN: 86-2193650

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 27762
Insp # 198844

NAME	PERMIT NUMBER	DATE OF INSPECTION
Carefree Pharmacy LLC	33381	06/21/2024
DOING BUSINESS AS PRECISION FULFILLMENT PHARMACY		
STREET ADDRESS 3999 N Dixie Hwy	**TELEPHONE #** 516-833-6262	**EXT**
CITY BOCA RATON	**COUNTY** PALM BEACH	**STATE/ZIP** FL/33431

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 9 am - 5pm
Monday Y	Monday Hours 9 am - 5pm
Tuesday Y	Tuesday Hours 9 am - 5pm
Wednesday Y	Wednesday Hours 9 am - 5pm
Thursday Y	Thursday Hours 9 am - 5pm
Friday Y	Friday Hours 9 am - 5pm
Saturday Y	Saturday Hours Closed
Sunday N	Sunday Hours Closed

Registered Pharmacist / Intern / Tech

License # PS65015	Licensee Name Sergey Moiseyev
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FC0738700	

License Relations

Pharmacy Affiliate

ABAD, DARIS DANIEL	License #
LONGO, FRANK A	License #
LONGO, RICHARD A	License #
STELLA, FRANK	License #
STELLA, JOHN	License #

RX DPT MGR/COR/POR

MOISEYEV, SERGEY	License # 65015

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081(2), F.A.C.]	Yes
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.]	Yes

Community Requirements General Section

INV359 - Community Requirements

Insp # 198844 — Carefree Pharmacy LLC — File # 27762

Outdated medications removed from active stock. [64B16-28.110, F.A.C.] [64B16-28.1191, F.A.C.] *This is a Change of Location Inspection there are no Medications on site*	N/A
Prescription Department is open for a minimum of 20 hours per week. [64B16-28.1081(1), F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c), F.S.] [21CFR1306.05]	Yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)] [64B16-28.140(3)(d), F.A.C.]	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102(5)(a), F.A.C.]	Yes
Technicians properly identified. [64B16-27.100(2), F.A.C.] [64B16-27.4001, F.A.C.] [64B16-27.410, F.A.C.] [64B16-27.420, F.A.C.]	Yes
Legend drugs properly stored within confines of pharmacy department and maintained at appropriate temperature to preserve therapeutic activity. [64B16-28.118, F.A.C.]; [64B16-28.120, F.A.C.]; [64B16-28.102, F.A.C.]	Yes
Documentation of destruction or return of controlled substances. [64B16-28.303, F.A.C.]	N/A
Generic equivalent sign is posted. [465.025(7), F.S.]	Yes

Additional Community Requirements

Prescription department is operating under clean, sanitary, and uncrowded health conditions. [64B16-28.102, F.A.C.]	Yes
Prescription department has a sink with running water easily accessible to the prescription counter. [64B16-28.102, F.A.C.]	Yes
Pharmacist is on the premises and on duty when the prescription department is open. [64B16-28.109, F.A.C.]	Yes
Pharmacy maintains a written policy and procedure manual regarding the number of registered pharmacy technician positions and the pharmacy operates within the established ratio as defined by rule. [64B16-27.410(2)(a), F.A.C.]	Yes
Pharmacists, technicians, and interns are licensed in the State of Florida. [465.015(1)(a), F.S.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.] *Pharmacy is mainly a Mail-Order Pharmacy does not deal with the General Public*	N/A
Medication is properly labeled for dispensing to patient. [64B16-28.108, F.A.C.]	N/A
Unclaimed prescriptions are maintained in stock for no more than one year past dispensing date. [64B16-28.1191, F.A.C.]	Yes
Manufacturer containers are properly labeled. [499.003(26), F.S.]	N/A
Customized medication packages are labeled properly with beyond use date of not more than 120 days from the date of preparation but not later than the beyond use date for any of the medications in the package. [64B16-28.108(6)9., F.A.C.]	N/A
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality-Related Events are available for inspection. [64B16-27.300, F.A.C.] [766.101(1)(a)(l), F.S.] *last observed 03/2024*	Yes
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]	Yes
Compounding records include compounding date, lot number, expiration date, name and manufacturer of ingredients, package size, number of units, technician compounding and pharmacist verifying the final compound. [64B16-28.140(4), F.A.C.]	Yes
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005, F.S.] [61N-1.012, F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005(14), F.S.] *Wholesaler: Medisca*	Yes
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility. [64B16-27.700(3)(g), F.A.C.]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up care from his or her primary care physician. [465.1895(9), F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S.]	Yes

Requirements for Dispensing Controlled Substances

Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11] *last observed 06/20/2024*	Yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2), F.S.] [21CFR 1305.13(e)] [21CFR1305.22(g)] *Does not stock or dispense C-II Medication*	N/A
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [465.022(12)(a), F.S.] [64B16-28.140, F.A.C.] [21CFR1306.22] [21CFR1304.04]	Yes
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b), F.S.] [465.022(11)(b), F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4)(3)(a), F.S.]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	

INV359 - Community Requirements

Insp # 198844 | Carefree Pharmacy LLC | File # 27762

Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Pharmacy engages in Centralized Prescription Filling [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197(3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

Inspection completed with PIC Sergey Moiseyev PharmD

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

MENDEZ, JUAN CARLOS

Date:6/21/2024

Representative:

Sergey Moiseyev

Date:6/21/2024

Your license number is PH 33381.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
NOVEMBER 15, 2024	**PH 33381**	**144133**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Community Pharmacy

EXPIRATION DATE: **FEBRUARY 28, 2027**

CAREFREE PHARMACY LLC
Precision Fulfillment Pharmacy
3999 N DIXIE HWY
BOCA RATON, FL - 33431

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
NOVEMBER 15, 2024	PH 33381	144133

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

CAREFREE PHARMACY LLC Expiration Date: **FEBRUARY 28, 2027**
Precision Fulfillment

REGISTRANT SIGNATURE

Department of Health

Carefree Pharmacy LLC

Precision Fulfillment Pharmacy

License Number: PH33381

Data As Of 3/7/2025

Profession	Pharmacy
License	PH33381
License Status	CLEAR/
Qualifications	Community Pharmacy
License Expiration Date	2/28/2027
License Original Issue Date	06/04/2021
Address of Record	3999 N Dixie Hwy BOCA RATON, FL 33431
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
LONGO, FRANK A	PHARMACY AFFILIATE	PHARMACY AFFILIATE		07/14/2023
LONGO, RICHARD A	PHARMACY AFFILIATE	PHARMACY AFFILIATE		07/14/2023
MOISEYEV, SERGEY	RX DPT MGR/COR/POR	PHARMACIST	65015	09/11/2023

Name	Relationship	Profession	License	Effective Date
STELLA, FRANK	PHARMACY AFFILIATE	PHARMACY AFFILIATE		01/04/2024
STELLA, JOHN	PHARMACY AFFILIATE	PHARMACY AFFILIATE		07/17/2023

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC0738700	08-31-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	08-08-2024

CAREFREE PHARMACY LLC
DBA: PRECISION FULFILLMENT PHARMACY
3999 N DIXIE HWY
BOCA RATON, FL 33431

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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CAREFREE PHARMACY LLC
DBA: PRECISION FULFILLMENT PHARMACY
3999 N DIXIE HWY
BOCA RATON, FL 33431

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Form DEA-223 (9/2016)

11B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☑ New Pharmacy	☐ Retail/Community	☐ Retail/Community
☑ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☑ Other: see description of services attached	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☑ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☑ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Walgreens Specialty Pharmacy, LLC d/b/a Walgreens HUB Solutions #21609

Physical Address: 120 Enterprise Drive

City: Pittsburgh State: PA Zip: 15275

Mailing Address (if different from physical address): PO Box 901

City: Deerfield State: IL Zip: 60015

Telephone: 412-439-6543 Toll Free # (NAC 639.708, NRS 639.23286): 800-756-6616

Fax: 855-397-0417 Contact Email: slowe@flaherty-ohara.com

Website: walgreenshubsolutions@walgreens.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Ashley Patrick

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24529

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Ashley Patrick	NV Pharmacist Registration #: 24529
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Walgreens Specialty Pharmacy Holdings, LLC is parent company of Walgreens Specialty Pharmacy, LLC

Corporation Name: Walgreens Boots Alliance, Inc. See attached organizational chart

Mailing Address: PO Box 901

City: Deerfield State: IL Zip: 60015

Telephone: 847-315-2500 Email: slowe@flaherty-ohara.com

Contact Person Name: Sara Lowe, Outside Counsel

Date of SEC Registration: 12/31/2014	SEC Registration Number: 0001618921	Stock Exchange Symbol: WBA

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☑ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Treasurer & Secretary (title) for Walgreens Specialty Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Brian Brown

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5/13/2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Brian Brown hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Secretary & Treasurer (title) for Walgreens Specialty Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 13th day of May, 2025

Notary Public

Commonwealth of Pennsylvania - Notary Seal
STEVEN W EVERETT - Notary Public
Allegheny County
My Commission Expires October 21, 2026
Commission Number 1194054

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Brown, Treasurer & Secretary of Walgreens Specialty Pharmacy, LLC

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

5/13/25

Date

Board Use Only	Date Received: 5/15/25	Amount: $500 CK 52005

Walgreens Specialty Pharmacy, LLC d/b/a Walgreens HUB Solutions #21609
Owner and Officers

Applicant
Walgreens Specialty Pharmacy, LLC
7003 Presidents Drive
Orlando, FL 32809

Owner/Sole LLC Member

Walgreens Specialty Pharmacy Holdings, LLC
7003 Presidents Drive
Orlando, FL 32809

Officers of Walgreens Specialty Pharmacy, LLC

Name: Richard Gates
Title: President
[redacted]

Name: Matthew Spina
Title: Chief Financial Officer
[redacted]

Name: Tracey James
Title: Chief Operating Officer
[redacted]

Name: Brian Brown
Title: Secretary and Treasurer
[redacted]

Name: Michael Emerson
Title: VP Tax
[redacted]

Name: Brittany Mack
Title: Assistant Treasurer
[redacted]

Delaware

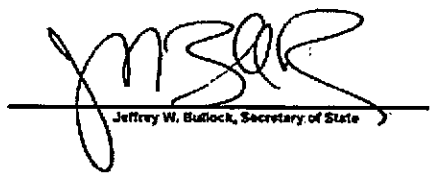
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WALGREENS SPECIALTY PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WALGREENS SPECIALTY PHARMACY, LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.





3694344 8300

SR# 20243746983

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204446797

Date: 09-20-24


Walgreens Boots Alliance, Inc.
(Publicly Traded)
100%
100%
Walgreen Co.
WBA Acquisition 6, LLC
55%
Walgreens Specialty
Pharmacy Holding, LLC
45%
100%
Walgreens Specialty
Pharmacy, LLC

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

WALGREENS HUB SOLUTIONS #21609

120 ENTERPRISE DRIVE
PITTSBURGH, PA, 15275

Phone: 412-439-6543
Owner: WALGREENS SPECIALTY Pharmacy LLC

LICENSE

License No: AA0006122291
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business
Inspection Date: 03/17/2025
Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

If this is a New Business Inspection, this PASS inspection form will serve as a temporary authority to operate pending final review and approval by the State Board. The temporary authority must be prominently displayed and will expire upon receipt of a properly issued license or six months from the date of inspection.

CORY ULISSE	3/17/2025 1:14:09 PM	Ashley Marie Patrick - RP453383
Signature of Inspector	Date/Time	Signature of Owner/Representative

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

WALGREENS HUB SOLUTIONS #21609

120 ENTERPRISE DRIVE
PITTSBURGH, PA, 15275

Phone: 412-439-6543
Owner: WALGREENS SPECIALTY Pharmacy LLC

LICENSE

License No: AA0006122291
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business
Inspection Date: 03/17/2025
Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

Commonwealth of Pennsylvania- Department of State
Bureau of Professional and Occupational Affairs

Mailing Address P.O. Box 2649, Harrisburg, PA 17105 Toll Free: 1-833-DOS-BPOA

WALGREENS HUB SOLUTIONS #21609
ASHLEY MARIE PATRICK

License Number	: PP483225	Initial License Date : 03/17/2025	Expiration Date : 08/31/2025
License Type	: Pharmacy		License Status as of 3/18/2025 : Active
Issued By	: State Board of Pharmacy		
Address	: 120 ENTERPRISE DRIVE, PITTSBURGH, PA 15275		

Arion R. Claggett

Acting Commissioner Arion R. Claggett

Signature of Licensee

SCAN ME

Please verify the license by visiting https://www.pals.pa.gov/verify or by scanning the QR Code

20250317788

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

04/22/2025

License Information

ASHLEY MARIE PATRICK

BELLEVUE, Pennsylvania 15202

Board/Commission:	State Board of Pharmacy	Status Effective Date:	06/20/2019
LicenseType:	Pharmacist	Issue Date:	06/20/2019
Specialty Type:		Expiration Date:	09/30/2026
License Number:	RP453383	Last Renewal:	09/03/2024
Status:	Active		

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

03/17/2025

License Information

WALGREENS HUB SOLUTIONS #21609

120 ENTERPRISE DRIVE
PITTSBURGH, Pennsylvania 15275

Board/Commission:	State Board of Pharmacy	Status Effective Date:	03/17/2025
LicenseType:	Pharmacy	Issue Date:	03/17/2025
Specialty Type:	Inspected by Board	Expiration Date:	08/31/2025
License Number:	PP483225	Last Renewal:	
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
ASHLEY MARIE PATRICK	Pharmacist Manager	Pharmacist	RP453383	Active	03/17/2025	09/30/2026

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

Nevada
Statement on Disciplinary Actions

Walgreens HUB Solutions #21609 is a newly opened facility, and has never received any disciplinary actions against it. The entity that owns this facility, Walgreens Specialty Pharmacy, LLC, has operated several other pharmacies across the country, which have, from time to time, received disciplinary actions. A full list of those actions against Walgreens Specialty Pharmacy, LLC's facilities and accompanying documentation is included in this packet. If any additional information is required for these actions, please contact our outside counsel, Sara Lowe, Flaherty & O'Hara, P.C., Pittsburgh PA. She can be reached at SLower@flaherty-ohara.com, or by phone at 240-678-4386.

Brian Brown
Secretary & Treasurer
Walgreens Specialty Pharmacy, LLC

5/13/25
Date

Walgreens Specialty Pharmacy #15438

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Canton 15438 (50)	Agency Order	CO BoP	Canton #15438	2010-002889	4/9/2010	Failure to submit required data to PDMP	$ 5,000.00	Facility
Canton 15438 (50)	Agency Order	CO BoP	Canton #15438	2010-003719	7/14/2010	Failure to timely submit a change of PIC	$ 1,000.00	Facility
Canton 15438 (50)	Settlement Agreement	HI BoP	Canton #15438	PHA 2015-900L	4/6/2016	Failure to timely report discipline in another state in case PHA 2015-91-L	$ 2,000.00	Facility
Canton 15438 (50)	Settlement Agreement	IL BoP	Canton #15438	2017-09917	12/19/2019	Delay of therapy	$ 2,000.00	Facility
Canton 15438 (50)	Settlement Agreement	IL BoP	Canton #15438	2016-04570	12/19/2019	Sister discipline from HI and CO	$ 2,000.00	Facility

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Luciow, Joseph	Reprimanded	MI BoP	Canton #15438		1/1/1998	Information no longer available	$ -	Staff	Pharmacist

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois,	Complainant	)
v.		) No. 2017-09917
ALLIANCE RX WALGREENS PRIME, License No. 054.017538,	Respondent	)

ORDER

This matter having come before the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation following the filing of a formal complaint against Alliance Rx Walgreens Prime (hereinafter "Respondent") on January 11, 2019 and said Complaint having been sent to Respondent's last known email address of record; Respondent having been ordered to file an answer or be held in default on February 25, 2019; Respondent having failed to answer the complaint and being held in default on March 25, 2019; the Illinois State Board of Pharmacy (hereinafter "Board") having deliberated this matter and issued a report containing certain findings of fact, conclusions of law, and a recommendation to the Director, and that report and a 20 Day Notice having been sent to Respondent's email address of record on May 17, 2019; Respondent having failed to reply within 20 days of the notice; and all due notice having been given:

Now therefore, I, Cecilia Abundis, Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, after reviewing this matter and the documents attached hereto and referenced herein, do hereby adopt the Findings of Fact, Conclusions of Law, and Recommendation of the Board;

It is therefore Ordered that the Pharmacy License of Alliance Rx Walgreens Prime, license number 054.017538, is assessed a fine of two thousand dollars ($2,000.00).

DATED THIS 19th day of December, 2019.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2017-09917
License No. 054.017538

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 2017-09917
ALLIANCE RX WALGREENS PRIME, License No. 054.017538, Respondent	)	

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION TO THE DIRECTOR

Now comes the Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation and, after reviewing the record in this matter, a majority of its members hereby makes the following Findings of Fact, Conclusions of Law and Recommendation to the Director of Professional Regulation:

FINDINGS OF FACT

1. ALLIANCE RX WALGREENS PRIME, (hereinafter "Respondent") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017538. Said license is currently in ACTIVE status.
2. On January 11, 2019, the Department filed a Complaint against Respondent and sent notice of the Preliminary Hearing with the Complaint to Respondent on January 11, 2019, to the last known email address of Respondent: specialtypharmacy@walgreens.com. The Preliminary Hearing was set for February 25, 2019.
3. On February 25, 2019, the Administrative Law Judge ordered that Respondent file an Answer to the Department's Complaint on or before March 18, 2019. A Status Hearing was set for March 25, 2019. A copy of the Administrative Law Judge's Order was emailed to Respondent at Respondent's last known email address of record.

4. On March 25, 2019, Respondent failed to appear. Respondent had not filed an answer to the Department's allegations. The Administrative Law Judge entered an Order of Default and transferred the matter to this Board for its deliberation on the pleadings. A copy of the Administrative Law Judge's Order was sent to the last known email address of Respondent.
5. The Board finds the allegations said Complaint to be true:
    a. ALLIANCE RX WALGREENS PRIME (hereinafter "Respondent Pharmacy") is currently licensed as a Pharmacy in the State of Illinois, License Number 054.017538. Respondent's Pharmacy license is currently in "Active" status.
    b. On or about October 3, 2017 and October 10, 2017, Respondent Pharmacy dispensed an incorrect prescription to Patient S.J.
    c. On or about October 3, 2017, Respondent Pharmacy received new prescriptions for Patient S.J, Rx Number 154382250892 for BD Needles 25G x 5/8.
    d. On or about October 6, 2017, Respondent Pharmacy did not catch the mistake and the order was filled and dispensed without the BD Needles 25G x 5/8 to Patient S.J.
    e. On or about October 7, 2017, Patient S.J. contacted Respondent Pharmacy and advised the order was missing the needles and syringes.
    f. On or about October 10, 2017, Respondent Pharmacy scheduled the syringes for delivery to Patient S.J.
    g. Respondent Pharmacy did not catch the mistake and the order was filled and dispensed with the incorrect syringes, 3CC Oral Syringes.
    h. Patient S.J. did not receive the needles in a timely manner and was unable to administer the medication prescribed.
    i. Respondent has committed dispensing errors that resulted in the patient being unable

to administer the prescribed medication.

CONCLUSIONS OF LAW

1. The Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation has jurisdiction over the subject matter and of the parties in this case.
2. The Department has jurisdiction to investigate the complaints and to bring this action pursuant to 225 ILCS 85/1 et. seq.
3. Respondent Alliance RX Walgreens Prime is in violation of 68 Ill. Admin. Code 1330.30(o),
4. .and 225 ILCS 85/30(a)(2), and (7).
5. Respondent Alliance RX Walgreens Prime's violations are grounds for discipline pursuant to 225 ILCS 85/30(a)(2), and (7).

RECOMMENDATION

The Illinois Board of Pharmacy of the Division of Professional Regulation of the Department of Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, that the license to practice as a Licensed Pharmacy of ALLIANCE RX WALGREENS PRIME, License No. 054.017538, be FINED Two Thousand Dollars ($2,000.00).

DATED THIS 14 DAY OF May, 2019.

Chairperson, Lemrey Al Carter Pharm.D.

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

Case No. 2017-09917
License No. 054.017538

Carter recuse
Pietrandoni recuse

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002889

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF OPTIONCARE SPECIALTY PHARMACY, REGISTRATION NO. OSP 5773,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Optioncare Specialty Pharmacy ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2010-002889 as follows:

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent Pharmacy has been registered by the Board as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 42108.

4. Respondent Pharmacy neither admits nor denies these findings but does not contest that the Board alleges these findings. It hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent failed to submit required data into Colorado's Prescription Drug Monitoring Program (PDMP) for the January 16, 2010, through January 25, 2010, reporting period.

6. On January 28, 2010, the Board initiated a complaint against Respondent Pharmacy because Respondent Pharmacy failed to comply with the data submission requirements of the PDMP.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of section 12-22-125(1)(c)(I), (II) and (III) and 12-22-708,

C.R.S., and that such conduct may provide grounds for disciplinary action against Respondent Pharmacy's non-resident prescription drug outlet registration.

DISPOSITION

$5,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge.** Pursuant to section 12-22-125.2(5), C.R.S., Respondent Pharmacy shall pay a fine of Five Thousand Dollars and No Cents ($5,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of Five Thousand, Five Hundred Dollars and No Cents ($5,500.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent Pharmacy shall at all times comply with the data submission requirements of the PDMP.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, whether or not Respondent Pharmacy has consulted with legal counsel. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent Pharmacy has consulted with legal counsel, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully

with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 3/30/2010

Subscribed and sworn to before me in the County of Washtenaw, State of Michigan, this 30 day of March, 2010 by Larry Niederhofer, in his/her capacity as an authorized agent of Optioncare Specialty Pharmacy.

JESSICA E. HANNING
Notary Public, State of Michigan
County of Wayne
My Commission Expires 05-04-2013
Acting in the County of Washtenaw

My commission expires: 5/4/2013

Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 9th DAY OF April, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge**. Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments**. The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's understanding that it has the following rights:

    a. To have formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

11 NOV 23 P 1:30

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE THIS 14th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

'11 NOV 23 P1:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 25th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 24th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

'11 NOV 23 P1:39

Agent of the Board

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

RECEIVED
2016 APR 15 A 10:27
DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS
2016 APR 28 P 2:26
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permits of WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443, Respondent.	PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443 (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

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I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 547 issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314. The permit was issued on or about January 17, 2008 and will expire or forfeit on or about December 31, 2017.

2. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 644, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15438. The permit was issued on or about April 12, 2010 and will expire or forfeit on or about December 31, 2017.

3. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 669, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15443. The permit was issued on or about September 23, 2010 and will expire or forfeit on or about December 31, 2017.

4. Respondent's mailing address for purposes of this action is P.O. Box 901, Deerfield, Illinois 60015.

5. RICO received a request for investigation from the Board after Respondent reported disciplinary actions by the State of Colorado.

6. Respondent provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522 (hereinafter "the Colorado Order in Case No. 2011-000522") (Exhibit "1"). The Colorado Order in Case No. 2011-000522 was based on action in Colorado and imposed a $5,000.00 fine.

7. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719 (hereinafter "the Colorado Order in Case No. 2010-003719 ") (Exhibit "2"). The Colorado Order in Case No. 2010-003719 was based on allegations related to reporting changes in pharmacist manager and imposed a $1,000.00 fine.

8. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518 (hereinafter "the Colorado Order in Case No. 2011-000518") (Exhibit "3"). The Colorado Order in Case No. 2011-000518 was based on disciplinary action in Colorado and imposed a $5,000.00 fine.

9. RICO alleges that disciplinary action was taken against Respondent in other states.

10. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

11. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522; Exhibit "2" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719; and Exhibit "3" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case Numbers PHA 2015-62-L (PMP 547), PHA 2015-90-L (PMP 644) and PHA 2015-91-L (PMP 669).

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay administrative fines in the amount of TWO THOUSAND HUDNRED AND NO/100 DOLLARS ($2,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of fines shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Deerfield (CITY), IL (STATE), 4/6/16.

WALGREENS SPECIALTY PHARMACY, LLC
Respondent

By: Joel Wright
Its SVP of Specialty Services

DATED: Honolulu, Hawaii, April 15, 2016.

DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF WALGREENS SPECIALTY PHARMACY, LLC, INDIVIDUALLY AND DOING BUSEINSS AS WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, AND WALGREENS SPECIALTY PHARMACY #15443; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"; CASE NO(S). PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

Kerri Okamura

KERRI OKAMURA
Chairperson

4/28/16

DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

Mary Jo Keefe

MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

STATE OF ILLINOIS)
) SS.
COUNTY OF LAKE)

On this 6TH day of APRIL, 2016, before me personally appeared JOEL WRIGHT, to me known to be the person described, and who executed the foregoing instrument on behalf of WALGREENS SPECIALTY PHARMACY, LLC, as its DIVISIONAL VICE PRESIDENT, and acknowledged he/she executed the same as his/her free act and deed.

This 5-page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated APRIL 6, 2016 was acknowledged before me by JOEL WRIGHT (NAME OF PERSON SIGNING THIS DOCUMENT) this 6TH day of APRIL, 2016, in the County of LAKE, in the State of ILLINOIS.

Karen A. Kessler

Name: KAREN A. KESSLER
Notary Public, State of ILLINOIS

My Commission expires: 10/8/2017

OFFICIAL SEAL
KAREN A KESSLER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/08/17

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000522

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5737,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreen Specialty Pharmacy, LLC ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000522 as follows:

1. On February 19, 2008, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5737 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 9775 SW Gemini Dr., Ste. 1, Beaverton, OR 97008.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a "zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

EXHIBIT 4

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Sherrie R Cooper Dated: 9-29-10

Authorized Agent of Respondent Pharmacy

Subscribed and sworn to before me in the County of Washington, State of Oregon, this 29th day of September, 2010 by Sherrie R Cooper, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

My commission expires: July 2, 2012

Luanne J Mueller
Notary Public

OFFICIAL SEAL
LUANNE J MUELLER
NOTARY PUBLIC OREGON
COMMISSION NO. 430354
MY COMMISSION EXPIRES JULY 2, 2012

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 19th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge**. Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments**. The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's understanding that it has the following rights:

    a. To have formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

NOV 23 P 1:30

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE THIS 14th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

2010 NOV 23 11:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 23rd day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 23rd day of July, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

2010 NOV 23 P 1:36

Agent of the Board

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

EXHIBIT "3"

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge**. Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board

9. **Compliance with PDMP**. At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

NOTARY PUBLIC STATE OF TEXAS
PAMELA SEALE
My Commission Expires
July 26, 2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

Walgreens Specialty Pharmacy #15443

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Frisco 13625 (90)	Agency Order	CO BoP	Frisco #15443	2011-000518	9/29/2010	Failure to report PDMP records 4.1-10.2010 and 7.1-10.2010	$ 5,500.00	Facility
Frisco 15443 (90)	Settlement Agreement	HI BoP	Frisco #15443	PHA 2015-91-L	4/28/2016	Failure to timely report discipline in another state	$ 2,000.00	Facility
Frisco 15443 (90)	Settlement Agreement	IL BoP	Frisco #15443	2016-04570	12/19/2019	Sister discipline from HI and CO	$ 2,000.00	Facility
Frisco 15443 (90)	Consent Order	VA BoP	Frisco #15443	203205	2/3/2021	Delay of therapy	$ 500.00	Facility
Frisco #15443	Citation	CA BoP	Frisco #15443	CI 2021 93653	6/6/2023	Delay of therapy	$ 2,000.00	Facility

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Nguyen, Kevin Linh	Consent Order	TX BoP	Frisco #15443	L-16-022	11/1/2016	Failure to answer truthfully to questions on license application	$ 250.00	Staff	Pharmacist
Dang, Phongphu	Remedial Plan	TX BoP	Frisco #15443	H-17-047-A	8/7/2018	Remedial plan due to dispensing error https://www.pharmacy.texas.gov/abo/RP-Pht/162441%20%20R49465%20%20Dang%2C%20Phongphu%20Alex%20%20REM%20%20H17047A%20%202018-08.pdf	$ 1,000.00	Staff	Pharmacist
Cooley, James	Board Order	TX BoP	Frisco #15443	T-04-382	9/24/2004	Two DUI between 1998 and 1999	$ -	Staff	Pharmacy Technician
Nguyen, Kevin Linh	Consent Order	OR BoP	Frisco #15443	2015-0258	6/25/2015	Failure to answer truthfully to questions on license application	$ 1,000.00	Staff	Pharmacist

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

COPY

CITATION AND FINE
ORDER OF ABATEMENT

Citation Number	Name, License No
CI 2021 93653	ALLIANCERX WALGREENS PHARMACY #15443, NRP 1589

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4301/Bus. & Prof. Code § 733 subd. (a)	Unprofessional Conduct.../Dispensing prescription drugs and devices- No licentiate shall obstruct a patient in obtaining a prescription	$2,000.00

CONDUCT:

Unprofessional Conduct-Obstructing a Patient from Obtaining Prescription: Business and Professions Code Section 4301 as it related to Business and Professions Code Section 733(a). Business and Professions Code Section 4301 states the board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Business and Professions Code Section 733 (a) states a licentiate shall not obstruct a patient in obtaining a prescription drug or device that has been legally prescribed or ordered for that patient. A violation of this section constitutes unprofessional conduct by the licentiate and shall subject the licentiate to disciplinary or administrative action by his or her licensing agency. Specifically, between 10/29/2021 and 11/10/2021, AllianceRx Walgreens Prime # 15443 (NRP1589) located at 10530 John W Elliot Dr Ste 100, Frisco, TX 75033 obstructed patient CS from obtaining her prescription for Verzenio 150mg which caused a delay in therapy for the following reasons:

- AllianceRx employee misinterpreted the billing directions and kept billing incorrectly which resulted in the claim rejection.
- Each time the pharmacy got a rejected insurance claim, the pharmacy did not contact the prescriber nor the patient regarding the rejected claim.
- When the prescriber's office called the pharmacy for the status of the prescription several times, the pharmacy staff noted to call them back with the status however no one from the pharmacy called back.
- The timeline provided by AllianceRx showed a consistent pattern of the prescriber's office contacting the pharmacy for the status of CS's Verzenio.

Obstructing a patient from obtaining a prescription was a violation of Business and Professions Code Section 4301 as it related to 733(a).

CITATION ISSUED ON: May 18, 2023	TOTAL AMOUNT OF FINE(S): $2,000.00
PROOF OF ABATEMENT AND PAYMENT OF FINE(S) DUE BY: June 17, 2023	

COPY

DHP – MAILROOM

JAN 29 2021

BEFORE THE VIRGINIA BOARD OF PHARMACY

IN RE: WALGREENS SPECIALTY PHARMACY, LLC D/B/A ALLIANCERX WALGREENS PRIME #15443

Permit Number: 0214-000307
Case Number: 203205

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Pharmacy ("Board") and Thomas J. Matthews, Pharmacist-in-Charge of Walgreens Specialty Pharmacy, LLC DBA AllianceRX Walgreens Prime #15443 ("AllianceRX"), Frisco, Texas, as evidenced by their signatures hereto, in lieu of proceeding to informal conference, enter into the following Consent Order affecting AllianceRX's permit to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. On July 16, 1998, the Board issued Permit Number 0214-000307 to AllianceRX to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia. Said permit is scheduled to expire on July 31, 2021. At all times relevant hereto, said permit was in full force and effect.

2. AllianceRX violated Virginia Code § 54.1-3316(1) and (13) in that it failed to provide Patient A's physician with a prescription for a life-saving medication, Revlimid, on or before April 10, 2019, as requested by Patient A on April 2, 2019. When Patient A requested shipment of a prescription for Revlimid to his physician's office for April 10, 2019 administration, a hold, which had previously been placed on the prescription due to side effects reported by Patient A, was not removed from the prescription, causing the prescription not to be processed.

3. AllianceRX reported that it has changed the process for placing these types of prescriptions on hold to prevent this situation from happening again.

CONSENT

AllianceRX, by affixing the signature of a representative hereon to this Order, agrees to the following:

1. AllianceRX has been advised to seek advice of counsel prior to signing this document.

2. AllianceRX is fully aware that without its consent, no legal action can be taken against it or its permit except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. AllianceRX acknowledges that it has the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. AllianceRX waives its right to an informal conference;

5. AllianceRX admits to the Findings of Fact and Conclusions of Law contained herein and waives its right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. AllianceRX consents to the entry of the following Order affecting its right to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS as follows:

1. AllianceRX is assessed a MONETARY PENALTY of $500.00. This penalty shall be paid to the Board by certified check or money order made payable to the Treasurer of Virginia within 60 days from the date of entry of this Order. Failure to pay the full monetary penalty by the due date may cause the matter to be sent for collection and constitutes grounds for an administrative proceeding and further discipline.

2. AllianceRX shall comply with all laws and regulations governing the practice of non-resident pharmacies delivering in the Commonwealth of Virginia.

3. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of non-resident pharmacies delivering in the Commonwealth of Virginia shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

SM
FOR Caroline D. Juran
Executive Director
Virginia Board of Pharmacy

ENTERED: 2/3/2021

SEEN AND AGREED TO:

Thomas J. Matthews, representative for
Walgreens Specialty Pharmacy, LLC D/B/A AllianceRx Walgreens Prime #15443

STATE OF TEXAS
COUNTY/CITY OF Collin / Frisco, TO WIT:

Subscribed and sworn to before me, a notary public in and for the state of Texas at large, on this 26th day of January 2021

TARAH RECKER
My Notary ID # 131137161
Expires May 19, 2021

Notary Public

My commission expires: 5/19/2021

Registration No.: 131137161

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

October 27, 2010

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr. #100
Frisco, TX 75034

RE: Stipulation and Final Agency Order
Case #2011-0518

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATON OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

Dear Mr. Mathews:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective October 18, 2010.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY
PRESCRIPTION DRUG MONITORING PROGRAM

Tia Johnson
PDMP Administrator

enclosure
cc: Michael Simko, Esq.
John H. Steele, Director, Office of Expedited Settlement
File

1560 Broadway, Suite 1350 Denver, Colorado 80202 Phone 303.894.7800
Fax 303.894.7692 www.dora.state.co.us V/TDD 711
Consumer Protection

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

PAMELA SEALE
My Commission Expires
July 26, 2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 29th day of September 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr., #100
Frisco, TX 75034

Gary A. Peter, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1434
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 27th day of October 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr., #100
Frisco, TX 75034

Michael Simko, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1434
Deerfield, IL 60015

Agent of the Board

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000065148843
Process Date: 10/27/2010
Page: 1 of 2

WALGREENS SPECIALTY PHARMACY, LLC

SENSITIVE INFORMATION ENCLOSED

To: CEO or President
WALGREENS SPECIALTY PHARMACY, LLC
7164 TECHNOLOGY DR #100

FRISCO, TX 75034

From: The Healthcare Integrity and Protection Data Bank
Re: Notification of a Report in the Data Bank(s)

This notice is to inform you that the enclosed report of an action taken against you was recently submitted to the Healthcare Integrity and Protection Data Bank (HIPDB).

What is the HIPDB? Section 1128E of the Social Security Act as added by Section 221(a) of the Health Insurance Portability and Accountability Act of 1996, established the HIPDB. Section 1128E mandates that information on certain final adverse actions (e.g., licensure, civil judgment and criminal convictions related to health care, exclusions from Federal or State health care programs and certain other adjudicated actions and decisions) taken against health care practitioners, providers and suppliers be reported to the HIPDB. Federal and State government agencies and health plans are authorized to query the HIPDB.

Confidentiality.

All information in the HIPDB is considered confidential and is disclosed only to legally authorized queriers for specified uses. Disclosure or use of confidential information for other purposes is a violation of Federal law. Health care practitioners, providers and suppliers may query the Data Bank about themselves (self-query) and may share their self-query results with anyone they choose. Information in the Data Bank is NOT available to the public.

What does the report mean to you?

The enclosed report summarizes an action taken against you. The HIPDB may contain more than one report on a particular incident, if two or more actions were taken that related to that one incident, e.g., an adverse licensure action and an exclusion from the Medicare and Medicaid programs. A report in the Data Bank does not necessarily reflect adversely on your professional competence or conduct. Those entities authorized to access the HIPDB use the information in conjunction with information from other sources, including you, when granting clinical privileges or making employment, affiliation or licensure decisions. This report is being sent to you so that you can check its accuracy. This is important because the Data Bank is a clearinghouse for reports, which are maintained exactly as submitted.

>> **If the report is accurate**, you need not respond to this mailing. The report will be available to authorized queriers exactly as submitted.
>> **If the mailing address in this report is incorrect**, you may update your mailing address as maintained by the Data Banks using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov. Future correspondence from the Data Banks will be mailed to you at the address specified. Please be advised that this does not change your address as reflected in the report. Only the entity that originally submitted the report can modify or correct information provided in the report.
>> **You may add a statement** expressing your view of the events described in the report using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov.
>> **You may dispute the report** using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov. You may NOT dispute the reported action itself or the appropriateness of any finding or judgment.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000065148843
Process Date: 10/27/2010
Page: 1 of 1

REPORT RESPONSE SERVICE LOGIN INSTRUCTIONS

To access the on-line Report Response Service, go to http://www.npdb-hipdb.hrsa.gov and click Respond to a Report. The Welcome to the Report Response Service screen displays. Click the Respond to a Report icon on this page to proceed to the Report Response Log In screen.

As the subject of a report, you are assigned a unique Report Password. This Report Password applies to all reports on file with the Data Bank(s) for which you are the subject.

If you have more than one report for which you wish to dispute report information (add, modify, or remove a Subject Statement, initiate or withdraw a dispute or request for Secretarial Review, or modify your address as maintained by the Data Bank(s)), you must enter one Report Number in the appropriate field on the Report Response Login screen, along with your Report Password. Once you have completed your transaction for that report, return to the Report Response Login screen and enter the next Report Number for which you wish to dispute report information. Use the same Report Password for all Report Numbers.

Report Number: 5500000065148843

Report Password: b7rr3gfw23

NOTE: Enter the Report Password exactly as it appears here. The Report Password is case-sensitive. File this information in a secure place for future access to the on-line Report Response Service.

The Data Bank News, quarterly newletter, is available electronically. If you would like to receive the Data Banks e-newsletter, check the box on the *Report Response Options* page. Enter your e-mail address and click **Save**.

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National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number: 5500000065148843

This report is maintained under the provisions of:

[ ] Title IV (NPDB) [ ] Section 1921 (NPDB) [X] Section 1128E (HIPDB)

The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name:	COLORADO STATE BOARD OF PHARMACY
Address:	1560 BROADWAY, STE. 1300
City, State, Zip:	DENVER, CO 80202-0546
Country:	
Name of Office:	COLORADO STATE BOARD OF PHARMACY
Title or Department:	DORA/PROGRAM ASSISTANT
Telephone:	(303) 894-7754
Entity Internal Report Reference:	2011-0518
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name:	WALGREENS SPECIALTY PHARMACY, LLC
Other Organization Name(s) Used:	WALGREENS SPECIALTY PHARMACY #13625
Business Address:	7164 TECHNOLOGY DR #100
City, State, ZIP:	FRISCO, TX 75034
Organization Type:	PHARMACY (345)
Names and Titles of Principal Officers and Owners (POO):	
Federal Employer Identification Numbers (FEIN):	260631132
Social Security Numbers (SSN):	
Individual Taxpayer Identification Numbers (ITIN):	
State License Number, State of Licensure:	5004, CO
Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?:	NO
Drug Enforcement Administration (DEA) Numbers:	
Clinical Laboratory Act (CLIA) Numbers:	
Food and Drug Administration (FDA) Numbers:	
National Provider Identifiers (NPI):	
Medicare Provider/Supplier Numbers:	
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

C. INFORMATION REPORTED

Type of Adverse Action:	STATE LICENSURE
Basis for Action:	VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES (A6)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	COLORADO STATE BOARD OF PHARMACY
Adverse Action Classification Code(s):	PUBLICLY AVAILABLE FINE/MONETARY PENALTY (3233)

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Date Action Was Taken:	10/18/2010
Date Action Became Effective:	10/18/2010
Total Amount of Monetary Penalty, Assessment and/or Restitution:	$ 5,500.00
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?:	YES
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:	Stipulation and Final Agency Order, effective 10/18/10, Case #2011-0518, as the pharmacy failed to submit required data into the Colorado Prescription Drug Monitoring Program. The pharmacy paid the fine, and the action was completed effective 10/18/10.

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

☐ If box is checked, this report has been disputed by the subject identified in Section B.

☐ If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 10/27/2010
Date of Most Recent Change: 10/27/2010

END OF REPORT

END OF DOCUMENT

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

RECEIVED
2016 APR 15 A 10:27
DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS
2016 APR 28 P 2:26
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permits of WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443, Respondent.	PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443 (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

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I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 547 issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314. The permit was issued on or about January 17, 2008 and will expire or forfeit on or about December 31, 2017.

2. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 644, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15438. The permit was issued on or about April 12, 2010 and will expire or forfeit on or about December 31, 2017.

3. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 669, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15443. The permit was issued on or about September 23, 2010 and will expire or forfeit on or about December 31, 2017.

4. Respondent's mailing address for purposes of this action is P.O. Box 901, Deerfield, Illinois 60015.

5. RICO received a request for investigation from the Board after Respondent reported disciplinary actions by the State of Colorado.

6. Respondent provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522 (hereinafter "the Colorado Order in Case No. 2011-000522") (Exhibit "1"). The Colorado Order in Case No. 2011-000522 was based on action in Colorado and imposed a $5,000.00 fine.

7. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719 (hereinafter "the Colorado Order in Case No. 2010-003719 ") (Exhibit "2"). The Colorado Order in Case No. 2010-003719 was based on allegations related to reporting changes in pharmacist manager and imposed a $1,000.00 fine.

8. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518 (hereinafter "the Colorado Order in Case No. 2011-000518") (Exhibit "3"). The Colorado Order in Case No. 2011-000518 was based on disciplinary action in Colorado and imposed a $5,000.00 fine.

9. RICO alleges that disciplinary action was taken against Respondent in other states.

10. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

11. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522; Exhibit "2" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719; and Exhibit "3" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case Numbers PHA 2015-62-L (PMP 547), PHA 2015-90-L (PMP 644) and PHA 2015-91-L (PMP 669).

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay administrative fines in the amount of TWO THOUSAND HUDNRED AND NO/100 DOLLARS ($2,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of fines shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Deerfield (CITY), IL (STATE), 4/6/16.

WALGREENS SPECIALTY PHARMACY, LLC
Respondent

By: _____ Joel Wright
Its SVP of Specialty Services

DATED: Honolulu, Hawaii, April 15, 2016.

_____
DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF WALGREENS SPECIALTY PHARMACY, LLC, INDIVIDUALLY AND DOING BUSEINSS AS WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, AND WALGREENS SPECIALTY PHARMACY #15443; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"; CASE NO(S). PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

Kerri Okamura — 4/28/16

KERRI OKAMURA
Chairperson

DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

Mary Jo Keefe

MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

STATE OF ILLINOIS)
) SS.
COUNTY OF LAKE)

On this 6TH day of APRIL, 2016, before me personally appeared JOEL WRIGHT, to me known to be the person described, and who executed the foregoing instrument on behalf of WALGREENS SPECIALTY PHARMACY, LLC, as its DIVISIONAL VICE PRESIDENT, and acknowledged he/she executed the same as his/her free act and deed.

This 5-page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated APRIL 6, 2016 was acknowledged before me by JOEL WRIGHT (NAME OF PERSON SIGNING THIS DOCUMENT) this 6TH day of APRIL, 2016, in the County of LAKE, in the State of ILLINOIS.

Karen A Kessler

Name: KAREN A. KESSLER
Notary Public, State of ILLINOIS

My Commission expires: 10/8/2017

OFFICIAL SEAL
KAREN A KESSLER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/08/17

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000522

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5737,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreen Specialty Pharmacy, LLC ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000522 as follows:

1. On February 19, 2008, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5737 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 9775 SW Gemini Dr., Ste. 1, Beaverton, OR 97008.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a "zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

EXHIBIT "1"

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Sherrie R Cooper
Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Washington, State of Oregon, this 29th day of September, 2010 by Sherrie R Cooper, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

My commission expires: July 2, 2012

Luanne J Mueller
Notary Public

OFFICIAL SEAL
LUANNE J MUELLER
NOTARY PUBLIC OREGON
COMMISSION NO. 430354
MY COMMISSION EXPIRES JULY 2, 2012

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 19th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge**. Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments**. The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's understanding that it has the following rights:

    a. To have formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

11 NOV 23 P 3:50

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE THIS 19th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

11 NOV 23 P1:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 25th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 28th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

'11 NOV 23 P1:36

Agent of the Board

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

EXHIBIT "3"

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

PAMELA SEALE
My Commission Expires
July 26, 2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

Walgreens Specialty Pharmacy #16280

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Frisco 16280	Consent Order	LA BoP	Frisco #16280	10-0096	5/20/2010	Pharmacy licensing issue. Discipline from Cystic Fibrosis Service INC prior to Walgreens acquisition in 2012.	$ 5,250.00	Facility

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

CYSTIC FIBROSIS SERVICES, INC.

LOUISIANA PHARMACY PERMIT NO. 5250 **Complaint No. 10-0096**

****

CONSENT AGREEMENT

WHEREAS, **CYSTIC FIBROSIS SERVICES, INC.** (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 5250, 119 Huizar, Rear-A, San Antonio, Texas 78214, with Raymond Roland Carvajal, Louisiana License No. 17553, serving as pharmacist-in-charge, dispensed prescriptions into Louisiana without a current and valid Louisiana pharmacy permit.

WHEREAS, pursuant to information received and/or gathered by the Board which produced evidence indicating that Respondent violated the following laws and regulations by dispensing drug prescriptions to Louisiana residents without a Louisiana out-of-state pharmacy permit:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1221(B): No out-of-state pharmacy providing pharmacy services to residents of this state shall operate or maintain a pharmacy located out-of-state unless the pharmacy is issued a permit by the board.

La. R.S. 37:1232(A): A pharmacy located outside this state which does business in this state within the meaning of this Chapter, shall hold a current pharmacy permit as provided in this Chapter.

LAC 46 LIII §2319(A): Out-of-state pharmacies soliciting, receiving, and dispensing and delivering prescription drugs and devices to Louisiana residents constitutes doing business in Louisiana.

To facilitate the submission of this Consent Agreement, Respondent agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **A Letter of Warning is issued to Louisiana Pharmacy Permit No. 5250; and**

2. **Respondent is ordered to pay a fine of $5,000.00 and to reimburse the Board $250.00 for administrative costs, with total payment due the Board of $ 5,250.00, to be paid simultaneously with the execution of this Consent Agreement by Respondent.**

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

I, Raymond R. Carvajal, RPh, authorized to act on behalf of and acting on behalf of **CYSTIC FIBROSIS SERVICES, INC.,** understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

SIGNED, AGREED TO AND ENTERED ON THIS 20th DAY OF May, 2010.

CYSTIC FIBROSIS SERVICES, INC.
Louisiana Pharmacy Permit No. 5250

Raymond R. Carvajal, R.Ph
BY: Authorized Representative

WITNESS

L. Martinez
WITNESS

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on August 11, **2010**, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Carl W. Aron
President and Hearing Officer for the Board

Lookup Detail View

Name and Address

Name	PublicAddress
Walgreens Specialty Pharmacy #16280	10530 John W Elliott Dr Ste 200 Frisco, TX 75033-2013

Credential Information with supervision

License	License Type	Issue Date	Expiration Date	Status	Pharmacist In Charge
PHY.005250-NR	Pharmacy - Nonresident	02/23/2004	12/31/2025	Current, without restriction or limitation	Robert B. Dobbins

List of Current Employees

Name	License	License Type	Expiration Date	Status
Eric B. Ally	PST.020936	Pharmacist	12/31/2025	ACTIVE
Robert B. Dobbins	PST.021189	Pharmacist	12/31/2025	ACTIVE

Prior Board Orders (may or may not be disciplinary in nature)

Case Help

File Number	Status	Date Received	Date Closed	Resolution	Action Documents
2010-96	CLOSED	04/08/2010	08/12/2010	Issued Letter of Warning; and further, assessed a fine of $5,000, and the administrative hearing fee of $250.	Orders-PHY.005250_CysticFibrosisServices_2010-0811.pdf (ViewPublicLookupDocument.aspx?DocumentIdnt=178335&GUID=A0E12C07-090E-4ADC-A4CF-3FE23CB29FC3)

CDS Schedules and Restrictions

I	II	II-N	III	III-N	IV	V	Restrictions	Alternative Privileges

Walgreens Specialty Pharmacy #1403-1

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Arafat, Manal	Consumer Complaint	NJ BoP	Orlando #1403-1	38909	10/4/2005	Consumer complaint due to dispensing error		Staff	Pharmacist
Sampat, Ojas	Board Order	KS BoP	Orlando #1403-1	22-341	12/19/2022	Failure to complete all required CE's. Required to complete additional CE's and pay fine.	$ 500.00	Staff	Pharmacist

Walgreens Specialty Pharmacy #16287

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Pittsburgh #10997 (99)	Agency Order	CO BoP	Pittsburgh #16287	2011-000519	10/20/2010	Failure to submit the required data to PDMP.	$ 5,500.00	Facility

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000519

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #10997, REGISTRATION NO. OSP 5198,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #10997 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000519 as follows:

1. On January 11, 2000, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5198 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 500 Noblestown Rd., Ste. 200, Carnegie, PA 15106.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On January 28, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of January 16 through January 25, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments**. The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations**. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Kathleen K Kosh
Authorized Agent of Respondent Pharmacy

Dated: 9/29/2010

Subscribed and sworn to before me in the County of Allegheny, State of Pennsylvania, this 29th day of September, 2010 by LaVerne B. Roell, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #10997.

My commission expires: April 26, 2013

LaVerne B Roell
Notary Public

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
LaVerne B. Roell, Notary Public
South Fayette Twp., Allegheny County
My Commission Expires April 26, 2013
Member, Pennsylvania Association of Notaries

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 20th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

Walgreens Mail Service #03397

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Tempe 16583	Agency Order	CO BoP	Tempe #03397	2014-255	6/17/2014	Transferred Rx without a valid, patient-specific Rx order. Fine	$ 1,000.00	Facility	
Tempe 16583	Consent Order	OR BoP	Tempe #03397	2014-0274	2/26/2015	DUR not performed. Imposed a stayed penalty and required the implementation of a Quality Assurance Plan	$ 10,000.00	Facility	
Tempe 03397	Citation	CA BoP	Tempe #03397	CI 2014 64708	1/15/2016	Citation for improper substitution	$ 500.00	Facility	
Tempe 03397	Settlement Agreement	HI BoP	Tempe #03397	PHA 2015-60-L; PHA 2015-61-L	4/28/2016	Sister discipline from MI and OR	$ 2,000.00	Facility	
Tempe 03397	Administrative Fine	NH BoP	Tempe #03397		10/25/2017	Failure to report change of DEA number	$ 500.00	Facility	
Tempe 03397	Consent Order	AL BoP	Tempe #03397	16-L-0162	2/9/2018	Dispensing of prescription	$ 5,000.00	Facility	
Tempe 03397	Consent Order	GA BoP	Tempe #03397	2018-0063	4/18/2018	Dispensing of prescription	$ 1,600.00	Facility	
Tempe 03397	Consent Order	AZ BoP	Tempe #03397	16-0023 (aka 4469)	11/9/2018	Unprofessional Conduct	$ 1,000.00	Facility	
Tempe 03397	Consent Order	MI BoP	Tempe #03397	53-15-136819	10/14/2015	Sister discipline for OR discipline case number 2014-0274	$ 500.00	Facility	
Tempe 03397	Agreed Board Order	NY BoP	Tempe #03397	3805863	2/8/2023	Sister discipline for CO case# 2014-255	$ 500.00	Facility	

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Trinh, Linda	Consent Order	AZ BoP	Tempe #03397	17-0115	6/13/2018	Unprofessional Conduct; allowed boyfriend to use her name to fill Rxs for himself and bill her insurance at their place of employment- probation for 5 years	$ 9,000.00	Staff	Pharmacist
Sidhu, Jiten	Consent Order	AZ BoP	Tempe #03397	17-0114	6/14/2018	Unprofessional Conduct; filled Rx without refills in girlfriends name for his personal use - probation for 5 years	$ 9,000.00	Staff	Pharmacist
Montgomery, Wesley	Consent Order	AZ BoP	Tempe #03397	21-0594	12/8/2021	Failure to complete required CE requirements.	$ 500.00	Staff	Pharmacy Technician
Frias Hernandez, Fernand	Consent Order	AZ BoP	Tempe #03397	23-0636	6/28/2024	Failure to disclose criminal charges to the Board of Pharmacy within 10 days as required.	$ -	Staff	Pharmacy Technician

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12230

OFFICE OF PROFESSIONAL DISCIPLINE, PROSECUTIONS DIVISION
333 EAST WASHINGTON STREET, SUITE 320, SYRACUSE, NEW YORK 13202
Tel. (315) 428-3620
Fax (315) 428-4620

Walgreen Mail Service, LLC
Registration No. 035241

File No. 3805863

STATEMENT

TO: The New York State Office of Professional Discipline
The New York State Board of Pharmacy

Respondent wishes to settle and dispose of the misconduct allegations which are pending against it, to wit: Respondent, through its agents and employees, committed unprofessional conduct by shipping drugs between pharmacies without a patient specific prescription (Respondent, on or about December 27, 2012, while doing business as the Walgreen Mail Service, admitted that, through it's agents and employees, it furnished drugs from an out of state Walgreens Store to a Walgreens Store in the State of Colorado without a patient specific prescription, in violation of section 6509(9) of the New York State Education Law, in specific violation of 8 NYCRR section 29.2(a)(12).

For the purposes of settlement, Respondent does not contest said allegations. Respondent understands that this settlement will be a matter of public record. Respondent's check in the sum of $500.00, made payable to the New York State Education Department, is enclosed.

Signature

2-8-23
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE, PROSECUTIONS DIVISION
333 EAST WASHINGTON STREET, SUITE 527, SYRACUSE, NEW YORK 13202
Tel. (315) 428-3260
Fax (315) 428-4620

January 23, 2023

Alika Moitra, Pharm D.,J.D.
Senior Counsel, Pharmacy
Walgreens
104 Wilmot Road
Deerfield, Illinois

RE: Walgreen Mail Service, LLC, OPD file #3805863

Dear Ms. Moitra:

I am writing pursuant to our discussion concerning the outcome of the Informal Settlement Conference held on December 1, 2022. As you know, the facilitator and a member of the State Board of Pharmacy determined that this matter, based on reciprocal disciplines, could be resolved as a minor and technical violation. Based on their recommendation, I am authorized to offer your client a settlement consisting of a five hundred dollar ($500.00) fine.

If you are interested in such a resolution, please obtain the required signature (and ask the appropriate party to provide name and title) on the enclosed form and return it to me along with your check for $500.00. The check should be payable to the "New York State Education Department" by **February 20, 2023.**

In the event that your client does not remit the aforesaid payment, we will proceed in this matter with a full hearing. Please be advised that, while the settlement is nor posted on the Education Department website, the proposed settlement of this matter would be a matter of public record.

If you have any questions, I may be contacted at (315) 428-3260.

Thank you for your prompt attention to this matter.

Very truly yours,

Walter P. Bowler

Walter P. Bowler
Prosecuting Attorney

WPB:
Enc.

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12230

OFFICE OF PROFESSIONAL DISCIPLINE, PROSECUTIONS DIVISION
333 EAST WASHINGTON STREET, SUITE 320, SYRACUSE, NEW YORK 13202
Tel. (315) 428-3620
Fax (315) 428-4620

Walgreen Mail Service, LLC
Registration No. 035241

File No. 3805863

STATEMENT

TO: The New York State Office of Professional Discipline
The New York State Board of Pharmacy

Respondent wishes to settle and dispose of the misconduct allegations which are pending against it, to wit: Respondent, through its agents and employees, committed unprofessional conduct by shipping drugs between pharmacies without a patient specific prescription (Respondent, on or about December 27, 2012, while doing business as the Walgreen Mail Service, admitted that, through it's agents and employees, it furnished drugs from an out of state Walgreens Store to a Walgreens Store in the State of Colorado without a patient specific prescription, in violation of section 6509(9) of the New York State Education Law, in specific violation of 8 NYCRR section 29.2(a)(12).

For the purposes of settlement, Respondent does not contest said allegations. Respondent understands that this settlement will be a matter of public record. Respondent's check in the sum of $500.00, made payable to the New York State Education Department, is enclosed.

Signature Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE, PROSECUTIONS DIVISION
333 EAST WASHINGTON STREET, SUITE 527, SYRACUSE, NEW YORK 13202
Tel. (315) 428-3260
Fax (315) 428-4620

January 23, 2023

Alika Moitra, Pharm D.,J.D.
Senior Counsel, Pharmacy
Walgreens
104 Wilmot Road
Deerfield, Illinois

RE: Walgreen Mail Service, LLC, OPD file #3805863

Dear Ms. Moitra:

I am writing pursuant to our discussion concerning the outcome of the Informal Settlement Conference held on December 1, 2022. As you know, the facilitator and a member of the State Board of Pharmacy determined that this matter, based on reciprocal disciplines, could be resolved as a minor and technical violation. Based on their recommendation, I am authorized to offer your client a settlement consisting of a five hundred dollar ($500.00) fine.

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Signature Date

IN THE MATTER OF:	)	
	)	BEFORE THE ALABAMA STATE
WALGREENS MAIL SERVICE, LLC	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy	)	CASE NO: 16-L-0162
Permit Number: 110442	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Walgreens Mail Service, LLC ("Walgreens") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Walgreens through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that Walgreens has violated the provisions of law based upon the conduct set out in all Counts of the Statement.

2. Walgreens shall pay an administrative fine in the amount of Five Thousand Dollars ($5,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Walgreens attempt to discharge the same.

3. Walgreens expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and

Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Walgreens further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Walgreens hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Walgreens acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Walgreens' permit, including, but not limited to revocation. The Board shall take no action based on another state imposing any discipline based upon the actions set out in Counts 3, 5, 6, 7 and 8 of the Statement of Charges; provided, however the Board can initiate disciplinary proceedings in the event Walgreens is disciplined for its failure to disclose/report the discipline set out in the aforementioned Counts when required to do so.

6. Walgreens acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Walgreens acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of

DONE this the 8 of Feb, 2018.

Walgreens Mail Service, LLC

BY: _____

ITS: AVP Mail Order-Operations

_____

Roger N. Morris, attorney for Walgreens Mail Service, LLC

DONE this the 9th of February, 2018.

ALABAMA STATE BOARD OF PHARMACY

By: _____

David Darby, R.Ph., President

By: _____

James S. Ward,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 0015072
1275 W. Washington, SGD/LES
Phoenix, Arizona 85007-2997
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **WALGREENS MAIL SERVICE, INC.** Holder of Permit No. Y002628 As a Pharmacy In the State of Arizona	Board Case No. 16-0023 (aka 4469) **CONSENT AGREEMENT FOR CIVIL PENALTY**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Walgreens Mail Service, Inc. ("Respondent"), holder of permit no. Y002628 in the State of Arizona, and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that it has a right to a public administrative hearing concerning this matter at which hearing it could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against it.

5. Respondent understands this Consent Agreement deals with Board complaint number 16-0023 (aka 4469) involving allegations of unprofessional conduct against Respondent. The investigation into these allegations against Respondent shall be concluded upon the Board's adoption of this Consent Agreement and Respondent's compliance with the same.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, it may not

revoke its acceptance of the Consent Agreement or make any modifications to the document regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed to by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(A)(19), -1927.02(A) (1).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

On behalf of Walgreens Mail Service, Inc. Dated: 10/29/18

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of pharmacy permit number S002628 in the State of Arizona for the operation of Walgreens Mail Service located 8350 S. River Parkway, Tempe, AZ.

4. The complaint was filed by Melodie Moore, Investigation Specialist II for the Florida Board of Pharmacy, concerning patient R.T., a Florida resident.

5. On or about October 22, 2014, R.T. was dispensed Morphine Sulfate with a label that read "**Take 5 to 10ml by mouth every 4 hours as needed**." However, the prescription was written for **Roxanol (Morphine) 20mg/ml, take 5-10mg by mouth every 4 hours as needed**. Walgreens pharmacist, Marilyn Myers PharmD, who was a work-at-home pharmacist for Walgreens Mail Service, provided the incorrect dosing instructions.

6. On or about October 24, 2014, R.T. expired with a cause of death determined to be morphine overdose. Had this matter proceeded to formal hearing it is Walgreens' position that it would offer evidence that R.T.'s death was due to something other than a morphine overdose.

7. The prescription was scanned at Walgreens Drug #6263 in Lake City, FL.

8. The prescription was data entered by CA, a technician at Walgreens Drug #6263.

9. Prescription drug utilization review was completed by L.H., a pharmacist located at Walgreens' central operation in Orlando, FL during which time L.H. discovered the error (i.e. the incorrect dosing on the label). L.H. immediately called the pharmacy but there was no answer so she deleted the prescription in an effort to keep the prescription from being sold. L.H. also sent an email advising of the labeling error.

10. According to Walgreens' records, the deletion of the prescription and the sale of the medication occurred simultaneously; the deletion of the prescription did not prevent the sale of the medication. The patient received the medication with the incorrect dosing directions.

11. During the complaint investigation at Walgreens Mail Service on December 15, 2015, records of order verification for this transaction were not available for review at that location because the prescription had been closed.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a permittee that has engaged in unprofessional conduct. A.R.S. § 32-1927.02(A) (1).

3. The conduct and circumstances described above constitute a violation of A.R.S. §32-1901.01(A)(5), which is violating a federal or state law or administrative rule relating to the manufacture, sale or distribution of drugs, narcotics, dangerous drugs,

controlled substances or precursor chemicals and Arizona Administrative Code R4-23-621(D)(1), which requires that a pharmacy permittee engaged in shared services shall: (1) maintain manual or electronic records that identify, individually for each order processed, the name, initials, or identification code of each pharmacist, graduate intern, pharmacy intern, pharmacy technician, and pharmacy technician trainee who took part in the order interpretation, order entry verification, drug utilization review, drug compatibility and drug allergy review, final order verification, therapeutic intervention or refill authorization functions performed at that pharmacy.

ORDER

Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED THAT Respondent shall pay a civil penalty to the Board in the amount of **$1,000.00** within **30 days** of the effective date of this Order.

If Respondent violates this Order in any way or fails to fulfill the requirements of this Order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against Respondent's permit. The issue at such a hearing will be limited solely to whether this Order has been violated.

DATED this _____ day of _____, 2017.

ARIZONA STATE BOARD OF PHARMACY

(Seal)

By: _____
Kamlesh Gandhi, PharmD.,
Executive Director

ORIGINAL OF THE FOREGOING FILED
this _____ day of _____, 2017, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this _____ day of _____, 2017,

Walgreens Mail Service, Inc.
8350 S. River Parkway
Tempe, AZ 85284
COPY OF THE FOREGOING MAILED
this _____ day of _____, 2017, to:

Christine Cassetta
Quarles & Brady, LLP
2 N. Central Avenue, Suite 3
Phoenix, AZ 85004
Attorney for the Respondent

Jeanne M. Galvin
Assistant Attorney General
1275 W. Washington Street, SGD/LES
Phoenix, Arizona 85007
Attorney for the Board

Doc # 5154276

EXHIBIT E

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number: CI 2014 64708

Name, License No: WALGREENS MAIL SERVICE INC, NRP 1584

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4073 subd. (c)	Substitution of Generic Drug —Requirements and Exceptions; within the discretion of the pharmacist	$500.00

CONDUCT:

Business and Professions Code Section 4073 (c) states in pertinent part, In no case shall the pharmacist select a drug product pursuant to this section unless the drug product selected costs the patient less that the prescribed drug product. Walgreens Mail Order was not compliant. Specifically, Walgreens Mail order NRP 1584, located at 8350 River Parkway, Tempe Arizona substituted a generic drug product Vestura for Yaz to patient SS and the generic cost her $90.00 instead of $0.00 copay for the brand name product. This was a violation of pharmacy law.

CITATION ISSUED ON: January 15, 2016

TOTAL AMOUNT OF FINE(S): $500.00

PAYMENT OF FINE(S) DUE BY: February 14, 2016

BEFORE THE GEORGIA STATE BOARD OF PHARMACY

IN THE MATTER OF:	*	
	*	
ALLIANCERX WALGREENS	*	
PRIME #03397	*	
License No. PHNR001128	*	
	*	**DOCKET NO.**
Respondent	*	

GEORGIA STATE BOARD OF PHARMACY
APR 24 2018
DOCKET NO. 2018-0003

PUBLIC CONSENT ORDER

By agreement of the Georgia State Board of Pharmacy ("Board") and ALLIANCERX WALGREENS PRIME #03397 ("Respondent"), the following disposition of this matter is entered pursuant to the provisions of O.C.G.A. § 50-13-13(a)(4).

FINDINGS OF FACT

1.

Respondent is licensed to operate as a non-resident pharmacy in the State of Georgia. The license was issued March 1, 2017, and expires June 30, 2019.

2.

On or about October 23, 2017, Patient J.M.B. sent a refill request for Metoprolol to Respondent. On or about October 25, 2017, Respondent shipped the medication. On November 6, 2017, the patient informed Respondent that she had not received the Metoprolol prescription. The pharmacy technician who processed the inquiry failed to follow Respondent's standard operating procedure and failed to comply with Board Rule 480-48.-02(4)(d) to ensure that the patient received a replacement via next-day delivery or by immediate arranging for a seven-day supply of the medication through a licensed pharmacy of the patient's choice.

3.

On or about November 20, 2017, Respondent again called to report that she still did not receive the Metoprolol prescription. On or about November 21, 2017, Respondent shipped out the Metoprolol prescription using standard shipping, again violating Respondent's standard operating procedure and the Board rule.

4.

Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

Under O.C.G.A. T. 26, Ch. 4 and § 43-1-19, the Georgia State Board of Pharmacy is authorized to discipline the Respondent's license to operate as a pharmacy for the conduct stated above. Respondent waives any further conclusions of law with respect to this matter.

ORDER

The Board having considered the particular facts and circumstances of this case, it is hereby ORDERED, and the Respondent hereby AGREES, that Respondent's license shall be disciplined as follows:

1.

The Respondent shall submit to the Board a fine in the amount of $1,600.00 for failure to follow the requirements in Rule 480-48-02(d), on two separate occasions. Such fine shall be payable within sixty (60) days from the effective date of this Consent Order. Payment shall be in the form of a cashier's check or money order made payable to the Georgia State Board of Pharmacy. The Respondent's failure to pay such fine by the sixtieth day shall subject Respondent's license to further disciplinary action, including revocation.

2.

In addition to and in conjunction with any other sanction contained herein, this Consent Order and dissemination thereof shall serve as a public reprimand to the Respondent.

3.

Approval of this Consent Order by the Georgia State Board of Pharmacy shall in no way be construed as condoning the Respondent's alleged conduct, and shall not

be construed as a waiver of any of the lawful rights possessed by the Board. This Consent Order shall not become effective until approved and docketed by the Georgia State Board of Pharmacy.

4.

Agent of Respondent, AllianceRx Walgreens Prime #03397, acknowledges that Respondent has read this Consent Order and understands its contents. Respondent understands that there is a right to a hearing in this matter, and Respondent freely, knowingly and voluntarily waives such right by entering into this Consent Order. Respondent understands that this Consent Order will not become effective until approved and docketed by the Georgia State Board of Pharmacy. Respondent further understands and agrees that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order, once approved, shall constitute a public record which may be disseminated as a disciplinary action of the Board. If this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the ability of the Board to adjudicate this matter. Respondent consents to the terms and sanctions contained herein.

Approved, this 18th day of April, 2018.

GEORGIA STATE BOARD OF PHARMACY

BY: _____
CHRISTOPHER M. JONES, PharmD.
President

ATTEST: _____
TANJA D. BATTLE
Executive Director

(BOARD SEAL)

(signatures continue on following page)

CONSENTED TO:

AGENT, ON BEHALF OF
Respondent
AllianceRx Walgreens Prime #03397

AS TO SIGNATURE OF AGENT ON BEHALF OF RESPONDENT
Sworn to and subscribed before me
this 26th day of March, 2018.

NOTARY PUBLIC
My commission expires: Sept 23, 2019

LYLEANNE STRAWN
NOTARY PUBLIC, ARIZONA
MARICOPA COUNTY
My Commission Expires
September 23, 2019

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permits of	)	PHA 2015-60-L AND PHA 2015-61-L
WALGREENS MAIL SERVICE, INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER;
Respondent.	)	EXHIBITS "1" THROUGH "4"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent WALGREENS MAIL SERVICE, INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 64. The license was issued on or about March 14, 1996 and will expire or forfeit on or about December 31, 2017.

2. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 399. The license was issued on or about October 8, 2004 and will expire or forfeit on or about December 31, 2017.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of a Consent Order from the Oregon Board of Pharmacy issued to Respondent in Case No. 2014-0274; Exhibit "2" is a true and correct copy of a Consent Order and Stipulation from the Michigan Board of Pharmacy issued to Respondent in File Number: 53-12-123487; Exhibit "3" is a true and correct copy of a Consent Order from the Michigan Board of Pharmacy issued to Respondent in File Number: 53-15-136819; and Exhibit "4" is a true and correct copy of a Consent Order from the Michigan Board of Pharmacy issued to Respondent in File Number: 53-14-134124.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case Numbers PHA 2015-60-L (PMP 64) and PHA 2015-61-L (PMP 399).

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

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C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay administrative fines in the amount of TWO THOUSAND AND NO/100 DOLLARS ($2,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of fines shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Tempe (CITY), AZ (STATE), 3/25/11

WALGREENS MAIL SERVICE, INC.
Respondent

By: _____
Its Regional Manager

DATED: Honolulu, Hawaii, _____

_____
DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF WALGREENS MAIL SERVICE, INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "4"; CASE NOS. PHA 2015-60-L AND PHA 2015-61-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

KERRI OKAMURA
Chairperson

DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

STATE OF ARIZONA)
) SS
COUNTY OF MARICOPA)

On this 25 day of MARCH, 2016 before me personally appeared DARREN KENNEDY, to me known to be the person described, and who executed the foregoing instrument on behalf of WALGREENS MAIL SERVICE, as its REGIONAL MANAGER, and acknowledged (he)/she executed the same as (his)/her free act and deed.

This SIX (6)-page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated MARCH 25, 2016 was acknowledged before me by DARREN KENNEDY (NAME OF PERSON SIGNING THIS DOCUMENT) this 25 day of MARCH, 2016 in the County of MARICOPA in the State of ARIZONA.

Name: STEPHANIE C PERRY
Notary Public, State of ARIZONA
My Commission expires: 09/01/16

OFFICIAL SEAL
STEPHANIE C PERRY
NOTARY PUBLIC - State of Arizona
MARICOPA COUNTY
My Comm. Expires September 1, 2016

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS
BOARD OF PHARMACY
121 South Fruit Street, Suite 401
Concord, NH 03301-2412
Phone 603-271-2350 · Fax 603-271-2856
www.oplc.nh.gov/pharmacy

OPLC
Peter Danles
Executive Director
Joseph Shoemaker
Director, Health Professions

Board of Pharmacy
Michael D. Bullek, R.Ph.
Administrator / Chief of Compliance
Jason R. Richard
Licensing Supervisor

September 26th, 2017

Walgreens Mail Service LLC
8350 S. River Parkway
Tempe, AZ. 85284
Attention: Pharmacist in Charge

CERTIFIED MAIL and FIRST CLASS MAIL

NOTICE OF VIOLATION

To whom it may concern;

The Board received notification from the Prescription Drug Monitoring Program that Walgreens Mail Service, LLC, 8350 S. River Parkway, Tempe, Arizona, holding a New Hampshire non-resident pharmacy permit NR0029 had updated the DEA number associated with this facility. New Hampshire rules state any change to original application must notify the Board within 15 days of change. I refer to the following rule:

> Ph 306.02 Reporting Changes. The person to whom a permit to operate a pharmacy in New Hampshire has been issued shall, within 15 days of that person's discovery of a change in any of the data contained in the application for an original or renewal permit, report that change to the board in writing.

Under RSA 318:29 and RSA 318:55, the Board may impose civil penalties "not to exceed $5,000 per violation upon any person who willfully or repeatedly violates any provision of this chapter." It appears that by engaging in the conduct described above, you may have violated both Ph306.02 and Ph704.12 by not notifying the Board within 15 days that you ceased performing the duties of Pharmacist –In-Charge.

The Board sees fit to use its discretion to propose an administrative fine of **$500.00**. You have the following two options upon receipt of this Notice. First, you can waive the right to a hearing and pay the proposed fine. If you choose to do so, please pay $500.00 within thirty (30) days of the receipt of this Notice, and remit payment to Treasurer, State of New Hampshire. Second, you may request a hearing on the matter. If you do so, your request for a hearing must be received within 30 days of receipt of this Notice. The Board will thereafter schedule a hearing on the matter.

If you have any questions, please don't hesitate to contact this office at (603)-271-2350.

Dated: 10/25/17

Walgreens Pharmacist in Charge

Dated: September 26th, 2017

Michael D. Bullek, BSP, R. Ph
Administrator/Chief of Compliance
Authorized Representative of the
New Hampshire Board of Pharmacy

_*/ Board Member recused

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2014-255

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF WALGREENS MAIL SERVICE, INC., REGISTRATION NO. OSP 5062,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Mail Service, Inc. ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2014-255, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2013).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about August 10, 1998, being issued registration number OSP 5062, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 8350 South River Parkway, Tempe, Arizona 85284.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. In or about December 2012, the Board mailed an affidavit to Respondent Pharmacy and requested that Respondent Pharmacy sign the affidavit to confirm that Respondent Pharmacy is aware of Colorado law and that it will not distribute prescription drugs into Colorado without valid, patient-specific prescription orders. The affidavit was signed by Respondent Pharmacy on December 27, 2012.

6. Respondent Pharmacy distributed a prescription drug into Colorado without a valid, patient-specific prescription order.

7. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-124. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

12-42.5-130. Nonresident prescription drug outlet--registration

(2) The registration requirements of this section apply only to a nonresident prescription drug outlet that only ships, mails, or delivers, in any manner, drugs and devices into this state pursuant to a prescription order.

8. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

9. **Fine with Surcharge.** Pursuant to §12-42.5-124(5)(a)(I), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Dollars and No Cents ($1,000.00) Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

10. **Compliance.** Respondent Pharmacy shall only dispense and deliver prescriptions into Colorado pursuant to valid, patient-specific prescription orders.

11. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

    a. promptly pay all its own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

14. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

18. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Operations MGR
Authorized Representative / Title

Dated: 5/27/14

Subscribed and sworn to before me in the County of MARICOPA, State of ARIZONA, this 27 day of MAY, 2014 by DARREN KENNEDY, in his/her capacity as an authorized agent of Walgreens Mail Service, Inc.

OFFICIAL SEAL
STEPHANIE C PERRY
NOTARY PUBLIC - State of Arizona
MARICOPA COUNTY
My Comm. Expires September 1, 2016

Notary Public

My commission expires: SEPTEMBER 1, 2016

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 17th day of June, 2014.

State Board of Pharmacy

BY:

Chris Gassen
Program Director

RECEIVED
MAR 04 2015
OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration of	Case No. 2014-0274
WALGREENS MAIL SERVICES, INC dba: WALGREENS MAIL SERVICES	CONSENT ORDER
Registrant	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board a civil penalty in the amount of $10,000. The $10,000 civil penalty shall be stayed with compliance with this Consent Order and the submission and implementation of a Quality Assurance Plan acceptable to the Board to correct violations as noted in Notice. Quality Assurance Plan along with a copy of this order to be submitted within ten days from the date this Consent Order becomes final.

2. The Quality Assurance Plan is to include a policy and procedure requiring the performance of a Drug Utilization Review by a pharmacist prior to each dispensing of a prescription and registrant monitoring of compliance with the policy and procedure.

3. The Pharmacist-in-Charge will submit a quarterly report that will include the weekly totals of all new and refill prescriptions and the number of documented DURs performed by a pharmacist on each new and refilled prescription for one year.

4. Documentation of any additional training for the pharmacist as need if the policy is not followed.

5. Quarterly reports are to be submitted within 15 days prior to May 1, August 1, November 1, and February 1 with the final report due one from the date this Consent Order becomes final.

6. Failure of the registrant to comply with the sanctions of this Consent Order may, after notice and hearing, result in further disciplinary action.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I further certify that I have read and understand the Notice and this Consent Order and am aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Boards final order. On behalf of the registrant I agree to the Board entering the Consent Order.

2/26/15

Authorized Representative
Walgreens Mail Services, Inc., dba
Walgreens Mail Services
Registrant (Reg. No. RP-0001425)

Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

3/9/15

Gary Miner, R.Ph.
Compliance Director

Date

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration of	)	Case No. 2014-0274
WALGREENS MAIL SERVICES, INC. dba: WALGREENS MAIL SERVICES	)	NOTICE OF PROPOSED DISCIPLINARY ACTION; ANSWER REQUIRED
Registrant	)	

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0001425 because Walgreens Mail Services, Inc violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On or about 6/16/2014, Walgreens Mail Services dispensed a patient's simvastatin prescription through the Registrant's automatic refill program after the pharmacy received a new atorvastatin prescription for the patient on 6/3/2014. A pharmacist did not perform a drug utilization review on 6/16/2014 when dispensing the simvastatin. In this investigation, the registrant reported that a pharmacist was not performing a drug utilization review on some prescription refills.

The above conduct is in violation of OAR 855-041-1040(2), OAR 855-019-0220(3), and OAR 855-019-0210(1), which is a ground for discipline pursuant to ORS 689.405(1)(e)(B).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of $10,000 per violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to

the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

- (a) An admission or denial of each factual matter alleged in the notice;
- (b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

- (a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
- (b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;
- (c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and
- (d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

_____ 12/10/14
Gary Miner, R.Ph., Date
Compliance Director

DATE OF MAILING 12/10/2014

KRISTIN K. MAYES
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
SETH T. HARGRAVES
Assistant Attorney General
State Bar No. 020176
2005 N. Central Ave., SGD/LES
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Tel: (602) 542-7672
Fax: (602) 364-3202
Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **FERNANDO ESTEBAN FRIAS HERNANDEZ** Holder of License No T075057 As a Pharmacy Technician In the State of Arizona Respondent	Case No. 23-0636 **CONSENT AGREEMENT AND ORDER FOR PROBATION OF LICENSE WITH MONITORING**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et seq.*, Fernando Esteban Frias Hernandez ("Respondent"), holder of license no. T075057 as a pharmacy technician in the State of Arizona, and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that he has a right to a public administrative hearing concerning this matter at which hearing he could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against him.

5. Respondent understands this Consent Agreement deals with allegations of unprofessional conduct against Respondent. The investigation into these allegations against Respondent shall be concluded upon the Board's adoption of this Consent Agreement.

6. Respondent acknowledges and agrees that the acceptance of this Consent Agreement is solely to settle this Board matter and does not preclude the Board from instituting other proceedings as may be appropriate now or in the future.

7. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

8. Furthermore, and notwithstanding any language in this Consent Agreement, this Consent Agreement does not preclude in any way any other state agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter other matters concerning Respondent, including violations of the Arizona's Consumer Fraud Act. Respondent acknowledges that, other than with respect to the Board, this Consent Agreement makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivision of the state relating to this matter or other matters concerning Respondent.

9. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, he may not revoke acceptance of the Consent Agreement or make any modifications to the document regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

10. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

11. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

12. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

13. The parties understand and agree that Portable Document Format and facsimile copies of this Consent Agreement including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

14. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(C)(16) and A.R.S. §32-1927.01(A)(1).

15. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

Fernando Frias

Dated: 06/26/2024

Fernando Esteban Frias Hernandez (T075057)
Pharmacy Technician/Respondent

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of Pharmacy Technician License No. T075057, in the State of Arizona. Respondent has been licensed as a Technician since December 8, 2021.

3. On or about November 9, 2023, the Board received a notice from the Arizona Department of Public Safety ("DPS") indicating that on or about November 1,

2023, Respondent had been arrested and/or fingerprinted by the Mesa Police Department on Two Counts of Misdemeanor DUI for an offense that occurred on December 3, 2022.

4. Charges of DUI; Alcohol, Drugs, Toxic Vapor, and DUI Drugs or Metabolite were filed against Respondent on November 1, 2023 in Mesa Municipal Court Case 2023058208.

5. Pursuant to A.R.S. § 32-3208(A), a health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony after receiving or renewing a license or certificate must notify the health professional's regulatory board in writing within ten working days after the charge is filed.

6. Respondent failed to disclose his criminal charges to the Board within ten working days as required by A.R.S. § 32-3208.

7. On November 30, 2023, Board sent a complaint notice and a subpoena to Respondent at his address of record (by electronic, certified and regular mail), notifying him that the Board had received the DPS notification, opened a complaint, and requested that he respond and provide a written explanation of the criminal charge, as well as copies of police and court records by December 6, 2023. Respondent did not respond until December 13, 2023.

8. According to the police records provided by Respondent, he was the subject of a traffic stop on December 3, 2022 at approximately 7:01 pm. During the stop Respondent admitted that he had used marijuana flower earlier in the day, smoking two bowls but was unsure about the THC percentage. Respondent was arrested and later released to his wife.

9. Additional information reported by Respondent regarding his marijuana use is contained within the Board's files and for privacy reasons will not be detailed in this pleading, however, the information detailed in the records raised concerns about

Respondent's ability to safely practice, and serves, in part, as a basis for the issuance of an Interim Order.

10. On his September 2023 license renewal application, Respondent answered "No" to the question whether he had been arrested, charged, pled guilty or convicted of a felony or misdemeanor offense since his last renewal. He did not disclose his December 3, 2022 arrest.

11. On February 21, 2024, pursuant to A.R.S. §32-1927.01(F), the Board issued an Interim Order for a Substance Use Evaluation & Fitness for Duty Component.

12. Respondent timely complied with the Interim Order and the evaluation was conducted by Monica Faria, M.D. The evaluation report containing Dr. Faria's findings and recommendations are contained in the Board's files.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a Pharmacy Technician, who has engaged in unprofessional conduct. A.R.S. §32-1927.01(A)(1).

3. The Board is authorized to enter into a Consent Agreement with a licensee to restrict the professional's practice to protect the public and ensure that the professional is able to safely engage in the practice of pharmacy in Arizona. A.R.S. § 32-1927.

4. Pursuant to A.R.S. §32-1932.01(D), a licensee who is impaired by alcohol or drug abuse may enter into a stipulation order with the board, or the license may be placed on probation or be subject to other action as provide by law.

5. The conduct and circumstances described above violate the notification requirements of A.R.S. § 32-3208(A), which constitute an act of unprofessional conduct under A.R.S. § 32-3208(D).

6. Respondent's failure to timely comply with the Board's subpoena, as described above, constitutes an act of unprofessional conduct under A.R.S. § 32-1901.01(C)(17) "Failing to comply with a board subpoena or failing to comply in a timely manner with a board subpoena without providing any explanation to the board for not complying with the subpoena."

7. Respondent's failure to disclose his 2022 arrest on his 2023 renewal application, as described above, constitutes an act of unprofessional conduct under A.R.S. § 32-1901.01(C)(3) "Obtaining or attempting to obtain a pharmacy technician or pharmacy technician trainee license or a pharmacy technician license renewal by fraud, by misrepresentation or by knowingly taking advantage of the mistake of another person or an agency."

8. Respondent's failure to disclose his 2022 arrest on his 2023 renewal application, as described above, constitutes an act of unprofessional conduct under A.R.S. § 32-1901.01(C)(13) "Knowingly filing with the board any application, renewal or other document that contains false or misleading information."

9. Respondent's failure to disclose his 2022 arrest on his 2023 renewal application, as described above, constitutes an act of unprofessional conduct under A.R.S. § 32-1901.01(C)(14) "Providing false or misleading information or omitting material information in any communication to the board or the board's employees or agents."

ORDER

Based on the Findings of Fact and Conclusions of Law, the Board under issues the following Order:

IT IS HEREBY ORDERED THAT:

1. Respondent's license shall be placed on **PROBATION** for a minimum period of one (1) year from the effective date of this Consent Agreement. The effective

date of the Consent Agreement is the date that it is signed by the Executive Director. The period of **PROBATION** is subject to the following terms and conditions:

2. Within five (5) days of the effective date of this Consent Agreement, Respondent shall enter into a rehabilitation and monitoring contract with one of the following two (2) providers. Prior to entering into the contract, Respondent shall ensure that the provider is able and willing to comply with all the requirements of this Order:

Arizona Pharmacy Foundation: Professionals Assisting Professionals
1845 E. Southern Ave.
Tempe, AZ 85282-5831
480-207-7869
https://azpharmacy.org/papa/

Community Bridges, Inc, - Professional Medical Monitoring Program
1855 W. Baseline Rd., Ste 101
Mesa, AZ 85202
480-990-3111 or 480-343-2158
Contact: Kristy Cole, Program Manager

3. Within five (5) business days of entering into a contract with one of the providers referenced above, Respondent shall provide the provider with a copy of this Consent Agreement, and notify the Board in writing of the provider with whom he has contracted.

4. Respondent shall ensure that within ten (10) business days of entering into a contract with one of the providers referenced above, the selected provider confirm in writing to the Board that they have received a copy of this Order and are willing and able to comply with all the requirements of this Order.

5. Respondent's written rehabilitation and monitoring contract with one of the entities set forth above shall extend for the entire term of his probation under this Consent Agreement. Respondent shall abide by each and every requirement of the contract, including 12 to 24 random drug screens per year; two weekly 12-step meetings; and

continuous abstention from all drugs of abuse as well as cannabis. Failure to participate in the rehabilitation and monitoring program, complete the program or to abide by the contract's terms is a violation of this Order.

6. Respondent shall advise the Board immediately (within 24 hours) of any missed (excused or not) drug screen, or 12-step meeting. Respondent shall also require the provider to notify the Board in writing within five (5) days of any missed (excused or not) drug screen, or 12-step meeting, and if excused, the reasons for excusing the absence.

7. Respondent shall execute all appropriate releases of information forms to permit the Respondent's treatment professionals to communicate with the Board regarding Respondent's treatment and monitoring.

8. Respondent shall pay all necessary fees and expenses relating to this probation, including all costs associated with the treatment and monitoring contract.

9. Respondent shall furnish all pharmacy employers with a copy of this Consent Agreement throughout the term of probation. Respondent shall ensure that all future pharmacy employers submit to the Board a written acknowledgement that they have received a copy of this Consent Agreement within ten (10) days of entering into an employment relationship with Respondent. Respondent shall advise the Board immediately (within 24 hours) of any change in pharmacy employment status throughout the term of his probation. Respondent shall update his online profile AND provide written notification to the Board within five (5) days of any change in pharmacy employment status.

10. Within five (5) days of the effective date of this Consent Agreement, Respondent shall furnish the Board with a list of all jurisdictions in which he maintains or has maintained licensure in the profession of pharmacy along with the registration numbers of said licenses.

11. Respondent shall obey all federal and state laws and rules governing the practice of pharmacy

12. Throughout the term of Respondent's probation, Respondent shall personally appear before the Board when requested to do so by the Board or Board staff.

13. **If during the pendency of this matter Respondent fails to renew his license, the license shall not expire but rather be automatically suspended until such time as Respondent files for renewal.**

14. The probationary term imposed by this Order shall not terminate unless and until Respondent submits a written request to the Board seeking termination of his probation, and provide written proof of completion of the requirements of this Agreement and Order. Respondent shall appear before the Board at a regularly scheduled Board meeting approximately one year after the effective date of this Order to request that the probation imposed by this Order be terminated. Respondent's failure to petition the Board to terminate the probation shall extend the probation period. Whether to lift/terminate the probation is within the sole discretion of the Board.

15. Failure to comply with any provision of this Consent Agreement is an act of unprofessional conduct pursuant to A.R.S. §32-1901.01(C)(16), which is violating a formal order, terms of probation, a consent agreement or a stipulation issued or entered into by the Board.

16. If Respondent violates this Order in any way or fails to fulfill the requirements of this Order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against Respondent's license. The issue at such a hearing will be limited solely to whether this Order has been violated.

BOARD ACCEPTS, SIGNS AND DATES THIS CONSENT AGREEMENT

Dated this 28th day of June, 2024.

By: _____
KAMLESH GANDHI, PharmD
Executive Director
Arizona State Board of Pharmacy

ORIGINAL of the foregoing filed this 28th day of June, 2024 with:

Arizona State Board of Pharmacy
1110 W. Washington St., Ste. 260
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED BY ELECTRONIC, REGULAR AND CERTIFIED MAIL this 28th day of June, 2024, to:

Fernando Esteban Frias Hernandez
2312 E Portland St
Phoenix, AZ 85006
fernandofrias99@yahoo.com

EXECUTED COPY OF THE FOREGOING E-MAILED this 28th day of June, 2024 to:

Jeanne M. Galvin
Seth T. Hargraves
Assistant Attorney General
2005 N. Central Ave, SGD/LES
Phoenix, Arizona 85004
Attorneys for the State
LicensingEnforcement@azag.gov

JMitchell
Doc #12091196

RICHARD J. CODEY
Acting Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

PETER C. HARVEY
Attorney General

KIMBERLY S. RICKETTS
Director

Mailing Address:
P.O Box 45013
Newark, NJ 07101
(973) 504-6450

October 4, 2005

By Certified and Regular Mail

Manal Arafat
Duane Reade
707 Broad Street
Newark, NJ 07102-4101

Re: Complaint [redacted]
33909

Dear Ms. Arafat:

This letter is to advise you that the New Jersey State Board of Pharmacy (the "Board") has had an opportunity to review information concerning your practice of pharmacy following an investigation that uncovered the following infractions of the law and regulations:

The Board determined to fine you, the dispensing pharmacist, $200.00, for the medication error. In addition, you must complete two (2) Board approved continuing education modules on medication errors. The completion of these modules will not be considered as part of the biennial continuing education requirment.

The Board has determined that it will first offer you an opportunity to settle this matter and thereby avoid the initiation of formal disciplinary proceedings. Should you wish to avail yourself of this opportunity, you should sign the acknowledgment below and agree to the following:

pay a penalty in the amount of $200.00 (to be paid immediately upon your signing of the acknowledgment at the bottom of this letter), and Letter of Correction.

Alternatively, you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. Any disposition by way a settlement will be a public record, and will have the same effect as an order of the Board. Any failure to comply with the terms to which you agree will be deemed a violation.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you either personally or with the assistance of an attorney will have an opportunity to respond to the charges and submit evidence and present testimony as may be necessary in order for the Board to make a final determination concerning the charges of unlawful activity.

You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order requiring you to pay costs incurred in the matter.

Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact The Board of Pharmacy, at (973) 504-6450.

The enclosed certification should be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within fifteen (15) days, the Board's settlement offer will be withdrawn, and you will be deemed in default. The allegations against you will be deemed uncontested. The Board will then proceed to schedule the matter for final review and will enter an appropriate order. Once an order has been entered, your failure to pay any penalties may result in further action to suspend or revoke your license.

NEW JERSEY STATE
BOARD OF PHARMACY

By: _____
JoAnne Boyer, R.Ph.
Executive Director

cc: Marianne Greenwald, Deputy Attorney General
Frank Manicone, Pharmacy Operations

CERTIFIED MAIL/C.R.R.R.
7005 0390 0000 7172 3956
7005 0390 0000 7172 3963

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

GURBIR S. GREWAL
Attorney General

PAUL R. RODRÍGUEZ
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

October 18, 2018

Manal Arafat
[redacted]

Dear Manal Arafat:

Enclosed is the Uniform Penalty Letter regarding Consumer Complaint # 38909 dated October 4, 2005.

The licensee holder of license # 28RI02978500 has paid all fines associated with this consumer complaint and has submitted a letter of corrective action. The Board reviewed the licensee's response and determined that the issue had been resolved to the Board's satisfaction and considers the matter closed.

At all times, the pharmacist's license was active and in good standing.

Sincerely,

Anthony Rubinaccio, R. Ph.

Anthony Rubinaccio, R.Ph.
Executive Director

AR/me

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License Application of	)	Case No. 2015-0258
KEVIN LINH NGUYEN	)	CONSENT ORDER
Applicant	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed License Denial; Answer Required ("Notice"), hereby incorporated by reference, regarding the applicant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the applicant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the applicant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the applicant admits that the facts alleged in the above-noted Notice are true, that the applicant's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for refusal to issue a pharmacist license by the Board; and

WHEREAS, the Board is authorized to settle matters pursuant to ORS 183.417(3) and the Board and applicant agree to the terms set forth in this Consent Order;

The Board finds that the allegations in the Notice are true and hereby grants applicant's license with conditions.

1. Licensee shall pay a civil penalty in the amount of $1,000 with $850 stayed pending compliance with the terms of this Consent Order and no further violation for three (3) years. The $150 civil penalty shall be paid within ten days from the date this Consent Order becomes final.

2. Licensee shall earn and submit continuing education (CE) certificates for three (3) hours of CE in the area of pharmacy law or ethics within 10 days from the date this Consent Order becomes final. The continuing education hours earned in regards to this case are in addition to the CE required by pharmacists for renewal and are not eligible for renewal purposes. Licensee shall submit certificates of completion to the Board office by certified mail (or other

method approved by the Board in writing) and retain receipt of verification of delivery to the Board office.

3. Failure of the licensee to comply with all the requirements of the final order in this matter constitutes failure to cooperate with the Board and is grounds for revocation or any other form of discipline or sanction authorized by law.

CONSENT

I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

Kevin Linh Nguyen, Applicant — Date: 6/25/15

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner, R.Ph.
Compliance Director — Date: 6/29/15

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License Application of	)	Case No. 2015-0258
KEVIN LINH NGUYEN	)	NOTICE OF PROPOSED LICENSE DENIAL;
Applicant	)	ANSWER REQUIRED

The Oregon Board of Pharmacy proposes to deny your pharmacist license application, and impose a civil penalty pursuant to ORS 689.445, ORS 689.832, and ORS 689.405 because you violated the Oregon Pharmacy Act and the Board of Pharmacy rules as follows:

On or about 4/8/2015, you made fraudulent statements or misrepresented the facts submitted to the Oregon Board of Pharmacy during the course of applying for licensure as a pharmacist. The Board of Pharmacy license application you completed requires that you respond fully and truthfully to questions. A question asked whether you have ever been cited, arrested for, charged with or convicted of the commission of any crime, offense or violation of the law in any state or by the Federal Government even if those charges were dismissed, to which you responded No. You were required to explain the circumstances in detail to any affirmative responses. You hand wrote on the form that you had "...never been arrested or cited for, charged with nor convicted of the commission of any crime, offense or violation of the law in any state or by the federal government." You signed the application certifying that you read the application and all information provided was true and correct and were aware that providing false information is grounds for denial of a license.

You failed to report that on or about 11/16/1995 you were arrested by the Travis County Sheriff's Office (TX) on the charge of Theft.

The above conduct is unprofessional conduct as defined by OAR 855-006-0005(28)(j) and (k) and in violation of and grounds for discipline pursuant to OAR 855-019-0310(1) and (7), OAR 855-001-0035, ORS 162.085, and ORS 689.405(1)(a), (e)(B) and (f).

Based on these alleged violations, the Board proposes to deny your pharmacist license application and impose a $1,000 civil penalty per violation.

HEARING RIGHTS

You are entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). If you wish to have a hearing, you must file a written request for hearing with the Board within 60 days from the date this notice was mailed. You may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax (971) 673-0002

If a request for hearing is not received within this 60-day period, your right to a hearing shall be considered waived.

If you request a hearing, you will be notified of the time and place of the hearing. Before the commencement of the hearing, you will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing. You may be represented by legal counsel.

If you do not request a hearing within 60 days, or if you withdraw a hearing request, notify the Board or Administrative Law Judge that you will not appear, or fail to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

Notice to Active Duty Servicemembers: Active duty servicemembers have a right to stay these proceedings under the federal Servicemembers Civil Relief Act. For more information contact the Oregon State Bar at 1-800-452-8260, the Oregon Military Department at 1-800-452-7500 or the nearest United States Armed Forces Legal Assistance Office through http://legalassistance.law.af.mil.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 60 days from the date this document was served, a written answer to the allegations set forth in this document. Your written answer must include an admission or denial of each factual matter alleged in the notice. Except for good cause, factual matters alleged in this document and not denied in your answer will be presumed admitted.

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

(a) An admission or denial of each factual matter alleged in the notice;

(b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

(a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;

(b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;

(c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and

(d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner, R.Ph.,
Compliance Director

6/11/15
Date

DATE OF MAILING 6/11/2015

AGREED BOARD ORDER #L-16-022

RE: IN THE MATTER OF
KEVIN LINH NGUYEN
(PHARMACIST LICENSE #40176)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 40176 issued to Kevin Linh Nguyen (Respondent).

By letter dated August 3, 2016, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Sections 565.001(a)(1), (2), (12) and (16); and 565.001(b) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and
>
> Section 281.7(a)(13) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), as alleged in the Count below.

The conduct described in the Consent Order of the Oregon Board of Pharmacy is substantially similar to conduct described in:

> Section 565.001(a)(1), (2), (5) and (12) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and
>
> Sections 281.7(a)(21); and 281.7(c)(3) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015).

COUNT

On or about June 29, 2015, the Oregon Board of Pharmacy entered a Consent Order in the matter of the pharmacist license application of Kevin Linh Nguyen. The Order was based on allegations contained in a Notice of Proposed License Denial; Answer Required that on his April 2015 application for licensure, Mr. Nguyen falsely indicated that he had not been arrested for any offense, when he was arrested on or about November 16, 1995, for Theft in Travis County, Texas. The Order granted the license, imposed a $250 penalty, and required three hours of continuing education.

By letter dated August 3, 2016, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in

this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that Respondent's license is reprimanded.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of November, 2016.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Kevin Linh Nguyen, R.Ph.

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

REMEDIAL PLAN #H-17-047-A

RE: IN THE MATTER OF
PHONGPHU ALEX DANG
(PHARMACIST LICENSE #49465)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 49465 issued to Phongphu Alex Dang (Respondent).

By letter dated April 18, 2018, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated the applicable law set forth below. An informal conference was held in the Board's office on June 5, 2018, with Respondent, and Dan Lype, Legal Counsel for Respondent, in attendance. The informal conference was heard by Board Member: Dennis F. Wiesner, R.Ph.; with Kerstin Arnold, General Counsel. Bhavesh Modi, Staff Attorney, was also in attendance.

BOARD HISTORY

Respondent has not previously been offered a Remedial Plan and has not been the subject of disciplinary action with the Board.

FINDINGS

1. On or about July 7, 2017, Phongphu Alex Dang, while acting as an employee (staff pharmacist) of Walgreens #7592, 802 East Pioneer Parkway, Grand Prairie, Texas 75051, dispensed memantine 5mg tablets to patient A.C., a 17-year-old with Down syndrome and Graves' disease, on a refill of a prescription calling for methimazole 5mg tablets. The prescription was dispensed in the manufacturer's stock bottle labeled as memantine 5mg tablets, but the prescription label that was affixed to the bottle indicated that 60 methimazole 5mg tablets had been dispensed. The prescription label instructed patient A.C. to "take 1 tablet by mouth twice daily." Patient A.C. was administered the wrong drug for approximately 20 days before the error was identified by patient A.C.'s physician and experienced adverse effects, including elevated thyroid levels, weight loss, and restlessness. The prescription was assigned prescription number 1252850.

2. Respondent does not admit or deny the Finding(s) and Applicable Law contained herein but, rather, has agreed to settle in good faith to avoid the cost, expense, and uncertainty of litigation.

MITIGATING FACTOR

Respondent cooperated in the investigation of the allegations that resulted in this Remedial Plan.

APPLICABLE LAW

1. The Board has jurisdiction over the subject matter and Respondent pursuant to Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017).

2. The Board is authorized to take disciplinary action for a violation of Section 565.001(a)(1), (2), (12) and (13) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); Sections 281.7(a)(12), (13) and (29)(A); 291.31(1), (15), (16) and (17); 291.32(c)(1)(E) and (F); 291.32(c)(2)(C) and (D); and 295.3(b) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017); and Sections 431.003; 431.021(a), (b) and (r); and 431.112(a)(1) of the Texas Food, Drug, and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2015).

3. Section 565.060 of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017), and Section 281.68 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2018), authorize the Board to resolve this matter with a Remedial Plan.

REMEDIAL PLAN TERMS

1. This Remedial Plan shall be in effect from the date of entry of the Plan and shall terminate five (5) years after the date of entry. Respondent agrees to comply with the terms set forth herein for the duration of the Plan.

2. Respondent shall obtain fifteen (15) hours of continuing education, which shall be in addition to the hours of continuing education required for renewal. Respondent shall submit proof of completion of the continuing education hours to Board staff within one (1) year after the entry of this Remedial Plan. All continuing education must be in compliance with the continuing education requirements set forth in the Texas Pharmacy Board Rules, and must be completed after the entry of this Remedial Plan and before one (1) year after the entry of this Remedial Plan.

3. Respondent shall submit written documentation of modifications implemented by Respondent to improve Respondent's practice of pharmacy to prevent dispensing errors and ensure proper drug regimen review. Such report shall be due one hundred twenty (120) days after the Remedial Plan is entered by the Board.

4. Respondent shall pay a Remedial Plan fee of one thousand dollars ($1,000) due one hundred twenty (120) days after the Remedial Plan is entered by the Board.

5. Respondent shall be responsible for all costs relating to compliance with the requirements of this Remedial Plan.

6. Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Remedial Plan.

RESPONDENT HAS READ AND UNDERSTANDS THE FOREGOING REMEDIAL PLAN. RESPONDENT UNDERSTANDS THAT BY SIGNING, RESPONDENT WAIVES CERTAIN RIGHTS. RESPONDENT SIGNS IT VOLUNTARILY. RESPONDENT UNDERSTANDS THIS REMEDIAL PLAN IS A FINAL, NON-APPEALABLE AGREEMENT THAT CONTAINS THE ENTIRE AGREEMENT, AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN, OR OTHERWISE. RESPONDENT UNDERSTANDS AND AGREES THAT ANY VIOLATION OF THE REMEDIAL PLAN WILL RESULT IN THE RE-INSTITUTION OF DISCIPLINARY ACTION.

And it is so ORDERED.

THIS REMEDIAL PLAN IS A PUBLIC RECORD.
THIS REMEDIAL PLAN IS NON-DISCIPLINARY.

SIGNED AND ENTERED ON THIS 7th day of August, 2018.

Dat Wine R.Ph.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Phongphu Alex Dang, R.Ph

Dan Lype, Legal Counsel for Phongphu Alex Dang
Leichter Law Firm
1602 East 7th Street
Austin, Texas 78702

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

S:\Attorneys\PNLs 0118 - 1218\Dang, Phongphu Alex\Dang, Phongphu Alex_RP_Entity 162441.docx

MARK BRNOVICH
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(Firm State Bar No. 14000)

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Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **WESLEY MONTGOMERY** Holder of License No T009712 As a Pharmacy Technician In the State of Arizona	Board Case No. 21-0594 **CONSENT AGREEMENT FOR CIVIL PENALTY, CONTINUING EDUCATION AND AUDIT**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.* Wesley Montgomery ("Respondent"), holder of certificate T009712 as a Pharmacy Technician in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that he has a right to a public administrative hearing concerning this matter at which hearing he could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against him.

5. Respondent understands this Consent Agreement deals with Case No. 21-0594 involving allegations of unprofessional conduct against Respondent. The investigation into these allegations against respondent shall be concluded upon the Board's adoption of this Consent Agreement.

6. Respondent acknowledges and agrees that the acceptance of this Consent Agreement is solely to settle this Board matter and does not preclude the Board from instituting other proceedings as may be appropriate now or in the future.

7. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

8. Furthermore, and notwithstanding any language in this Consent Agreement, this Consent Agreement does not preclude in any way any other state agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter other matters concerning Respondent, including violations of Arizona's Consumer Fraud Act.

Respondent acknowledges that, other than with respect to the Board, this Consent Agreement makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivision of the state relating to this matter or other matters concerning Respondent.

9. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, he may not revoke acceptance of the Consent Agreement or make any modifications to the document regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

10. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

11. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

12. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

13. The parties understand and agree that Portable Document Format and facsimile copies of this Consent Agreement including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

14. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(C)(16) and A.R.S. §32-1927.01(A)(1).

15. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

Dated: 11/22/21

Wesley Montgomery
Pharmacy Technician

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of certificate number T009712 as a Pharmacy Technician.

3. Pursuant to A.R.S. § 32-1925(H), the board shall not renew a license for a pharmacy technician unless that person has complied with the board-approved mandatory continuing professional education requirements.

4. Pursuant to A.A.C. R4-23-1106(A)(1), during the two years preceding an application for renewal, a pharmacy technician is required to participate in 20 contact hours (2.0 CEUs) of continuing education activity sponsored by a Board Approved Provider.

5. Pharmacy technicians are required to maintain records that verify the continuing education activities that the technician participated in during the preceding five years; attest to the number of CEUs the technician participated in during the renewal period on the biennial renewal form; and submit proof of the continuing education participation to the Board within 20 days of request. A.A.C. R4-23-1106(C).

6. The Board shall deem the failure to comply with the continuing education requirements as unprofessional conduct and grounds for disciplinary action. A.A.C. R4-23-1106(D).

7. On or about October 1, 2020, Respondent filed his application for license renewal, certifying that he had complied with the continuing education requirements set forth in A.R.S. §§ 32-1925, 32-3248.02 and A.A.C R4-23-1106, including the pharmacy law and opioid-related, substance use disorder-related or addiction-related continuing education requirements. In doing so, Respondent was attesting that he had completed the required twenty (20) continuing education (CE) hours during the renewal period.

8. On or about October 12, 2021, the Board staff conducted a continuing education audit that included Respondent (licensees are selected at random).

9. Prior to reaching out to Respondent, the Board staff reviewed the CPE Monitor and discovered that Respondent had completed zero (0) of the required 20 hours of continuing education during the audit time period.

10. Board staff sent Respondent an email on October 12, 20201, asking that he provide information showing completion of the required CE by November 1, 2021. No response was received.

11. Staff again reached out to Mr. Montgomery on October 27, 2021, again seeking proof of his completion of the required CEs. Respondent submitted documentation of CEs that were completed outside of the audit time period. When Board

staff asked Respondent to submit current CEs for the audit period, Respondent failed to respond.

12. Upon information and belief, Respondent was short all twenty (20) CE hours required for renewal of a pharmacy technician license.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a pharmacy technician who has engaged in unprofessional conduct. A.R.S. § 32-1927.01(A)(1), which allows the board to discipline a pharmacy technician for committing unprofessional conduct that includes violating any federal or state law, rule or regulation relating to the practice of pharmacy.

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(3) "Obtaining or attempting to obtain a pharmacy technician or pharmacy technician license or a pharmacy technician license renewal by fraud, by misrepresentation or by knowingly taking advantage of the mistake of another person or an agency."

4. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(5) "Failing to comply with the mandatory continuing professional education requirements of section 32-1925, subsection H and rules adopted by the board."

5. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(13) "Knowingly filing with the board any application, renewal or other document that contains false or misleading information."

6. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(14) "Providing false or misleading

information or omitting material information in any communication to the board or the board's employees or agents."

7. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(15) "Violating or attempting to violate, directly or indirectly, or assisting in or abetting in the violation of, or conspiring to violate, this chapter.", specifically as it relates to A.R.S. § 32-1925.

ORDER

Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED THAT:

1. Respondent shall pay to the Board as a civil penalty the sum of Five Hundred **($500.00 [$25.00 per deficient CE hour])**. The civil penalty shall be paid in full to the Board within **ninety (90) days** of the effective date of this Consent Agreement and Order. The effective date of this Consent Agreement is the date it is signed by the Board's Executive Director.

2. In addition, Respondent shall complete a total of **thirty (30) continuing education hours for the next renewal period ending October 31, 2022.**

3. Respondent is also subject to a mandatory audit of his continuing education requirements for the 2020-2022 renewal cycle.

4. **IF RESPONDENT FAILS TO TIMELY COMPLY WITH THIS CONSENT AGREMENT AND ORDER, THE MATTER SHALL BE REFERRED TO FORMAL HEARING FOR THE SUSPENSION OR REVOCATION OF HIS LICENSE.** Failing to abide by this Consent Agreement and Order is a violation of A.R.S. §32-1901.01(C)(16), which is violating a formal order, terms of probation, a consent agreement or a stipulation issued or entered into by the board it its executive director. The issue at such a hearing will be limited solely to whether this Order has been violated.

5. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action.

DATED this 8th day of December, 2021.

ARIZONA STATE BOARD OF PHARMACY

By: _____
KAMLESH GANDHI, PharmD
Executive Director

ORIGINAL OF THE FORGOING FILED
this 8th day of December, 2021 with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 8th day of December, 2021, to:

Wesley Montgomery
52 North Palm Street
Gilbert, AZ 85234
Wesmontgomery480@gmail.com

EXECUTED COPY OF THE FOREGOING EMAILED
this 8th day of December, 2021, to:

Jeanne Galvin
Seth T. Hargraves
Arizona Attorney General's Office
2005 N. Central Ave. – SGD/LES
Phoenix, AZ 85004
LicensingEnforcement@azag.gov
Attorneys for the Board

JMitchell
Doc #9964535

TEXAS STATE BOARD OF PHARMACY

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Sachse

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Floresville

Gay Dodson, R.Ph.
Executive Director/Secretary
Austin

November 9, 2004

James Kyle Cooley
3140 North Hall #312
Dallas, TX 75204

RE: In the Matter of James Kyle Cooley

Dear Mr. Cooley:

Enclosed is a copy of Agreed Board Order (ABO) #T-04-382 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on September 24, 2004. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

GRANTING OF TEXAS PHARMACY TECHNICIAN REGISTRATION

Under the terms of ABO #T-04-382, Texas Pharmacy Technician Registration (#119555) was granted to you because you:

(1) successfully completed the requirements of registration as set forth in the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (Vernon 2003) and the Texas Pharmacy Rules of Procedure, 22 TEX. ADMIN. CODE (2004); and

(2) provided documentation to TSBP from a mutually acceptable mental health professional (MHP) that stated you were not physiologically or psychologically alcohol or drug dependent, did not have an incapacity of a nature that would prevent you from practicing as a pharmacy technician with reasonable skill, competence and safety to the public, and were able to practice as a pharmacy technician without posing a threat to yourself or the public.

With regard to the documentation described in (2) above, TSBP received this documentation on October 5, 2004, from Jan K. McCutchin, NCACII, LCDC. Subsequently, pharmacy technician registration #119555 was issued to you on October 20, 2004.

AGREED BOARD ORDER #T-04-382

RE: IN THE MATTER OF
JAMES KYLE COOLEY
(APPLICANT FOR PHARMACY
TECHNICIAN REGISTRATION #119555)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (hereinafter referred to as "TSBP") the matter of pharmacy technician registration number 119555 issued to James Kyle Cooley, (hereinafter referred to as "Applicant").

The TSBP gave preliminary notice to Applicant of its intent to take disciplinary action with respect to Applicant's pharmacy technician registration as a result of information received by the TSBP which produced evidence indicating that Applicant may have violated:

(1) Section 568.003(a)(5) of the Texas Pharmacy Act, TEX. OCC CODE ANN. Subtitle J (2003), in that, allegedly, on or about April 8, 1998, Applicant was convicted of the misdemeanor offense of Driving While Intoxicated.

(2) Section 568.003(a)(5) of the Texas Pharmacy Act, TEX. OCC CODE ANN. Subtitle J (2003), in that, allegedly, on or about November 30, 1999, Applicant was convicted of the misdemeanor offense of Driving While Intoxicated.

An informal conference was held in the office of the Texas State Board of Pharmacy on September 15, 2004, with Applicant in attendance. The informal conference was heard by a Board panel.

At the aforementioned conference, Applicant waived Applicant's right to be represented by legal counsel. By Applicant's appearance at the informal conference and by

Applicant's signature on this Order, Applicant agrees that the Texas State Board of Pharmacy has jurisdiction in this matter and does hereby waive Applicant's right to legal counsel, to notice of hearing, to a formal administrative hearing, and to judicial review of this Order.

After discussion of the matters previously outlined in this Order, and subsequent communications, Applicant agreed to the entry of an Order disposing of the need for further disciplinary action in this matter. By Applicant's signature on this Order, Applicant neither admits nor denies the truth of the matters previously set out in this Order with respect to the above alleged violations.

Applicant understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

Should this Order not be accepted by the TSBP, it is agreed that neither the presentation of the Order to the TSBP nor the TSBP's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the TSBP or its individual members and, therefore, will not be grounds for precluding the TSBP or any individual member of the TSBP from further participation in proceedings related to the matters set forth in the Order.

At the conclusion of the aforementioned conference, and subsequent communications, the parties agreed to the entry of the ORDER OF THE BOARD set forth below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the TSBP does hereby ORDER that a Texas pharmacy technician registration shall be granted after Applicant successfully

completes the requirements of registration as set forth in the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (Vernon 2003) and the Texas Pharmacy Rules of Procedure, 22 TEX. ADMIN. CODE (2004), and after written documentation is provided by a mutually acceptable mental health professional which states that Applicant is not physiologically or psychologically alcohol or drug dependent, does not have an incapacity of a nature that would prevent Applicant from practicing as a pharmacy technician with reasonable skill, competence and safety to the public, and is able to practice as a pharmacy technician without posing a threat to Applicant or the public. If Applicant has not completed the requirements within ninety (90) days after the entry of this Order, the pharmacy technician registration application shall be DENIED.

It is finally ORDERED that failure to comply with any of the terms and conditions in this Order constitutes a violation and shall be grounds for further disciplinary action against the Texas technician registration held by Applicant.

And it is so Ordered.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 24th day of September, 2004.

W Michael Brumley RR
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

James Kyle Cooley
James Kyle Cooley

Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois DIVISION OF PROFESSIONAL REGULATION, Complainant	)	
v.	)	No. 2016-04570
WALGREENS SPECIALTY PHARMACY LLC, Walgreens Specialty Pharmacy #15443 License No. 054.017539, Walgreens Specialty Pharmacy #12314 License No. 054.017548, Walgreens Specialty Pharmacy #15438 License No. 054.017538, Respondents.	)	

ORDER

This matter having come before the Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation following the filing of a formal complaint against Walgreens Specialty Pharmacy #15443, Walgreens Specialty Pharmacy #12314, and Walgreens Specialty Pharmacy #15438 (hereinafter "Respondents") and said complaint being sent by email to Respondents' email addresses of record on or about January 11, 2019; Respondents having been ordered to file an answer or be held in default on February 25, 2019; Respondents having failed to answer the complaint and being held in default on March 25, 2019; the Illinois State Board of Pharmacy (hereinafter "Board") having deliberated this matter and issued a report containing certain findings of fact, conclusions of law, and a recommendation to the Director, and that report and a 20 Day Notice having been sent to Respondents' email addresses of record on May 17, 2019; Respondents having failed to reply within 20 days of the notice; and all due notice having been given:

Now therefor, I, Cecilia Abundis, Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, after reviewing this matter and the documents attached hereto and referenced herein, do hereby adopt the Findings of Fact, Conclusions of Law, and Recommendation of the Board;

It is therefore ordered that Respondents Walgreens Specialty Pharmacy #15443, license no. 054.017539, Walgreens Specialty Pharmacy #12314, license no. 054.017548, and Walgreens Specialty Pharmacy #15438, license no. 054.017538, are each individually assessed a fine of two thousand dollars ($2,000.00).

DATED THIS 19th day of December, 2019.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2016-05470
License No. 054.017539
054.017548
054.017538

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 2016-04570
WALGREENS SPECIALTY PHARMACY LLC Walgreens Specialty Pharmacy #15443, License No. 054.017539, Walgreens Specialty Pharmacy #12314, License No. 054.017548, Walgreens Specialty Pharmacy #15438, License No. 054.017538, Respondents.	)	

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION TO THE DIRECTOR

Now comes the Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation and, after reviewing the record in this matter, a majority of its members hereby makes the following Findings of Fact, Conclusions of Law and Recommendation to the Director of Professional Regulation:

FINDINGS OF FACT

1. WALGREENS SPECIALTY PHARMACY LLC #15443, (hereinafter "Respondent Pharmacy #15443") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017539. Said license is presently in ACTIVE status.
2. WALGREENS SPECIALTY PHARMACY LLC #12314, (hereinafter "Respondent Pharmacy #123143") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017548. Said license is presently in ACTIVE status.
3. WALGREENS SPECIALTY PHARMACY LLC #15438, (hereinafter "Respondent Pharmacy #15438") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017538. Said license is presently in ACTIVE status.
4. On January 11, 2019, the Department filed a Complaint against Respondent and sent notice of the Preliminary Hearing with the Complaint to Respondent on January 11, 2019, to the last known email

address of Respondent: specialtypharmacy@walgreens.com. The Preliminary Hearing was set for February 25, 2019.

5. On February 25, 2019, the Administrative Law Judge ordered that Respondent file an Answer to the Department's Complaint on or before March 18, 2019. A Status Hearing was set for March 25, 2019. A copy of the Administrative Law Judge's Order was emailed to Respondent at Respondent's last known email address of record.

6. On March 25, 2019, Respondent failed to appear. Respondent had not filed an answer to the Department's allegations. The Administrative Law Judge entered an Order of Default and transferred the matter to this Board for its deliberation on the pleadings. A copy of the Administrative Law Judge's Order was sent to the last known email address of Respondent.

7. The Board finds the allegations said Complaint to be true:

    i. Respondent Pharmacy #15443 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 669.

    ii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #15443 stating that Respondent Pharmacy #15443 was disciplined by the Hawaii Board of Pharmacy.

    iii. On or about October 18, 2010, Respondent Pharmacy #15443 entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy in case number 2011-000518.

    iv. The Colorado Order disciplined Respondent Pharmacy #15443 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) and Respondent Pharmacy #15443 also provided false information on applications.

    v. On or about October 18, 2010, the Colorado Order imposed a monetary penalty on Respondent Pharmacy #15443 in the amount of five thousand ($5,000) dollars in case number 2011-000518.

    vi. On or about April 6, 2016, Respondent Pharmacy #15443 entered into a Settlement

Agreement with the Hawaii Board of Pharmacy.

vii. Subsequently, Respondent Pharmacy #15443 was issued a two thousand ($2,000.00) dollar fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-90-L.

viii. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #15443.

ix. On or about July 30, 2013, Respondent Pharmacy #15443 submitted a Change of Address application to the Department.

x. The 2013 application did not disclose that Respondent Pharmacy #15443 was disciplined in 2010.

xi. Respondent Pharmacy #15443 failed to disclose prior discipline on the July 30, 2013 Change of Address application.

xii. Respondent Pharmacy #12314 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 547.

xiii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #12314 stating that Respondent Pharmacy #12314 was disciplined by the Hawaii Board of Pharmacy for failure to timely report discipline in another state.

xiv. On or about October 18, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #12314 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) and for providing false information on applications.

xv. On or about October 18, 2010, the Respondent Pharmacy #12314 entered into a Final Agency Order with the Colorado Board of Pharmacy in case number 2011-00522 and was assessed a fine in the amount of five thousand ($5,000.00) dollars.

xvi. On or about April 6, 2016, Respondent Pharmacy #12314 entered into a Settlement Agreement with the Hawaii Board of Pharmacy.

xvii. Subsequently, Respondent Pharmacy #12314 was issued a two thousand ($2,000.00) dollar

fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-62-L.

xviii. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #12314.

xix. On or about March 2, 2011, March 4, 2014, and January 14, 2015, Respondent Pharmacy #12314 submitted Pharmacist-in-Charge applications to the Department.

xx. The 2013 application did not disclose that Respondent Pharmacy #12314 was disciplined in 2010.

xxi. Respondent Pharmacy #12314 failed to disclose prior discipline on the Pharmacist-in-Charge applications submitted to the Department in 2011, 2014, and 2015.

xxii. Respondent Pharmacy #15438 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 644.

xxiii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #15438 stating that Respondent Pharmacy #15438 was disciplined by the Hawaii Board of Pharmacy for failure to timely report discipline in another state.

xxiv. On or about April 9, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #15438 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) in case number 2010-002889.

xxv. On or about July 14, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #15438 for failing to timely submit a Change of Pharmacist-in-Charge application to the Colorado Board of Pharmacy in case number 2010-003719.

xxvi. On or about April 9, 2010, the Respondent Pharmacy #15438 entered into a Final Agency Order in case number 2010-002889 with a fine in the amount of five thousand ($5,000.00) dollars.

xxvii. On or about July 14, 2010, the Respondent Pharmacy #15438 entered into a Final Agency Order in case number 2010-003719 with a fine in the amount of one thousand ($1,000.00)

dollars.

xxviii. On or about April 6, 2016, Respondent Pharmacy #15438 entered into a Settlement Agreement with the Hawaii Board of Pharmacy.

xxix. Subsequently, Respondent Pharmacy #15438 was issued a two thousand ($2,000.00) dollar fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-91-L.

xxx. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #15438.

xxxi. On or about September 5, 2013, Respondent Pharmacy #15438 submitted a Change of Address application to the Department.

xxxii. The 2013 application did not disclose that Respondent Pharmacy #15438 was disciplined in 2010.

xxxiii. Respondent Pharmacy #15438 failed to disclose prior discipline on the July 30, 2013 Change of Address application.

CONCLUSIONS OF LAW

1. The Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation has jurisdiction over the subject matter and of the parties in this case.
2. The Department has jurisdiction to investigate the complaints and to bring this action pursuant to 225 ILCS 85/1 et. seq.
3. Respondent Walgreens Specialty Pharmacy LLC is in violation of 68 Ill. Admin. Code 1330.30, 68 Ill. Admin. Code 1330.40, and 225 ILCS 85/30(a)(2), (3), (8), and (13).
4. Respondent Walgreens Specialty Pharmacy LLC's violations are grounds for discipline pursuant to 225 ILCS 85/30(a)(2), (3), (8), and (13).

RECOMMENDATION

The Illinois Board of Pharmacy of the Division of Professional Regulation of the Department of

Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, that the license to practice as a Licensed Pharmacy of WALGREENS SPECIALTY PHARMACY LLC, License Nos. 054.017539, 054.017548, and 054.017538 be FINED Two Thousand Dollars ($2,000.00) for each license for a total amount of Six Thousand Dollars ($6,000.00).

DATED THIS 14 DAY OF May, 2019.

recuse
Chairperson, Lemrey Al Carter Pharm.D.

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

Case No. 2016-04570
License Nos. 054.017539, 054.017548, 054.017538

Carter recuse
Pietrandoni recuse

800 SW Jackson St., Suite 1414
Topeka, KS 66612

Alexandra Blasi, Executive Secretary

Kansas
Board of Pharmacy

Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Laura Kelly, Governor

December 19, 2022

OJAS SAMPAT
12855 WOODMERE CLOSE DR
WINDERMERE FL 34786

RE: *In the Matter of Ojas Sampat*
Case No. 22-341

Dear Ojas Sampat:

The Kansas State Board of Pharmacy has concluded its audit of continuing education for your recent renewal and determined that you are noncompliant. Please read the enclosed Summary Order in its entirety, which includes assessment of a fine and mandatory additional continuing education. This discipline will be reported to the National Association of Boards of Pharmacy and all future license verifications will reflect this discipline.

If you disagree with the findings of fact, you have the right to request a hearing. Instructions for filing a written request are included under the "Notices" section of the order. Hearings are held before the full Board during their regularly scheduled meetings.

According to KSA 65-1627h, the Board is required to recoup the costs of administrative hearings when the decision is adverse to the licensee. These costs may include charges for services rendered by the Board's disciplinary counsel, an administrative law judge, and, if applicable, a court reporter.

If you have questions, please email pharmacy.compliance@ks.gov and reference your case number.

Sincerely,

Kansas State Board of Pharmacy

enc: Summary Order

BEFORE THE KANSAS STATE BOARD OF PHARMACY

In the Matter of the Renewal Application of Ojas Sampat License No. 1-14844	)	Case No. 22-341

SUMMARY ORDER

NOW on December 19, 2022, comes before the Kansas State Board of Pharmacy through its Executive Secretary (hereinafter referred to as the "Board") the matter of the pharmacist license renewal application of Ojas Sampat (hereinafter referred to as "Respondent") to engage in the practice of pharmacy in the state of Kansas.

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board enters this Summary Order in the above-captioned matter. After reviewing the renewal materials and being otherwise duly advised in the premises, the Board makes the following findings, conclusions, and order:

FINDINGS OF FACT

1. On or around 6/19/2022, Respondent submitted a pharmacist license renewal application to engage in the practice of pharmacy in the State of Kansas.

2. In the renewal application, Respondent requested to renew the license on active status.

3. At the end of the renewal application, Respondent agreed to the following statement prior to submitting the completed renewal application: "I hereby attest that I have completed all continuing education hours required by law to renew my license."

4. Respondent's renewal application was selected for an audit to provide proof of Respondent's continuing education certificates or a transcript of completion of required hours.

5. Respondent provided proof of 27.75 hours of continuing education to renew Respondent's pharmacist license.

CONCLUSIONS OF LAW

6. Pursuant to K.S.A. 65-1627(a)(9), the Board may deny, revoke, suspend, or place on probation any pharmacist license upon a finding that Respondent failed to comply with the continuing education requirements of the Board for license renewal.

7. Pursuant to K.A.R. 68-1-1b, 30 hours of continuing education shall be required for renewal of a pharmacist license during each licensure period, which must be obtained in the two-year licensure period ending on the June 30 expiration date of each license.

8. Pursuant to K.S.A. 65-1627(a)(1), the Board may deny, revoke, suspend, or place on probation any pharmacist license upon a finding that Respondent renewed or attempted to renew a license by false means, including misrepresentation.

9. Pursuant to K.S.A. 65-1658, in addition to any other penalty imposed by the Pharmacy Practice Act, the Board may assess a civil fine for a violation of K.S.A. 65-1627(a), in an amount not to exceed $5,000 for each violation.

10. Respondent was required to provide proof of completion of 30 hours of continuing education earned between July 1, 2020 and June 30, 2022.

11. By only providing proof of completion of 27.75 hours of continuing education, Respondent failed to complete the required 30 hours of continuing education for renewal of Respondent's license, in violation of K.S.A. 65-1627(a)(9).

12. Respondent falsely attested on the renewal application that Respondent had completed all continuing education hours required by law to renew Respondent's license, in violation

of K.S.A. 65-1627(a)(1). Though material, the Board makes no finding about whether Respondent's misrepresentation was intentional.

13. The role of the Board is to protect the citizens of Kansas. The Board regards the failure to comply with the continuing education requirements for licensure as a serious issue. Given the number of home-study, web-based, and live programs available, achieving the 30 hours required each biennial renewal period cannot be viewed as a burden. Without continued investment in pharmacy education, the vision of quality pharmacy providers in Kansas will not be met. In order to provide safe, effective, and high quality healthcare for Kansas patients, the practice of pharmacy requires lifelong improvement and education.

ORDER

Based on the foregoing findings of fact and conclusions of law, the Board orders the following:

For Respondent's violation of K.S.A. 65-1627(a)(1) and (9), a fine is assessed in the amount of $100 for each hour of missing or falsified continuing education, with a minimum of $500. **Respondent is ordered to pay the $500 fine by check or money order within 30 days of the date of this Order.**

Furthermore, an additional four hours of continuing education will be required for each hour of missing or falsified continuing education. **Respondent shall complete 9 hours of additional ACPE-approved continuing education and provide proof of completion to the Board within 30 days of the date of this Order**. If Respondent is not already signed up for the NABP CPE monitor (free version), Respondent shall create an NABP CPE monitor profile and shall ensure that proof of completion of these penalty hours and all future required continuing education appears in the CPE monitor. Completion of penalty hours shall not count toward Respondent's next continuing education renewal requirement.

NOTICES

Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

December 19, 2022
Date

Executive Secretary

CERTIFICATE OF SERVICE

I hereby certify that I did, on December 19, 2022, deposit in business mail a copy of the foregoing Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

OJAS SAMPAT
12855 WOODMERE CLOSE DR
WINDERMERE FL 34786

Kansas Board of Pharmacy Staff

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

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State Bar No. 015072
15 South 15th Ave,, SDG/LES
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Attorneys for the Arizona State Board of Pharmacy

2018 JUN 13 AM 11:10

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **JITEN SIDHU, PharmD,** Holder of License No. S020833 As a Pharmacist In the State of Arizona.	Board Case No. 17-0114 **CONSENT AGREEMENT AND ORDER FOR PROBATION AND CIVIL PENALTIES**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Jiten Sidhu ("Respondent"), holder of Pharmacist License No. S020833 in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that he has a right to a public administrative hearing concerning this matter at which hearing he could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against him.

5. Respondent understands this Consent Agreement deals with Board Complaint No. 17-0114 involving allegations of unprofessional conduct against Respondent.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, he may not revoke his acceptance of the Consent Agreement or make any modifications to the

document. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(B) (20) and A.R.S. § - 1927(A) (1).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

2018 JUN 13 AM 11:10

Dated: 6/10/2018

Jiten Sidhu
Pharmacist

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of license number S020833 which allows him to practice as a Pharmacist in the State of Arizona.

3. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

4. At all relevant times, Respondent was employed as a Pharmacist by Banner Family Pharmacy, University Medical Center—Phoenix, 1111 E. McDowell Rd. Phoenix, AZ 85006.

5. On or about August 4, 2017, Banner Health notified the Board that Respondent resigned from Banner Health on July 27, 2017.

6. Banner Health further explained that a recent investigation revealed the Respondent was fraudulently filling prescriptions under this girlfriend's name, also a Banner Health Pharmacist, and was using the medication for his own use.

7. Respondent admitted to writing a prescription not authorized by a medical prescriber, using his girlfriend's insurance to fill the medication as his insurance would not cover the early refills and consuming the medication from the bottle while on duty.

8. The prescribing physician on the medication bottle was contacted and she denied calling in any prescription and/or any acknowledgement of the pharmacist's

actions.

9. The Board's investigation revealed that following prescriptions were written by Respondent but not authorized:

a. Gabapentin 600mg #21 filled: 6/16/17; 6/21/17; and 7/25/17; filled under the girlfriend's name (cash was paid)

b. Nabumetone 500mg #14 filled: 6/16/17 and 6/22/17 under girlfriend's name (cash was paid)

c. Nitrofurantoin Marco 100mg filled: 1/6/17; 1/20/17, 2/21/17 and 4/11/17 under Respondent's name (billed to MedImpact)

10. In a written statement to the Board, Respondent explained that he had a medical condition that caused him pain and for which he was prescribed Gabapentin and Nabumetone. Additionally, he asserted that he often forgot his medications at home and that is when he would make the unauthorized refills. Further, he stated that he wrote them under his girlfriend's name and paid cash because he was aware that his insurance provider would not authorize the early fill the prescriptions.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a pharmacist who has engaged in unprofessional conduct. A.R.S. § 32-1927(A) (1).

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01 (B)(10), (11) and (19).

ORDER

Based upon the above Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED THAT Pharmacist License No. S020833, which was issued to Respondent for the practice of Pharmacy in the State of Arizona, is hereby placed on **SUSPENSION** for a period of six (6) months. However, the suspension is stayed and Respondent's license shall be placed on **PROBATION** for a minimum period of five (5) years from the effective date of this Consent Agreement. The effective date of this Consent Agreement and Order is the date that it is signed by the Board's Executive Director.

The **PROBATION** is subject to the following conditions:

1. Respondent shall pay to the Board the sum of **$9,000.00** in civil penalties within **ninety (90) days** from the effective date of this Consent Agreement and Order.

2. Respondent shall furnish all pharmacy employers/preceptors with a copy of this Board Order throughout the term of his probation. Respondent shall ensure that all pharmacy employers/preceptors submit to the Board a written acknowledgement that they have received a copy of this Consent Agreement within ten (10) days of entering into an employment relationship with Respondent.

3. Respondent shall advise the Board immediately of any change in pharmacy employment status throughout the term of his probation.

4. Throughout the term of Respondent's probation, Respondent shall not serve as a pharmacist in charge or preceptor at any place of employment.

5. Respondent shall furnish the Board with a list of all jurisdictions in which he maintains or has maintained licensure in the profession of pharmacy along with the registration numbers of said licenses.

6. Respondent shall obey all federal and state laws and rules governing the practice of pharmacy.

7. Throughout the term of Respondent's probation, Respondent shall personally appear before the Board when requested to do so by the Board or Board staff.

8. If Respondent violates this order in any way or fails to fulfill the requirements of this order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against the Respondent's license. The issue at such a hearing will be limited solely to whether this order has been violated.

9. Respondent shall appear before the Board at a regularly scheduled Board meeting five years after the effective date of this Order to request that the probation imposed by this Order be terminated. Respondent's failure to petition the Board to terminate the probation shall extend the probation period.

DATED this 13 day of June, 2018.

(Seal)

ARIZONA STATE BOARD OF PHARMACY

By: _____
KAMLESH GANDHI, PHARM.D.
Executive Director

ORIGINAL OF THE FORGOING FILED
this 14th day of June, 2018, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 14th day of June, 2018, to:

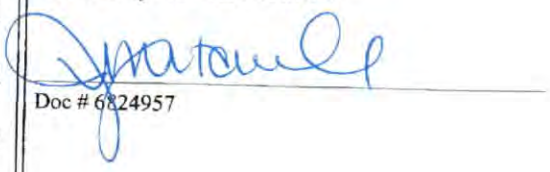
Jiten Sidhu
6501 North 87th Street
Scottsdale, AZ 85250

EXECUTED COPY OF THE FOREGOING MAILED
this 14th day of June, 2018, to:

Nicholas Meza
Quarles & Brady, LLP
2 N Central Ave, Suite 3
Phoenix, AZ 85004
Respondent's Attorney

EXECUTED COPY OF THE FOREGOING MAILED
this 14th day of June, 2018, to:

Jeanne M. Galvin
Assistant Attorney General
15 South 15th Ave.
Phoenix, Arizona 85007
Attorney for the Board



Doc # 6824957

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
15 South 15th Ave,, SDG/LES
Phoenix, Arizona 85007-2997
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

2018 JUN 13 AM 11:10

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **LINDA TRINH, PharmD,** Holder of License No. S020176 As a Pharmacist In the State of Arizona.	Board Case No. 17-0115 **CONSENT AGREEMENT AND ORDER FOR PROBATION AND CIVIL PENALTIES**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Linda Trinh ("Respondent"), holder of Pharmacist License No. S020176 in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that she has a right to a public administrative hearing concerning this matter at which hearing she could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against her.

5. Respondent understands this Consent Agreement deals with Board Complaint No. 17-0115 involving allegations of unprofessional conduct against Respondent.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, she may not revoke her acceptance of the Consent Agreement or make any modifications to the

document. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(B) (20) and A.R.S. § - 1927(A) (1).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

2018 JUN 13 AM 11:10

Dated: June 10, 2018

Linda Trinh
Pharmacist

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of license number S020176 which allows her to practice as a Pharmacist in the State of Arizona.

3. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

4. At all relevant times, Respondent was employed as a Pharmacist by Banner Heart Hospital located at 6750 E. Baywood Ave, Mesa, AZ 85206.

5. On or about August 4, 2017, Banner Health notified the Board that Respondent was terminated by Banner Health on July 31, 2017.

6. Banner Health further explained that a recent investigation revealed the Respondent's boyfriend, Jiten Sidhu, also a pharmacist employed by Banner Health was fraudulently filling prescriptions under Respondent's name, and was using the medication for his own use. Respondent admits being aware of her Mr. Sidhu's actions.

7. Mr. Sidhu admits to writing prescriptions not authorized by a medical prescriber, using Respondent's insurance to fill the medication as his insurance would not cover the early refills and consuming the medication from the bottle while on duty.

8. The prescribing physician on the medication bottle was contacted and she denied calling in any prescription and/or any acknowledgement of Mr. Sidhu's actions.

9. The Board's investigation revealed that following prescriptions were written by Mr. Sidhu but not authorized:

a. Gabapentin 600mg #21 filled: 6/16/17; 6/21/17; and 7/25/17; filled under Respondent's name (cash was paid)

b. Nabumetone 500mg #14 filled: 6/16/17 and 6/22/17 under Respondent's name (cash was paid)

c. Nitrofurantoin Marco 100mg filled: 1/6/17; 1/20/17, 2/21/17 and 4/11/17 filled under Respondent's name (billed to MedImpact)

10. In a written statement to the Board, Respondent explained that Mr. Sidhu suffered from a condition that caused pain and that on certain days he forgot his medications at home. Respondent further explained that on those days Mr. Sidhu forget his medications at home, he would text her and ask if he could fill prescriptions under her name as he was unable to leave work and get his medications from home. Respondent approved him doing so. Respondent also approved Mr. Sidhu to bill the prescriptions under her insurance as she was aware the prescriptions would be denied under Mr. Sidhu's insurance because of an early refill. Finally, Respondent states she regrets her involvement in this matter.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a pharmacist who has engaged in unprofessional conduct. A.R.S. § 32-1927(A) (1).

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01 (B)(13) and (19).

ORDER

Based upon the above Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED THAT Pharmacist License No. S020176, which was issued to Respondent for the practice of Pharmacy in the State of Arizona, is hereby placed on **SUSPENSION** for a period of six (6) months. However, the suspension is stayed and Respondent's license shall be placed on **PROBATION** for a minimum period of five (5) years from the effective date of this Consent Agreement. The effective date of this Consent Agreement and Order is the date that it is signed by the Board's Executive Director

The **PROBATION** is subject to the following conditions:

1. Respondent shall pay to the Board the sum of **$9,000.00** in civil penalties within **ninety (90) days** from the effective date of this Consent Agreement and Order.

2. Respondent shall furnish all pharmacy employers/preceptors with a copy of this Board Order throughout the term of his probation. Respondent shall ensure that all pharmacy employers/preceptors submit to the Board a written acknowledgement that they have received a copy of this Consent Agreement within ten (10) days of entering into an employment relationship with Respondent.

3. Respondent shall advise the Board immediately of any change in pharmacy employment status throughout the term of his probation.

4. Throughout the term of Respondent's probation, Respondent shall not serve as a pharmacist in charge or preceptor at any place of employment.

5. Respondent shall furnish the Board with a list of all jurisdictions in which he maintains or has maintained licensure in the profession of pharmacy along with the registration numbers of said licenses.

6. Respondent shall obey all federal and state laws and rules governing the practice of pharmacy.

7. Throughout the term of Respondent's probation, Respondent shall personally appear before the Board when requested to do so by the Board or Board staff.

8. If Respondent violates this order in any way or fails to fulfill the requirements of this order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against the Respondent's license. The issue at such a hearing will be limited solely to whether this order has been violated.

9. Respondent shall appear before the Board at a regularly scheduled Board meeting five years after the effective date of this Order to request that the probation imposed by this Order be terminated. Respondent's failure to petition the Board to terminate the probation shall extend the probation period.

DATED this 13 day of June, 2018.

(Seal)

ARIZONA STATE BOARD OF PHARMACY

By: _____
KAMLESH GANDHI, PHARM.D.
Executive Director

ORIGINAL OF THE FORGOING FILED
this 13th day of June, 2018, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 13th day of June, 2018, to:

Linda Trinh
6501 North 87th Street
Scottsdale, AZ 85250

EXECUTED COPY OF THE FOREGOING MAILED
this 13th day of June, 2018, to:

Nicholas Meza
Quarles & Brady, LLP
2 N Central Ave, Suite 3
Phoenix, AZ 85004

EXECUTED COPY OF THE FOREGOING MAILED
this 13th day of June, 2018, to:

Jeanne M. Galvin
Assistant Attorney General
15 South 15th Ave.
Phoenix, Arizona 85007
Attorney for the Board

Doc # 6828131

12

12A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☐ Non Publicly Traded Corporation – Pages 1-3 & 5
☑ Partnership - Pages 1-3 & 6
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Mark Cuban Cost Plus Manufacturing and Compounding LLC

Physical Address: 3015 Taylor Street

City: Dallas State: TX Zip Code: 75226

Telephone: (682) 350-9487 Fax: (682) 428-8081

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: licensing@costplusdrugs.com Website: www.markcubancostplusdrugcompany.com

Supervising Pharmacist: Raymond Iannone Nevada License #: 24080

SERVICES PROVIDED

Yes/No

☐ ☑ Parenteral
☑ ☐ Sterile Compounding
☑ ☐ Non Sterile Compounding
☐ ☑ Mail Service Sterile Compounding
☐ ☑ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: 10/8/24 Amount: $500-CK 6454975857

FEI Number (From FDA application): 92-1836290

Please provide the name of the facility as registered with the FDA and the registration number:
Mark Cuban Cost Plus Manufacturing and Compounding LLC FDA FEI No.: 3024611767

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
NA

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Raymond Iannone Nevada License Number: 24080

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: NA

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☑

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Alexander Oshmyansky
Print Name of Authorized Person

10/2/2024
Date

OWNERSHIP IS A PARTNERSHIP General _____ Limited LLC

Partnership Name: Mark Cuban Cost Plus Manufacturing and Compounding LLC

Mailing Address: 3015 Taylor St

City: Dallas State: TX Zip Code: 75226

Telephone Number: (682) 350-9487 Fax Number: _____

Contact Person: Emily Hildebrand

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
Alexander Oshmyansky	LLC Owner	5%
Radical Investments III, LP	LLC Owner	95%

List names of 4 largest partners and percentage of ownership:

Name: NA %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: NA %: _____

Name: _____ %: _____

Name: _____ %: _____

Registered Outsourcing Facilities

Facilities Registered as Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Updated as of 10/21/2024

- Information Concerning Outsourcing Facility Registration (/drugs/compounding/questions-and-answers-outsourcing-facility-registration)
- Outsourcing Facility Product Reporting Information (/drugs/compounding/information-outsourcing-facilities#reporting)

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

Search: Mark

Show 10 entries

Export Excel

Facility	Contact	Initial Registration Date [1]	Most Recent Registration Date [1]	Last Inspection [2]	Form 483 Issued? [3]	Recall Conducted? [9]	Action Based on Last Inspection [4,5]	Intends to Compound Sterile Drugs From Bulk Substances [6]
Mark Cuban Cost Plus Manufacturing and Compounding, LLC, Dallas, TX	Alexander Oshmyansky 303-907-8003	11/2/2022	1/31/2024	Not yet inspected	N/A	N/A	N/A	Yes

Showing 1 to 1 of 1 entries (filtered from 82 total entries)

Previous 1 Next

Notes

1. The "initial date of registration as an outsourcing facility" is the date the facility was first registered (i.e., the date FDA determined that the initial registration information submitted for the facility was complete, and the establishment fee was paid in full).

   Under section 503B(b) of the FD&C Act, after the initial registration, a facility that elects to continue to be registered with FDA as an outsourcing facility must re-register annually. A facility that elects to register (or re-register) with FDA as an outsourcing facility must pay an annual establishment fee. The "date of most recent registration as an outsourcing facility" reflects the date FDA determined the most recently submitted registration information was complete and the annual establishment fee for that fiscal year paid in full.

   Unless a previously registered outsourcing facility re-registers and pays the annual establishment fee in full during the registration period (between October 1 and December 31 of each calendar year), the facility will be removed from the list of registered outsourcing facilities on January 1 of the next calendar year.

2. Once an outsourcing facility is registered, the facility will be added to the list of facilities FDA intends to inspect according to a risk-based schedule. FDA plans to inspect outsourcing facilities within a reasonable period of time following initial registration, once it is confirmed that the facility has initiated drug production and distribution. However, the exact timing of the inspections can be affected by a number of variables, including the number of outsourcing facility registrants, other inspection priorities, and the operational status of the newly registered outsourcing facility.

   Inspections identified in this table are associated with the facility at the listed address. A company may own or operate more than one registered outsourcing facility. FDA's web page Compounding: Inspections, Recalls, and other Actions (/drugs/human-drug-compounding/compounding-inspections-recalls-and-other-actions) may contain information about compounding facilities under the same ownership as the listed registered outsourcing facility.

Inspections may take place over several days, weeks or longer. The date of the inspection is the date a Form FDA 483 listing the investigators' observations was issued. If no FDA Form 483 was issued, the date is the last day of the inspection.

3. A Form FDA 483 is issued when investigators observe any significant objectionable conditions. It does not constitute a final agency determination of whether any condition is in violation of the FD&C Act or any relevant regulations.
4. This table does not include State Board of Pharmacy actions, if any. To determine whether a registered outsourcing facility has been the subject of a state enforcement action, check with the State Board of Pharmacy for the state in which the facility is located. Some states post disciplinary or other actions on their web sites.
5. "Closed" means the inspection has been closed without further action. "Open" means FDA has not determined whether further action will be taken. If an action has been taken, it will be listed. Possible FDA actions include warning letter, seizure or injunction.
6. The information in this column was provided by the registered outsourcing facility at the time of registration and has not been verified by FDA. "N/A" indicates the registered outsourcing facility has not provided this information.
7. This outsourcing facility was the subject of at least one previous inspection relating to compounding that resulted in a Form FDA 483, warning letter or other action. For information about such inspections and resulting actions, visit Compounding: Inspections, Recalls, and other Actions (/drugs/human-drug-compounding/compounding-inspections-recalls-and-other-actions).
8. A remote regulatory assessment (RRA) is an examination of an FDA-regulated establishment and/or its records, conducted remotely, to evaluate compliance with applicable FDA requirements. These assessments assist in protecting human and animal health, inform regulatory decisions and verify certain information submitted to the agency.
9. Based on inspectional findings, the inspection revealed significant issues. As a result, the outsourcing facility may have either initiated a recall on their own following conversation(s) with the FDA investigator or FDA recommended a recall at the conclusion of the inspection or both. Additionally, the outsourcing facility may have conducted multiple recalls or recalled multiple drugs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
1201 Main Street, Suite 7200 Dallas, TX 75202 (214)253-5200 Fax:(214)253-5314 ORAPHARM2_RESPONSES@fda.hhs.gov	8/26/2024-9/6/2024* FEI NUMBER 3024611767

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Alexander Oshmyansky, Founder/CEO

FIRM NAME	STREET ADDRESS
Mark Cuban Cost Plus Manufacturing and Compounding LLC	3015 Taylor St
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Dallas, TX 75226-1911	Outsourcing Facility

This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.

DURING AN INSPECTION OF YOUR FIRM WE OBSERVED:

OBSERVATION 1

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established.

Specifically,

A. Your firm's sterile filling technicians was observed entering and leaving different ISO 7 classified areas (storage closet, hallway, Sampling/Weighing/Dispensing Room, Formulation, and Filling Rooms which contain the ISO 5 VanRx Filling along with C4 isolators performing tasks without adequately disinfecting their sterile gloves adequate frequency to prevent potential contamination as written in your firm's procedure, Aseptic Sterile Drug Processing (Aseptic Technique), DAL-SOP-0227, Rev. 1.0, section Glove Management, sub-sections 8.14 - 8.19.

B. Your firm sterile filling technician was observed utilizing poor technique putting on sterile gloves overtop the isolator gloves within ISO 5 C4 Isolator prior to the preparation of the RCA environmental monitoring strip into the holder during the production of Epinephrine Injection, USP 5mg/5mL (1mg/1mL), Lot # 10000081, Actual Qty. 1726 vials.

C. Your firm's procedure, DAL-SOP-0237, Cleaning and Disinfection of Cleanroom Areas, failed to ensure sporicidal agent, DeconSpore, which require 15 minute contact time is achieved during the cleaning and deactivation method of production equipment used for weighing of drug components within ISO 7 Formulation Room (RM 033).

D. Your firm sterile drug product technician failed to adequately disinfect sterile 70% IPA spray bottle prior to transfer from ISO 7 Filling Room into ISO 5 C4 Isolator for use in setup of RCA stripe into the rotary centrifugal air sampler (RCS) unit for air sampling inside the VanRx

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE		DATE ISSUED
	Camerson E Moore, Investigator Rodney L Tinzie, Investigator	Cameron E Moore Investigator Signed By: Cameron E. Moore Date Signed: 09-06-2024 18:02:20 X	9/6/2024

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
1201 Main Street, Suite 7200 Dallas, TX 75202 (214)253-5200 Fax:(214)253-5314 ORAPHARM2_RESPONSES@fda.hhs.gov	8/26/2024-9/6/2024* FEI NUMBER 3024611767

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Alexander Oshmyansky, Founder/CEO	
FIRM NAME Mark Cuban Cost Plus Manufacturing and Compounding LLC	STREET ADDRESS 3015 Taylor St
CITY, STATE, ZIP CODE, COUNTRY Dallas, TX 75226-1911	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

Automated Filling System while in operation.

OBSERVATION 2

Buildings used in the manufacture, processing, packing, or holding of a drug product do not have the suitable construction to facilitate cleaning, maintenance, and proper operations.

Specifically, your firm's ISO 7 Filling Room (RM 034) containing your ISO 5 VanRx Automated Fill Isolator is designed with exposed sprinkler heads within the room ceiling preventing adequate cleaning and can be a source of contamination.

OBSERVATION 3

Equipment and utensils are not cleaned and sanitized at appropriate intervals to prevent contamination that would alter the safety, identity, strength, quality or purity of the drug product.

Specifically, your firm fail to clean and disinfect laptop computers and desktop computer keyboards used in the production of sterile drug products within your firm's ISO 7 classified cleanroom areas (Sampling/Weighing/Dispensing Room (RM 039); Formulation Room (RM 033); and Filling Room (RM 034)) to prevent possible contamination of drug products.

OBSERVATION 4

The responsibilities and procedures applicable to the quality control unit are not fully followed.

Specifically, your firm's quality unit fail to adequately implement your firm's procedure, DAL-SOP-0032, Deviation Procedure. For example, on 8/26/2024, after becoming aware of a power failure within your facility, your firm failed to initiate a deviation to document the event and conduct an impact assessment of facility equipment and finished drug products along with components: For example, during a review of the firm's BMS system data that control and monitors temperature, relate humidity, and differential pressure, we found differential pressures within the ISO 7 cleanrooms (Sampling/

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Camerson E Moore, Investigator Rodney L Tinzie, Investigator	Cameron E Moore Investigator Signed By: Cameron E. Moore Date Signed: 09-06-2024 10:22:20 X	DATE ISSUED 9/6/2024

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
1201 Main Street, Suite 7200 Dallas, TX 75202 (214)253-5200 Fax:(214)253-5314 ORAPHARM2_RESPONSES@fda.hhs.gov	8/26/2024-9/6/2024* FEI NUMBER 3024611767

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Alexander Oshmyansky, Founder/CEO	
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CITY, STATE, ZIP CODE, COUNTRY Dallas, TX 75226-1911	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

Weighing/ Dispensing Room, Formulation, and Filling Room) were impacted on the 8/26/2024 date between 7:58 am - 8:11 am. The differential pressure was below the minimum of 0.02 wc for greater than 10 minutes. Your firm management reported an action limit specification of 10 minutes sustained below the documented specification. Your firm was unaware of this impact prior to this inspection.

OBSERVATION 5

Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

Specifically, your firm's environmental monitoring program fail to include viable air and surface monitoring sampling in areas of operations most prone to contamination within the ISO 7 Filling Room (RM 0034) that contain the ISO 5 VanRx Isolator. For example, firm fail to monitor ISO 5 C4 Isolator handles, table surface used to hold components for VanRx System, and 2 stainless-steel racks used to hold logbooks and VanRx/C4 Isolator components.

OBSERVATION 6

Labeling

1. The container of your outsourcing facility's miglustat suspension drug product did not include information required by section 503B(a)(10)(B). Specifically, your container did not include the following information:

    a. Information to facilitate adverse event reporting: ---www.fda.gov/medwatch and 1800FDA1088 <http://www.fda.gov/medwatch%20and%201800FDA1088>;

    b. Directions for use, including, as appropriate, dosage and administration.

2. The label of your outsourcing facility's miglustat suspension drug product does not include

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	Camerson E Moore, Investigator Rodney L Tinzie, Investigator	Camerson E Moore Investigator Signed By: Camerson E. Moore - S Date Signed: 09-06-2024 16:52:33 X	9/6/2024

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
1201 Main Street, Suite 7200 Dallas, TX 75202 (214)253-5200 Fax:(214)253-5314 ORAPHARM2_RESPONSES@fda.hhs.gov	8/26/2024-9/6/2024* FEI NUMBER 3024611767

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information required by section 503B(a)(10)(A). Specifically, the following information is not found on your miglustat suspension bottle label:

a. A list of active and inactive ingredients, identified by established name and the quantity or proportion of each ingredient. Specifically, the Miglustat 100 mg/mL suspension bottle label is missing the "quantity or proportion" of the following ingredients: glyceryl distearate, polyglyceryl-3 oleate, medium-chain triglycerides.

OBSERVATION 7

PRODUCT REPORTING

1. Your outsourcing facility did not submit a report to FDA at the time of initial registration on November 2, 2022, as required for an outsourcing facility that registers with FDA under section 503B.

***DATES OF INSPECTION**

8/26/2024(Mon), 8/27/2024(Tue), 8/28/2024(Wed), 8/29/2024(Thu), 8/30/2024(Fri), 9/03/2024(Tue), 9/04/2024(Wed), 9/05/2024(Thu), 9/06/2024(Fri)

X Rodney L Tinzie
Investigator
Signed By: Rodney Tinzie Jr -S
Date Signed: 09-06-2024 16:02:53

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE		DATE ISSUED
	Camerson E Moore, Investigator Rodney L Tinzie, Investigator	Cameron E Moore Investigator Signed By: Cameron E. Moore -S Date Signed: 09-06-2024 16:02:26 X	9/6/2024

The observations of objectionable conditions and practices listed on the front of this form are reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."

To:
Emily Hildebrand
Director of Licensing
Mak Cuban Cost Plus Drugs, PBC

From:
Matt Callesen
Site Quality Head
Mark Cuban Cost Plus Drugs Manufacturing and Compounding, LLC
3015 Taylor St. Dallas TX, 75226
Email: Matthew.Callesen@costplusdrugs.com

Date:
September 27th, 2024

Regarding:
The recently completed U.S. Food and Drug Administration on-site inspection:

Firm Name	Mark Cuban Cost Plus Manufacturing & Compounding, LLC	**Address**	3015 Taylor St. Dallas, TX 75226
Establishment Type	Outsourcing Facility	**FEI Number**	3024611767
Dates of Inspection	8/26/2024-9/6/2024	**Inspectors**	Camerson E. Moore Rodney L. Tinzie

MCCPMC received FDA Form 483 Inspectional Observations on 09/06/2024. Patient Safety and Regulatory Compliance are of the utmost importance to MCCPMC and have already acted on all items identified during the audit. Attached is a copy of the responses to the Form 483 Inspectional Observations that was submitted to the FDA on September 26th, 2024

Let me know if you have any questions or require any clarifications.

Regards,

Matt Callesen

Observation 1: Description and Response

Description/Notes
Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established. Specifically, A. Your firm's sterile filling technicians was observed entering and leaving different ISO 7 classified areas (storage closet, hallway, Sampling/Weighing/Dispensing Room, Formulation, and Filling Rooms which contain the ISO 5 VanRx Filling along with C4 isolators performing tasks without adequately disinfecting their sterile gloves adequate frequency to prevent potential contamination as written in your firm's procedure, Aseptic Sterile Drug Processing (Aseptic Technique), DAL-SOP-0227, Rev. 1.0, section Glove Management, sub-sections 8.14 - 8.19. B. Your firm sterile filling technician was observed utilizing poor technique putting on sterile gloves overtop the isolator gloves within ISO 5 C4 Isolator prior to the preparation of the RCA environmental monitoring strip into the holder during the production of Epinephrine Injection, USP 5mg/5mL (1mg/1mL), Lot # 10000081, Actual Qty. 1726 vials. C. Your firm's procedure, DAL-SOP-0237, Cleaning and Disinfection of Cleanroom Areas, failed to ensure sporicidal agent, DeconSpore, which require 15-minute contact time is achieved during the cleaning and deactivation method of production equipment used for weighing of drug components within ISO 7 Formulation Room (RM 033). D. Your firm sterile drug product technician failed to adequately disinfect sterile 70% IPA spray bottle prior to transfer from ISO 7 Filling Room into ISO 5 C4 Isolator for use in setup of RCA stripe into the rotary centrifugal air sampler (RCS) unit for air sampling inside the VanRx.
MCCPMC Response

Commitment: MCCPMC recognizes the importance of ensuring effective procedures are in place to prevent microbiological contamination of drug products to ensure patient safety. MCCPMC appreciates the auditor feedback and intends to implement the corrective actions listed below to further mitigate the risk of viable particulate presence in ISO 5 and ISO 7 areas.
 	
Note A Commentary:
Background and Root Cause: MCCPMC invested in a fully enclosed robotic Isolator that utilizes VHP decontamination and robust engineering controls. MCCPMC also utilizes sterile gowning in all Grade C rooms to ensure particulate presence adjacent to critical areas is minimized. Based on the engineering and gowning precautions taken, the frequency of glove disinfection specified was less than what is normally prescribed in 503b facilities with lower engineering controls in place. The Environmental Monitoring Performance Qualification, and initial Aseptic Processing Simulations (media), demonstrated the environment was in a state of control prior to the start of commercial manufacturing.
 	
Corrective (and Preventive) Actions taken:
DAL-SOP-0227, Aseptic Sterile Drug Processing (Aseptic Technique) was updated with additional glove disinfection best practices, for not only the processes observed but all MCCPMC processes that require sterile gloves:
• An operator must re-sanitize gloves with 70% IPA DIRECTLY BEFORE:
  • Making Grade C product pathway connections.
  • Handling components.
  • Placing gloves into the isolator sleeves.

Observation 1 Continued:

- Any operator using an electronic device shall, at minimum, re-sanitize gloves with 70% IPA before returning to processing operations.
- Entering from Grade C to Grade A environment.

- An operator must re-sanitize gloves with 70% IPA DIRECTLY AFTER:
  - Entering a Grade C room where manufacturing activities will occur unless sterile gloves are donned as part of the normal garbing process. Note: IPA addition is not required when exiting the room.
  - Completing documentation.
  - Work on Grade C work surfaces.

Reference Attachment 1-1: DAL-SOP-0227, Aseptic Sterile Drug Processing (Aseptic Technique) extract.

Note B (and D) Commentary:
Background and Root Cause: MCCPMC purchased a dedicated ISO 5 Isolator to prepare the VanRx Isolator filler environmental monitoring assembly (RCS). Utilization of the isolator reduces the risk of accidental environmental monitoring contamination during the handling process. Due to the isolators use (not used to conduct any preparation processing steps) the applicable procedures did not initially require the same frequency/technique of glove sanitization as an aseptic filling environment in a 503b Facility. It also did not require the operator to perform an exterior disinfection step with a sporicidal agent on the 70% IPA bottle prior to introduction.

Corrective (and Preventive) Action Taken:
While the Isolator is not used for aseptic processing MCCPMC recognizes using an exterior disinfection of the IPA bottle with a sporicidal agent, including a 15-minute dwell time, prior to transfer will enhance our compliance posture and further mitigate the risk of contamination of the environmental monitoring media or any downstream process. ***Reference Attachment 1-2: DAL-SOP-0297: Operation SOP for C4 Isolator extract.***

Furthermore, the enhanced glove management procedure steps listed in Note A will also apply to utilization of the C4, and any Isolator installed in the future, for consistency and to further mitigate any potential risk.

Note C Commentary:
Background and Root Cause: MCCPMC developed a robust cleaning and disinfectant program per DAL-SOP-0237 *Cleaning* and Disinfection *of Cleanroom Areas*. It utilizes proven cleaning agents, DeconSpore and DeconQuat, with a 15-minute dwell time. A disinfectant efficacy study was performed to ensure the cleaning agents selected were effective for the cleanroom materials of construction. The cleaning start and end times are included on the weekly and monthly cleaning logs for both DeconSpore and DeconQuat 200C. The cleaning and disinfectant program efficacy was confirmed in The Environmental Monitoring Performance Qualification, and initial Aseptic Processing Simulations (media).
Reference Attachment 1-3: DAL-FRM-0090: Daily/Weekly Non-HD Classified Area Cleaning Log extract.
and ***Attachment 1-4. DAL-FRM-0112: Monthly Cleanroom Area Cleaning Log extract***.

Observation 1 Continued:

While a location to document the start and end times was included in the Daily, and Monthly cleaning logs, DAL-SOP-0237 *Cleaning* and Disinfection *of Cleanroom Areas* did not mandate inclusion of the start and end times for all cleanroom activities as the 15 minutes requirement was included in the SOP and associates were trained on the requirement. The document reviewed in the audit was specific to a weighing process, and the start and times were not included in the document to minimize documentation handling while performing weighing operations.

Corrective Action Taken:

- The documents which did not include the start and end time documentation location, DAL-MMR-0004: Epinephrine Injection, USP 5 mg/5 mL (1 mg/1 mL) was updated to include the requirement. ***Reference Attachment 1-5: DAL-MMR-0004: Epinephrine Injection, USP 5 mg/5 mL (1 mg/1) extract.*** *And* ***Attachment 1-6: DAL-MMR-0003: Norepinephrine Bitartrate Injection, USP 8 mg/8 mL (1 mg/mL) 8 mL extract.***

Preventive Action Taken:

- DAL-SOP-0237: Cleaning and Disinfection of Cleanroom Areas was updated to require inclusion of the start and end time for any cleaning process which requires a dwell time. ***Reference Attachment 1-7: DAL-SOP-0237: Cleaning and Disinfection of Cleanroom Areas extract.***

Effectiveness Plan:

The routine environmental monitoring program will continue to evaluate environmental monitoring trends and propose CAPAs if required.

Impact Assessment:

MCCPMC is confident that the observations noted did not pose any significant risk to manufacturer product for the following reasons:

- Utilization of a fully enclosed isolator with VHP decontamination.
- Completed Environmental Monitoring Performance Qualification and Aseptic Processing Simulations which met acceptance criteria
- Routine environmental testing which demonstrated the cleanrooms were in a state of control.
- finished product testing results which met release criteria, including sterility testing.

MCCPMC Overall Conclusion:

The procedural changes will prevent recurrence of the audit observations. Furthermore, the actions taken are applicable to all controlled environments, thus they will prevent future occurrences as well.

Observation 2: Description and Response

Description/Notes
Buildings used in the manufacture, processing, packing, or holding of a drug product do not have the suitable construction to facilitate cleaning, maintenance, and proper operations. Specifically, your firm's ISO 7 Filling Room (RM 034) containing your ISO 5 VanRx Automated Fill Isolator is designed with exposed sprinkler heads within the room ceiling preventing adequate cleaning and can be a source of contamination.
Response
Commitment: Mark Cuban Cost Plus Manufacturing and Compounding recognizes the importance of selecting appropriate equipment and installing it in a manner to ensure patient safety. MCCPMC will implement the corrective action indicated below to ensure the VanRx filler resides in an environment that is not in close proximity to a water source. **Background and Root Cause:** MCCPMC invested in a fully enclosed robotic Isolator located in a greenfield site designed specifically for pharmaceutical manufacturing. While all facilities must include a fire protection system per local building codes, a different fire sprinkler head solution was not selected due to the purchasing of the fully enclosed isolator as opposed to an open processing environment. **Immediate Correction:** • A pre-filling check of the fire sprinkler head above the VanRx was added to ensure that no signs of water leaks are present. This check was added to the Batch Records as well. ***Reference Attachment 2-1: DAL-SOP-0132: Operation of the VanRx SA25 Cytiva Sterile Fill-Finish Workcell extract and Attachments 1-5 and 1-6: Epinephrine and Norepinephrine Batch Record extracts with the in-process check noted on the 2nd page of the attachments.*** **Corrective Action Completed:** • Purchase order #15221 was issued on 08/28/2024 to GFS Texas Fire Protection Contractors to modify and change out all exposed fire sprinkler heads with new recessed head fire sprinklers (approved cleanroom seals & covers) in the VanRx Fill suite. Furthermore, the purchase **also includes replacing any other exposed sprinkler head in the cleanroom environment, regardless of location.** Change Control DAL-CC-0016: Exposed fire sprinkler head replacement, will track the implementation. Due to the scope of work the replacement is scheduled to be completed during a planned shutdown period in early November with full turnover by 22NOV2024. **Preventive Action Completed:** • DAL-SOP-0081: General Facility Design and Construction was updated to require that sources of water must be designed and installed in a manner to prevent contamination of the aseptic processing environment. This includes utilizing cleanroom appropriate fire systems where required in areas where aseptic processing steps are conducted. ***Reference Attachment 2-2: DAL-SOP-0081: General Facility Design and Construction extract.***

Observation 2 Continued:

Effectiveness Plan:
Installation will be tracked via DAL-CC-0016 to ensure the risk of a leak is eliminated. No additional effectiveness check is required as the existing sprinkler heads will be removed.

Impact Assessment:
To date no fire sprinkler leaks have been observed at any cleanroom location and MCCPMC already completed the first pre-filling inspection for leaks during Epinephrine Batch 1000081 with no leaks present. Furthermore, the isolator is fully enclosed and compatible with a clean in place cycle (fully sealed in operation). Based on these factors this observation does not pose a product risk, however remediation will prevent future risks as the critical utility systems age.

MCCPMC Pending Actions and Conclusion:
MCCPMC will ensure the fire sprinkler head replacement corrective action is completed. In the interim the additional pre-startup check will ensure any leak, should one occur, is detected prior to filler use and filling will not proceed if presence of a leak is detected.

Observation 3: Description and Response

Description/Notes
Equipment and utensils are not cleaned and sanitized at appropriate intervals to prevent contamination that would alter the safety, identity, strength, quality or purity of the drug product. Specifically, your firm fail to clean and disinfect laptop computers and desktop computer keyboards used in the production of sterile drug products within your firm's ISO 7 classified cleanroom areas (Sampling/Weighing/Dispensing Room (RM 039); Formulation Room (RM 033); and Filling Room (RM 034)) to prevent possible contamination of drug products.
Response
Commitment: Mark Cuban Cost Plus Manufacturing and Compounding recognizes the importance of ensuring controlled environments are appropriately cleaned and disinfected, including all equipment, utensils and supporting electronics. MCCPMC will implement the corrective actions indicated below to ensure aseptic environments remain fit for use and any items which reside in ISO 7 areas are appropriate for the environment. **Background and Root Cause:** MCCPMC invested in a fully enclosed robotic Isolator that utilizes VHP decontamination and robust engineering controls. MCCPMC also utilizes sterile gowning in all Grade C rooms to ensure particulate presence adjacent to critical areas is minimized. Based on the engineering and gowning precautions taken the cleaning and disinfectant process only required an exterior disinfection of electronic devices with 70% IPA if they could not reside inside an enclosed bag. **Correction Completed:** • Work Orders GWO-000077-2024-DE and GWO-000077-2024-DE were completed to remove the computers from the clean room environment. **Corrective (and Preventive) Action Completed:** DAL-SOP-0227, Aseptic Sterile Drug Processing (Aseptic Technique) was updated with specific guidance for the use of electronic devices per the following: • When electronic devices are required for batch manufacturing, they must be easy to clean, or placed in an easy to clean sealed pouch, and cleaned appropriately per the Grade and transition. • Electronic devices with fans, open keyboards, difficult to clean area, etc. are not allowed in and Grade A or C environment. ***Reference Attachment 3-1: DAL-SOP-0227, Aseptic Sterile Drug Processing (Aseptic Technique) extract.*** These requirements eliminate recurrence of the observation noted but also remove the potential occurrence in future scenarios as well. **Effectiveness Plan:** The routine environmental monitoring program will continue to evaluate environmental monitoring trends and propose CAPAs if required.

Observation 3 Continued:

Impact Assessment:

MCCPMC is confident that the observations noted did not pose any significant risk to manufacturer product for the following reasons:

- Utilization of a fully enclosed isolator with VHP decontamination.
- Utilization of non-particulate generating sterile garb in all ISO 7 environments.
- Completed Environmental Monitoring Performance Qualification and Aseptic Processing Simulations which met acceptance criteria
- Routine environmental testing which demonstrated the cleanrooms were in a state of control.
- Finished product testing results which met release criteria, including sterility testing.

MCCPMC Conclusion:

The corrective actions completed have removed the potential risk of electronic devices introducing contamination in the MCCPMC ISO 7 environments. The actions will also ensure easy to clean electronic devices are used moving forward, regardless of the filling technology utilized.

Observation 4: Description and Response

Description/Notes
The responsibilities and procedures applicable to the quality control unit are not fully followed. Specifically, your firm's quality unit fail to adequately implement your firm's procedure, DAL-SOP-0032, Deviation Procedure. For example, on 8/26/2024, after becoming aware of a power failure within your facility, your firm failed to initiate a deviation to document the event and conduct an impact assessment of facility equipment and finished drug products along with components. For example, during a review of the firm's BMS system data that control and monitors temperature, relate humidity, and differential pressure, we found differential pressures within the ISO 7 cleanrooms (Sampling/ Weighing/ Dispensing Room, Formulation, and Filling Room) were impacted on the 8/26/2024 date between 7:58 am - 8:11 am. The differential pressure was below the minimum of 0.02 wc for greater than 10 minutes. Your firm management reported an action limit specification of 10 minutes sustained below the documented specification. Your firm was unaware of this impact prior to this inspection.
Response
Commitment: Mark Cuban Cost Plus Manufacturing and Compounding recognizes the importance of responding to unplanned events to ensure appropriate action is taken, even if no manufacturing activities are in progress. MCCPMC has implemented procedural updates to its Facility deviation handling process to ensure a holistic review is completed, including raising a deviation if required. **Background and Root Cause:** The MCCPMC 503b Outsourcing Facility utilizes both a Building Monitoring System (BMS) and Environmental Monitoring System (EMS) to ensure timely detection, and notification, of departures from the expected conditions in the facility. MCCPMC also utilizes DAL-SOP-0032: *Deviation Procedure* to ensure unplanned events which had a product/process impact are investigated with appropriate corrective action taken. MCCPMC began commercial manufacturing in March of 2024. In 2024 facility activities were primarily commissioning and qualification activities with minimal commercial operations. In 2024 during each BMS and EMS event the management team was notified. Upon notification each event was discussed with Engineering, Operations and Quality Assurance to assess if a deviation was required per DAL-SOP-0032. However, the scope of DAL-SOP-0032 did not include facility disruptions when no manufacturing activities were in progress, and there was no impact to the controlled environments. Regarding the power outage on 26AUG2024 a power outage due to inclement weather was detected by the Facilities Engineering team via the BMS system. Operations and Quality Management were notified immediately to assess the impact on the facility and determine if there was any product/process impact. The assessment determined there was no product impact as no commercial operations were in progress. However a deviation was not immediately raised to document the assessment. **Correction Competed:** Deviation DAL-DEV-0008 was raised on 27AUG2024 to document the inclement weather power outage assessment.

Observation 4 Continued:

Corrective (and Preventive) Action Completed:
DAL-SOP-0032: *Deviation Procedure* scope was updated to include following: *"Unplanned facility/infrastructure events, **regardless of if manufacturing is occurring during the outage**, as the events may affect the critical utilities, classified environments and controlled storage areas."*

- *Reference DAL-SOP-0088, Utilities Service Emergency Plan, for additional information regarding unplanned events that may warrant a deviation per this procedure.*
- *Reference DAL-SOP-0271, BPCS Alarm Management Standard Operating Procedure, for additional information regarding notifications through the Building Management System that may require a deviation per this procedure.*
- *Reference DAL-SOP-0315, Disaster Recovery Standard Operating Procedure, for additional information regarding disasters which may require a deviation per this procedure."*

Reference Attachment 4-1: **DAL-SOP-0032: *Deviation Procedure extract.***

These requirements eliminate recurrence of the observation noted specific to a power outage and eliminate potential future occurrences in other facility disruption scenarios as well.

Impact Assessment:
MCCPMC is confident that the observation noted did not pose any significant risk to manufacturer product for the following reasons:

- No commercial activities were in progress at the time of the event.
- A review of controlled environments and critical utilities by Facilities Engineering determined there was no impact to other controlled environments and critical utilities.
- MCCPMC has a dedicated generator to provide backup power which activated as expected.
- A holistic review of power outage event which occurred in 2024 was performed during the audit which demonstrated there was no product impact from previous events as well.

Effectiveness Plan:
By utilizing the BMS and EMS systems in place, and responding per the revised procedure, MCCPMC will prevent recurrence.

Conclusion:
While the power outage event did not have any product impact, the procedural update will ensure that the assessment after an unplanned facility event is documented, even when no commercial activities are in progress.

Observation 5: Description and Response

Description/Notes
Aseptic processing areas are deficient regarding the system for monitoring environmental conditions. Specifically, your firm's environmental monitoring program fail to include viable air and surface monitoring sampling in areas of operations most prone to contamination within the ISO 7 Filling Room (RM 0034) that contain the ISO 5 VanRx Isolator. For example, firm fail to monitor ISO 5 C4 Isolator handles, table surface used to hold components for VanRx System, and 2 stainless-steel racks used to hold logbooks and VanRx/C4 Isolator components.
Response
Commitment: MCCPMC recognizes the importance of ensuring controlled environments are appropriately cleaned and disinfected, and that critical sites are routinely sampled to detect departures from the validated state. MCCPMC will implement the corrective actions indicated below to ensure aseptic environments remain fit for use and departures from the validated state are detected. **Background and Root Cause:** MCCPMC executed a robust Environmental Monitoring Performance Qualification prior to the start of commercial manufacturing with a multi-factorial risk assessment to ensure critical areas were sampled. The EMPQ results, and initial Aseptic Processing Simulations (media), demonstrated the environment was in a state of control prior to the start of commercial manufacturing. After completion of the EMPQ, sampling of all EMPQ sites continued to gather additional data and characterize recovered flora. After routine environmental data reviews were completed, some surface sample sites were removed if they demonstrated consistently low growth recovery for the sample site and room classification. While the data supported the sample site revision, MCCPMC recognizes that additional sampling would provide valuable information to further reinforce the robust state of control at the facility. **Corrective Action Completed**: • The facility environmental sampling program per DAL-SOP-0047: Environmental Monitoring Program was revised to include increased sampling at high-risk locations. The locations noted in the observation were added as well as additional sites where data collection will further demonstrate the facilities state of control. **Preventive Action Completed**: • The established environmental monitoring review per DAL-SOP-0047: Environmental Monitoring Program was updated to include additional considerations for adding and removing sites to ensure it is risk-based and includes considerations for sites that pose the highest risk for product contamination. ***Reference Attachment 5-1: DAL-SOP-0047: Environmental Monitoring Program extract.*** **Effectiveness Plan:** The routine environmental monitoring program will continue to evaluate environmental monitoring trends and propose CAPAs if required.

Observation 5 Continued:

Impact Assessment:
MCCPMC is confident that rooms utilized for aseptic manufacturing were appropriate even though the locations noted in the observation were not sampled.

- Utilization of a fully enclosed isolator with VHP decontamination.
- Utilization of non-particulate generating sterile garb in all ISO 7 environments.
- Completed Environmental Monitoring Performance Qualification and Aseptic Processing Simulations which met acceptance criteria.
- Routine environmental testing which demonstrated the cleanrooms were in a state of control.
- Finished product testing results which met release criteria, including sterility testing.

Conclusion:
MCCPMC is confident that the Facility cleanroom environments will continue to operate in a manner which ensures patient safety, and that the increased environmental monitoring sites will provide additional data to demonstrate the state of control.

Observation 6: Description and Response

Description/Notes
Labeling: 1. The container of your outsourcing facility's miglustat suspension drug product did not include information required by section 503B(a)(10)(B). Specifically, your container did not include the following information: a. Information to facilitate adverse event reporting: ---www.fda.gov/medwatch and 1800FDA1088 <http://www.fda.gov/medwatch%20and%201800FDA1088>; b. Directions for use, including, as appropriate, dosage and administration. 2. The label of your outsourcing facility's miglustat suspension drug product does not include information required by section 503B(a)(10)(A). Specifically, the following information is not found on your miglustat suspension bottle label: a. A list of active and inactive ingredients, identified by established name and the quantity or proportion of each ingredient. Specifically, the Miglustat 100 mg/mL suspension bottle label is missing the "quantity or proportion" of the following ingredients: glyceryl distearate, polyglyceryl-3 oleate, medium-chain triglycerides.
Response
Commitment: Mark Cuban Cost Plus Manufacturing and Compounding recognizes the importance of including appropriate information on drug product labeling and has taken appropriate corrective action to improve the clarity and comprehensiveness of the Miglustat label. **Background and Root Cause:** The MCCPMC 503b Outsourcing Facility utilizes DAL-SOP-0012 to provide 503b labeling guidance to the Pharmacist in Charge when creating new labeling. The requirements listed align with the Text of Compounding Quality Act labeling requirements. MCCPMC was notified of a specific clinical need for a 100mg/ml Miglustat non-sterile oral suspension preparation. The product was planned for dispensation by a pharmacy who in conjunction with the physician would provide prescribing information for the patient. For the oral suspension component of the preparation an industry standard oral suspension was selected from an industry standard supplier. Along with the order the supplier provided their technical information. The supplier indicated the suspension exact concentrations was proprietary. Thus, MCCPMC utilized the technical literature provided by the oral suspension supplier to create the product label. As the frequency and quantity of dosing was at the discretion of the prescribing physician MCCPMC included the Directions for Use: "See Prescribing information". However, the label also included the product was "For Oral Use: 150mL multiple Dose Bottle" and "Miglustat Suspension 100mg/mL" to clearly indicate the strength and method of administration (Oral). Also, "To report suspected adverse events, contact MCCPMC or FDA at www.fda.gov/medwatch and 1-800-FDA-1088." was present on the label as well. ***Reference Attachment 6-1: DAL-LBL-0008 Miglustat Oral Suspension 100 mg/mL - 150 mL Original Bottle Label with adverse event contact information.*** Based on the background information noted above the label was approved for use for a single order of three units.

Observation 6 Continued:

Correction Competed:
The oral suspension manufacturer was notified that specificity regarding the ingredients was required to continue use per audit feedback. Based on the communicated need they agreed to provide additional information provided the manufacturer name was not supplied. The additional information was included in a new version of the label that also reformatted the content to provide additional clarity. ***Reference Attachment 6-2: DAL-LBL-0008 Miglustat Oral Suspension 100 mg/mL - 150 mL Bottle Label.***

Corrective (and Preventive) Actions Competed:
DAL-SOP-0012: Required Labeling of 503B Compounded Drug Preparations was updated to include If the provided technical literature from a drug component supplier lacks ingredient specificity, then appropriate follow up action must be taken to ensure labeling information is comprehensive. This action applies to not only the Miglustat label, but all future product labels. ***Reference Attachment 6-3: DAL-SOP-0012 Required Labeling of 503B Compounded Drug Preparations extract.***

Effectiveness Plan:
Each new label must meet the updated requirements of DAL-SOP-0012. Each label is reviewed and approved by the Pharmacist in Charge and the Quality Unit to ensure it meets the requirements. The procedure update, in conjunction with the required review and approval of each future label, will ensure the action taken is effective.

Impact Assessment:
As the product was prescribed by a physician for a specific patient, dispensed by a licensed pharmacy, and included contact information for adverse events, there is no impact due to the lack of inactive ingredient specificity and initial label formatting.

Conclusion:
The procedural update will ensure any future labels produced include the specificity of ingredients, even if the original information provided is insufficient. The Miglustat label was also updated per FDA and CDER feedback.

Observation 7: Description and Response

Description/Notes
PRODUCT REPORTING 1. Your outsourcing facility did not submit a report to FDA at the time of initial registration on November 2, 2022, as required for an outsourcing facility that registers with FDA under section 503b.
Response
Commitment: MCCPMC recognizes the importance of timely reporting to the FDA under section 503b and intends to fulfill its obligations for timely reporting as a 503b Outsourcing Facility. **Background and Root Cause:** The MCCPMC 503b Outsourcing Facility is a greenfield site that was undergoing commissioning in 2022. A certificate of occupancy by the City of Dallas was granted on 5/22/2023. However, as a proactive measure the Site Leadership submitted their initial 503b Registration which was approved on 11/2/2022. As the Facility was still undergoing commissioning, The Facility did not have an occupancy permit, and no batches were compounded in 2022, the associate responsible for reporting incorrectly did not submit an initial report. ***Reference Attachment 7-1: City of Dallas Certificate of Occupancy.*** MCCPMC submitted the required FDA 503b Outsourcing Facility Bi-Annual reports for both 2023 reporting periods after Facility occupancy was granted and the first 2024 reporting period. **Correction Note:** As the observation was from 2022, prior to building occupancy, there were no unreported batches to add to the MCCPMC 503b Facility compounded drug history. After commissioning was complete MCCPMC began bi-annual Reporting through the CDER portal in 2023. **Corrective (and Preventive) Action Completed**: • *The governing procedure DAL-SOP-0281: Biannual Product Reporting to the FDA* was updated to clearly state If the outsourcing facility has not compounded any drug products during the previous six-month period (including any initial report after registration), it is still required to submit a report to FDA indicating that it has not compounded any drug products during the period. ***Reference Attachment 7-2: DAL-SOP-0281: Biannual Product Reporting to the FDA extract.*** This action will apply not only to the existing MCCPMC Facility but any expansions as well. **Effectiveness Plan:** As bi-annual reports are required by the FDA and per MCCPMC procedures, and failure to complete the report will be detected, no additional effectiveness plan is required. **Impact Assessment:** As the facility was not occupied, and no drugs were compounded prior to the initial report, there is no risk of an absence of Facility history being accurately reported. Furthermore, there is no product risk as the observation was for report submittal only. **Conclusion:** The procedural update will ensure that future reports are submitted when no saleable drug products are manufactured, even if it is an Initial FDA Report at a new MCCPMC facility.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Mark Cuban Cost Plus Manufacturing and Compounding LLC

NV Pharmacy or Outsourcing facility license # (if applicable): In Progress

Physical Address: 3015 Taylor Street

City: Dallas State: TX Zip: 75226

Mailing Address (if different from physical address): 2909 Taylor St, Suite A

City: Dallas State: TX Zip: 75226

Telephone: (682) 350-9487 Toll Free # (NAC 639.708, NRS 639.23286): (888) 228-6576

Fax: (682) 428-8081 Contact Email: licensing@costplusdrugs.com

Website: www.markcubancostplusdrugs.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Raymond Iannone

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24080

Name of Designated Person(s) as defined by revised USP-797 guidelines: Alexander Oshmyansky

Email of Designated Person(s): licensing@costplusdrugs.com

Telephone of Designated Person(s): (972) 349-1016

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ☐ Category 2 ☐ Category 3 N/A

If you marked "**Category 3**", you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? N/A ☐ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? N/A ☐ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? HEPA filters were last certified 11/2024

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? N/A

10. Will you be performing sterile hazardous drug compounding? ■ Yes No

If you marked "**Yes**", you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Information as of January 28th, 2025

Norepinephrine Bitartrate Injection USP 8 mg/8 mL (1 mg/mL)
Oxytocin 30 USP Units/3 mL (10 USP Units/mL) Injection USP (Synthetic)

12. What laboratory performs your sterility or endotoxin testing?

Name: Eagle Analytical

Address: 11111 S Wilcrest Dr., S1000

City: Houston State: TX Zip: 77099

Telephone: (800) 745-8916

13. What is your procedure for visual inspection of compounded sterile products?
DAL-SOP-0222 Visual Inspection of Finished Drug Products and Preparations v5.1

7.0 PROCEDURE
GENERAL INFORMATION
7.1 Before being released for distribution, ALL CSPs must undergo 100% visual inspection for defects per this procedure per
USP and FDA requirements.
7.2 USP <1790> Visual Inspection of Injections provides guidelines for the visual inspection of sterile injectable products.

14. How often do you perform glove fingertip and medial fill testing?
DAL-SOP-0211 Gowning Qualification Initial and Quarterly Including Fingertip Sampling
DAL-SOP-0230 Aseptic Process Simulation (Media Fill) Program Initial and every 6 mo (process) 12 mo (personnel)

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
DAL-SOP-0016: GMP Training Management Program
7.0 PROCEDURE
GENERAL INFORMATION
7.1 In order to guarantee the quality, safety, and security of drug products or preparations, employees must possess a sufficient level of education, training, and experience, or any combination thereof.
7.2 Contract employees will be trained according to the scope of their contract responsibilities.
7.3 Employees returning from a leave of absence must complete any overdue required training prior to resuming the applicable work task.
New Employee Training, Periodic Retraining, Documentation of Training, Annual Review of JD, Event Training

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
DAL-SOP-0237: Cleaning and Disinfection of Cleanroom Areas - 8.0 PROCEDURE
GENERAL INFORMATION
8.1 Qualified Cleaning Agents at the Facility are DeconQuat 200C, DeconSpore 200 Plus, IPA 70%, and WFI.
8.14 DAILY CLEANING
8.14.1 Daily Cleaning must be performed in the rooms that are utilized for that day8.15 WEEKLY CLEANING
8.15.1 WEEKLY CLEANING is performed once per week – a week is defined as starting on Monday and ending on Sunday.
8.16 MONTHLY CLEANING
8.16.1 Monthly Cleaning is performed once per calendar month.

17. Who performs the sterile compounding process at your facility?

Production Supervisors and Production Technicians

18. Who is responsible and accountable for the sterile compounding process at your facility?
Quality Department as well as the Pharmacist-in-Charge

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
DAL-SOP-0188: Shipping and Distribution Procedure (Inspection of Outgoing Shipments)
7.13 The final packaging method is driven by the product requirements. The packaging method should be sufficient to ensure the package withstands reasonable and anticipated physical transportation conditions, including drop

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)

1. What type of primary engineering controls will you be using in your facility?

Open Restricted Access Barrier, C-8 Isolator

2. Are you complying with all USP 800 guidelines? To follow established FDA and cGMP requirements for hazardous [illegible]	■ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	■ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	■ Yes	No
5. Do you have a negative pressure buffer room at your facility?	■ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	■ Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	■ Yes	No
8. Will you be utilizing a closed system transfer device?	■ Yes	No

9. If yes, list the name of the device:

Within the C8 Isolator is an inherent material transfer processes that allows material transfer in/out of the compounding isolator without compromising worker exposure to undesirable levels of airborne drug or unwittingly compromising the sterility of the compounding environment. Bulk API is maintained in its original container but also placed permanently into a separate closed container for additional safety to personnel when transferring within the building.

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

MCCPMC only manufactures copies of current compendium products that already exist in the marketplace. We adhere to the 503B Outsourcing Facility FDA Guidance on what labeling and documentation that must accompany any product that we provide to customers. We do not directly dispense any products to patients.

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

DAL-SOP-0016: GMP Training Management Program
NEW EMPLOYEE ONBOARDING
7.22 Before independently performing work in their designated area(s), new employees must complete New Hire Orientation, which consists of the following:
7.22.1 GMP training on DAL-SOP-0003, General Good Manufacturing Practices followed by an assessment/examination with passing results
7.22.2 An introduction into Mark Cuban Cost Plus MCCPMC
7.22.3 A hazardous drug (if currently manufactured) and safety training session
7.22.4 A HIPPA (Health Insurance Portability and accountability) training session

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

Norepinephrine Bitartrate Injection USP 8 mg/8 mL (1 mg/mL)
Oxytocin 30 USP Units/3 mL (10 USP Units/mL) Injection USP (synthetic)

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

DAL-SOP-0211 Gowning Qualification Initial and Quarterly Including Fingertip Sampling
DAL-SOP-0230 Aseptic Process Simulation (Media Fill) Program Initial and every 6 mo (process) 12 mo (personnel)

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ■ Yes No

4. What is the frequency for completing volumetric active air sampling?

DAL-SOP-0047: Environmental Monitoring Program
Weekly
Pre and post batch viable for Class A compounding/filling areas. Continuous non-viable sampling for Class A during filling activities.

5. What is the frequency for completing surface sampling? DAL-SOP-0047: Environmental Monitoring Program Weekly Surface samples are taken weekly monthly for Class C and D rooms, and pre and post batch of Class A filling areas.		
6. What is the frequency for using sporicidal agents? DAL-SOP-0237: Cleaning and Disinfection of Cleanroom Areas Monthly		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	■ Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	■ Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Raymond Iannone

Name of Person who Completed the Form

Pharmacist-in-Charge

Title

Signature (copies or stamps not accepted)

2/3/25

Date

Board Use Only	Date Received:	Date Approved:	Approved By:

To:
Emily Hildebrand
Director of Licensing
Mak Cuban Cost Plus Drugs, PBC

From:
Matt Callesen
Site Quality Head
Mark Cuban Cost Plus Drugs Manufacturing and Compounding, LLC
3015 Taylor St. Dallas TX, 75226
Email: Matthew.Callesen@costplusdrugs.com

Date:
September 27th, 2024

Regarding:
The following recently completed Texas Department of State Health Services (DSHS) on-site inspection:

Name	MARK CUBAN COST PLUS DRUG MANUFACTURING & COMPOUNDING LLC	**License Type**	Prescription Drugs
Address	3015 TAYLOR ST DALLAS TX 75226	**License Number**	1003649
Inspection Type	Periodic/Routine	**Inspection Number**	247014

MCCPMC received a Texas Department of State Health Services Notice of Inspectional Observations, on 09/06/2024. Patient Safety and Regulatory Compliance are of the utmost importance to MCCPMC and have already acted on all items identified during the audit. Attached is a copy of the responses which were submitted to the TX DSHS on September 20th, 2024

Let me know if you have any questions or require any clarifications.

Regards,

Matt Callesen

Observation 1: Description and Response

Description/Notes
The firm is not in conformance with 21 CFR, Part 205, Guidelines for State Licensing of Wholesale Prescription Drug Distributors. Notes: Specifically, the firm is in receipt of active pharmaceutical ingredients (API) from entities not licensed with the Texas Department of State Health Services as an Out-of-State Prescription Drug Wholesaler. Receiving records for API (epinephrine, norepinephrine, miglustat) were reviewed during the inspection. The receiving records show that the API was distributed by the unlicensed firm listed below: a.Gyma Laboratories of America, Inc. 210 Crossways Park Drive, Suite 100, Woodbury, NY 11797

MCCPMC Response

Commitment: MCCPMC recognizes the importance of meeting all Texas Department of State Health Services requirements and intends to comply with the requirement for API distributors to be licensed as Out-of-State Prescription Drug Wholesaler distributors in the State of Texas.

Background and Root Cause: MCCPMC has a thorough API supplier qualification program as defined in DAL-SOP-0194, Supplier Qualification Program for all APIs and Distributors of APIs for commercial manufacturing. The MCCPMC API distributor, GYMA, used to supply APIs for the launch products met the requirements for "Conditionally Approved". Specifically, they completed a supplier questionnaire, are FDA registered, provided DEA registration as a Distributor, provided products which met specifications and received a paper-based audit with an overall rating of "Satisfactory". GYMA also provided a State of New York Registered Wholesaler License. However, DAL-SOP-0194 did not specify that a specific State of Texas license as Out-of-State Prescription Drug Distributor was required when the procedure was drafted in 2023.

Corrective Actions Taken:

- DAL-SOP-0194, Supplier Qualification Program, was updated to clearly state that the API Distributors must be licensed in the state of Texas. ***Reference Attachment 1-1: DAL-SOP-0194 extract.***
- MCCPMC requested for GYMA to obtain licensure in the State of Texas, as an Out-of-State Wholesale Distributor of Prescription Drugs, in accordance with TAC Title 25, Part I, Chapter 229, Subchapter W. as of 18SEP2024 GYMA communicated the application was in process. ***Reference Attachment 1-2: GYMA Commitment.***

Interim Controls in Place:

- While the GYMA application is in process the following interim actions were taken to ensure no APIs are purchased by GYMA for commercial manufacturing:
  - GYMA was placed in a "Blocked" status in the MCCPMC ERP, SAP. ***Reference Attachment 1-3: SAP Supplier Status.***
  - GYMA status in the MCCPMC Quality Management System (ACE) was changed to "Not Approved". ***Reference Attachment 1-4: ACE QMS Supplier Status.***

MCCPMC Pending Actions and Conclusion:
Upon successfully obtaining a license in the State of Texas, as an Out-of-State Wholesale Distributor of Prescription Drugs utilization of GYMA for commercial purposes may resume. MCCPMC is confident that the actions identified will eliminate recurrence.

Observation 2: Description and Response

Description/Notes
Production personnel were not practicing good sanitation and health habits required by 21 CFR 211.28(b). Notes: Specifically, within the ISO7 fill room, personnel were observed touching various surfaces and objects but failed to re-sanitize gloves at adequate intervals. This occurred during pre-production preparation for aseptic fill operations. Personnel were also observed entering the ISO7 fill room and immediately performing tasks and touching surfaces, without first re-sanitizing their gloves.

Response

Commitment: MCCPMC recognizes the importance of practicing good sanitization and health habits to ensure patient safety. MCCPMC appreciates the auditor feedback and intends to implement the corrective actions listed below to further mitigate the risk of viable and non-viable particulate presence in ISO7 areas.

Background and Root Cause: MCCPMC invested in a fully enclosed robotic Isolator that utilizes VHP decontamination and robust engineering controls. MCCPMC also utilizes sterile gowning in all Grade C rooms to ensure particulate presence adjacent to critical areas is minimized. Based on the engineering and gowning precautions taken the frequency of glove disinfection specified was less than what is normally prescribed in 503b facilities with lower engineering controls in place. The Environmental Monitoring Performance Qualification, and initial Aseptic Processing Simulations (media), demonstrated the environment was in a state of control prior to the start of commercial manufacturing.

Corrective Actions Taken:

- DAL-SOP-0227, Aseptic Sterile Drug Processing (Aseptic Technique) was updated with additional glove disinfection best practices, regardless of the equipment utilized, including but limited to:
  - An operator must re-sanitize gloves with 70% IPA DIRECTLY BEFORE:
    - Making Grade C product pathway connections.
    - Handling components.
    - Placing gloves into the isolator sleeves.
    - Any operator using an electronic device shall, at minimum, re-sanitize gloves with 70% IPA before returning to processing operations.
    - Entering from Grade C to Grade A environment.
  - An operator must re-sanitize gloves with 70% IPA DIRECTLY AFTER:
    - Entering a Grade C room where manufacturing activities will occur unless sterile gloves are donned as part of the normal garbing process. Note: IPA addition is not required when exiting the room.
    - Completing documentation.
    - Work on Grade C work surfaces.

Reference Attachment 2-1: DAL-SOP-0227, Aseptic Sterile Drug Processing (Aseptic Technique) extract.

MCCPMC Pending Actions and Conclusion:
MCCPMC will continue to monitor the controlled environments after the addition of the aseptic best practices to ensure they remain appropriate for compounding preparations. MCCPMC is confident that the utilization of robust engineering controls and best practices, will continue to ensure patient

safety while compounding sterile preparations.

Observation 3: Description and Response

Description/Notes

The production or holding areas are not sufficiently separated or defined or implemented with control systems in place as necessary to prevent contamination or mix-ups as required by 21 CFR 211.42(c).

Notes:

1) Aseptic processing areas are deficient regarding the system for cleaning and disinfecting the room and equipment to produce aseptic conditions. Specifically, on 08/30/2024, the firm initiated aseptic fill operations within the ISO5 VanRx (Isolator) for a sterile drug product, Epinephrine (Lot #10000081). A pre-batch cleaning/wipe-down with IPA was not performed prior to starting (Step 8.4.3 of Batch Record states this should be performed).
2) Aseptic processing areas are deficient regarding the system for monitoring environmental conditions. Specifically, the firm is not adequately sampling the environment within the ISO7 fill room, where the ISO5 isolator is located and where aseptic fill operations occurs. Surface sampling is being performed but does not include areas that technicians are frequently contacting.
3) Personnel did not perform adequate sterile garbing technique within the ISO5 Isolator. 4) Introducing a non-sterile item that is difficult to clean into the ISO5 isolator (removing bag from Sterile IPA in the ISO7 then placing in the ISO5)

Response

Commitment: Mark Cuban Cost Plus Manufacturing and Compounding recognizes the importance of ensuring controlled environments are appropriately cleaned and disinfected, and that critical sites are routinely sampled to detect departures from the validated state. MCCPMC will implement the corrective actions indicated below to ensure aseptic environments remain fit for use and departures from the validated state are detected.

Note 1 Commentary: Due to the differential pressure deviation which occurred during batch manufacturing an additional pre-batch cleaning/wipe-down with IPA was performed. Both the first, and second, batch wipe downs were included as attachments in the Batch Production Record. ***Reference Attachment 3-1: Lot #10000081 pre-batch wipe down initial and repeat cleaning.***

Note 2 Commentary:

Background and Root Cause: MCCPMC executed a robust Environmental Monitoring Performance Qualification prior to the start of commercial manufacturing with a multi-factorial risk assessment to ensure critical areas were sampled. The EMPQ results, and initial Aseptic Processing Simulations (media), demonstrated the environment was in a state of control prior to the start of commercial manufacturing. After completion of the EMPQ, sampling of all EMPQ sites continued to gather additional data and characterize recovered flora. After routine environmental data reviews were completed, some surface sample sites were removed if they demonstrated consistently low growth recovery for the sample site and room classification. While the data supported the sample site revision, MCCPMC recognizes that additional sampling would provide valuable information to further reinforce the robust state of control at the facility.

Observation 3 Continued:

Corrective Action Taken:

- After auditor feedback a holistic review of surface sampling sites was performed by Quality and Operations personnel. The review resulted in an update to the routine surface samples site at the facility per the following:
  - Addition of worst-case location surface sample sites in the ISO5 isolator which is used for adding the environmental monitoring strip to the RCS air sampler assembly.
  - Additional surface sampling in critical ISO7 processing areas that are frequently contacted.

  Reference Attachment 3-2: DAL-SOP-0047: Environmental Monitoring Program extract.

Note 3 Commentary:
Background and Root Cause: MCCPMC purchased a dedicated ISO5 Isolator to prepare the VanRx Isolator filler environmental monitoring assembly (RCS). Utilization of the isolator reduces the risk of accidental environmental monitoring contamination during the handling process. As the isolator is not used to conduct any preparation processing steps the procedure to utilize it did not require exterior sanitization with a sporicidal agent, or a no touch transfer, of the 70% IPA disinfectant used during assembly of the RCS unit. While the Isolator is not used for aseptic processing MCCPMC recognizes using an exterior disinfection of the IPA bottle with a sporicidal agent, including a 15-minute dwell time, prior to transfer will enhance our compliance posture and further mitigate the risk of contamination of the environmental monitoring media. ***Reference Attachment 3-3: DAL-SOP-0297: Operation SOP for C4 Isolator extract.***

MCCPMC Pending Actions and Conclusion:
MCCPMC will continue to monitor the controlled environments after the revision to the sampling sites. MCCPMC is confident that the combination of best practices and robust engineering controls will continue to ensure patient safety.

Observation 4: Description and Response

Description/Notes
Equipment used in the manufacture, processing, packing or holding of drug products does not comply with the requirements in 21 CFR 211.63, Equipment design, size and location. Notes: Specifically, the firm's ISO5 isolator (VanRx), is positioned directly beneath a ceiling fire sprinkler. A water source should not be located in close proximity to an ISO5 area.

Response

Commitment: Mark Cuban Cost Plus Manufacturing and Compounding recognizes the importance of selecting appropriate equipment and installing it in a manner to ensure patient safety. MCCPMC will implement the corrective action indicated below to ensure the VanRx filler resides in an environment that is not in close proximity to a water source.

Background and Root Cause: MCCPMC invested in a fully enclosed robotic Isolator located in a greenfield site designed specifically for pharmaceutical manufacturing. Due to the selection of a fully enclosed, positively pressured and clean in place compatible Isolator the engineering firm specified an open sprinkler design which was subsequently installed. While all facilities must include a fire protection system per local building codes, a different solution was not selected due to the equipment selection.

Corrective Action Taken:

- Purchase order #15221 was issued on 08/28/2024 to GFS Texas Fire Protection Contractors to modify and change out all exposed fire sprinkler heads with new recessed head fire sprinklers (approved cleanroom seals & covers) in the VanRx Fill suite. Furthermore, the purchase also includes replacing any other exposed sprinkler head in the cleanroom environment, regardless of location. Change Control DAL-CC-0016: Exposed fire sprinkler head replacement, will track the implementation. Due to the scope of work the replacement is scheduled to be completed during a planned shutdown period in early November with full turnover by 22NOV2024. ***Reference Attachment 4-1: Change Control DAL-CC-0016: Exposed fire sprinkler head replacement extract.***

Interim Controls in Place:

- While the materials are procured, and prior to the completion of the fire sprinkler head replacement, a pre-filling check of the fire sprinkler head above the VanRx was added to ensure there are no signs of leaks prior to filling. ***Reference Attachment 4-2: DAL-SOP-0132: Operation of the VanRx SA25 Cytiva Sterile Fill-Finish Workcell extract for procedure update. Note:*** Attachment 5-4 and Attachment 5-5 include the applicable Batch Record page which documents confirmation of completion.

MCCPMC Pending Actions and Conclusion:
MCCPMC will ensure the fire sprinkler head replacement corrective action is completed. In the interim the additional pre-startup check will ensure any leak, should one occur, is detected prior to filler use and filling will not proceed if presence of a leak is detected. Furthermore, as the VanRx is a fully enclosed/sealed isolator in use there is no product/patient risk in the interim until the corrective action is implemented.

Observation 5: Description and Response

Description/Notes
Written procedures for equipment cleaning and maintenance are inadequate and do not conform to the requirements in 21 CFR 211.67(b). Notes: Specifically, the firm is using DeconQuat 200C as a deactivating, disinfecting, and cleaning solution, with an established dwell time of 15 minutes. Cleaning logs were reviewed during the inspection and it was noted that the firm is not documenting start and end times after applying the cleaning solution.
Response

Commitment: MCCPMC recognizes the importance of ensuring controlled environments are appropriately cleaned and disinfected. While our cleanroom procedure, DAL-SOP-0237 *Cleaning* and Disinfection *of Cleanroom Areas,* already includes the 15-minute dwell time requirement we have updated it to require documentation of start and end times when cleaning and disinfecting Cleanroom Areas.

Background and Root Cause: MCCPMC developed a robust cleaning and disinfectant program per DAL-SOP-0237 *Cleaning* and Disinfection *of Cleanroom Areas.* It utilizes proven cleaning agents, DeconSpore and DeconQuat, with a 15-minute dwell time. A disinfectant efficacy study was performed to ensure the cleaning agents selected were effective for the cleanroom materials of construction. The cleaning start and end times are included on the weekly and monthly cleaning logs for both DeconSpore and DeconQuat 200C. The cleaning and disinfectant program efficacy was confirmed in The Environmental Monitoring Performance Qualification, and initial Aseptic Processing Simulations (media).
Reference Attachment 5-1: DAL-FRM-0090: Daily/Weekly Non-HD Classified Area Cleaning Log extract.
and ***Attachment 5-2. DAL-FRM-0112: Monthly Cleanroom Area Cleaning Log extract***.

While a location to document the start and end times was included in the Daily, and Monthly cleaning logs, DAL-SOP-0237 *Cleaning* and Disinfection *of Cleanroom Areas* did not mandate inclusion of the start and end times for all cleanroom activities as the 15 minutes requirement was include in the SOP and associates were trained on the requirement. The document reviewed in the audit was specific to a weighing process, and the start and times were not included in the document to minimize documentation entries prior to entering the weighing station.

Corrective Actions Taken:

- DAL-SOP-0237: Cleaning and Disinfection of Cleanroom Areas was updated to require inclusion of the start and end time for any cleaning process which requires a dwell time. ***Reference Attachment 5-3: DAL-SOP-0237: Cleaning and Disinfection of Cleanroom Areas extract.***
- The documents which did not include the start and end time documentation location, DAL-MMR-0004: Epinephrine Injection, USP 5 mg/5 mL (1 mg/1 mL) was updated to include the requirement. ***Reference Attachment 5-4: DAL-MMR-0004: Epinephrine Injection, USP 5 mg/5 mL (1 mg/1) extract.*** *And* ***Attachment 5-5: DAL-MMR-0003: Norepinephrine Bitartrate Injection, USP 8 mg/8 mL (1 mg/mL) 8 mL extract.***

Conclusion:
The procedural update will ensure that future controlled area cleaning processes will include a location to document the cleaning start and end time if a dwell is required. While the existing cleaning regimen has proven effective, and the procedural requirement is in place, documenting

the times will improve visibility and our compliance posture.

Observation 6: Description and Response

Description/Notes

Records of the calibration checks and inspections of automatic, mechanical or electronic equipment, including computers or related systems are not maintained as required by 21 CFR 211.68(a). Notes: Specifically, the firm experienced a power outage early on 08/26/24, which caused the firm's laboratory incubators to incorrectly display time (by around 7 hours). There was no deviation or OOS investigation opened until after it was noted during the inspection.

Response

Commitment: Mark Cuban Cost Plus Manufacturing and Compounding recognizes the importance of responding to unplanned events to ensure appropriate action is taken, even if no manufacturing activities are in progress. MCCPMC has implemented procedural updates to its Facility deviation handling process to ensure a holistic review is completed, including raising a deviation if required.

Background and Root Cause: The MCCPMC 503b Outsourcing Facility utilizes both a Building Monitoring System (BMS) and Environmental Monitoring System (EMS) to ensure timely detection, and notification, of departures from the expected conditions in the facility. MCCPMC also utilizes DAL-SOP-0032: *Deviation Procedure* to ensure unplanned events which had a product/process impact are investigated with appropriate corrective action taken.

MCCPMC began commercial manufacturing in March of 2024. In 2024 facility activities were primarily commissioning and qualification activities with minimal commercial operations. In 2024 during each BMS and EMS event the management team was notified. Upon notification each event was discussed with Engineering, Operations and Quality Assurance to assess if a deviation was required per DAL-SOP-0032. However, the scope of DAL-SOP-0032 did not include facility disruptions when no manufacturing activities were in progress, and there was no impact to the controlled environments.

Note: The start time and end time (incubation duration) for media stored in the incubator was recorded using the internal Facility time system. The local display was not utilized to make any cGMP decisions.

Corrective Actions Taken:

- DAL-SOP-0032: *Deviation Procedure* scope was updated to include following: *"Unplanned facility/infrastructure events,* ***regardless of if manufacturing is occurring during the outage****, as the events may affect the critical utilities, classified environments and controlled storage areas.*
  - *Reference DAL-SOP-0088, Utilities Service Emergency Plan, for additional information regarding unplanned events that may warrant a deviation per this procedure.*
  - *Reference DAL-SOP-0271, BPCS Alarm Management Standard Operating Procedure, for additional information regarding notifications through the Building Management System that may require a deviation per this procedure.*
  - *Reference DAL-SOP-0315, Disaster Recovery Standard Operating Procedure, for additional information regarding disasters which may require a deviation per this procedure."*

Reference Attachment 6-1:* DAL-SOP-0032: *Deviation Procedure extract.

Observation 6 Continued:

- DAL-SOP-0269: *General Incubation Procedure* was updated to include a daily check to verify the date and time are correct as an enhancement to ensure the data is correct if it is needed. ***Reference Attachment 6-2:* DAL-SOP-0269: *General Incubation Procedure extract.***

Conclusion:
While the previous events did not have any product impact, the procedural update will ensure that the assessment after an unplanned facility event is documented, even when no commercial activities are in progress. By utilizing the BMS and EMS systems in place, and responding per the revised procedure, MCCPMC will prevent recurrence.

Attachment List

- Attachment 1-1: DAL-SOP-0194 extract
- Attachment 1-2: GYMA Commitment
- Attachment 1-3: SAP Supplier Status
- Attachment 1-4: ACE QMS Supplier Status
- Attachment 2-1: DAL-SOP-0227: Aseptic Sterile Drug Processing (Aseptic Technique) extract
- Attachment 3-1: Lot #10000081 Pre-batch wipe-down (initial and repeat cleaning)
- Attachment 3-2: DAL-SOP-0047: Environmental Monitoring Program
- Attachment 3-3: DAL-SOP-0297: Operation SOP for C4 Isolator extract
- Attachment 4-1: Change Control DAL-CC-0016: Exposed fire sprinkler head replacement extract
- Attachment 4-2: DAL-SOP-0132: Operation of the VanRx SA25 Cytiva Sterile Fill-Finish Workcell extract
- Attachment 5-1: DAL-FRM-0090: Daily/Weekly Non-HD Classified Area Cleaning Log extract
- Attachment 5-2: DAL-FRM-0112: Monthly Cleanroom Area Cleaning Log extract
- Attachment 5-3: DAL-SOP-0237: Cleaning and Disinfection of Cleanroom Areas extract
- Attachment 5-4: DAL-MMR-0004: Epinephrine Injection, USP 5 mg/5 mL (1 mg/1) extract
- Attachment 5-5: DAL-MMR-0003: Norepinephrine Bitartrate Injection, USP 8 mg/8 mL (1 mg/mL) 8 mL extract
- Attachment 6-1: DAL-SOP-0032: Deviation Procedure extract
- Attachment 6-2: DAL-SOP-0269: General Incubation Procedure extract

To:
Emily Hildebrand
Director of Licensing
Mak Cuban Cost Plus Drugs, PBC

From:
Matt Callesen
Site Quality Head
Mark Cuban Cost Plus Drugs Manufacturing and Compounding, LLC
3015 Taylor St. Dallas TX, 75226
Email: Matthew.Callesen@costplusdrugs.com

Date:
September 27th, 2024

Regarding:
The recently completed U.S. Food and Drug Administration on-site inspection:

Firm Name	Mark Cuban Cost Plus Manufacturing & Compounding, LLC	**Address**	3015 Taylor St. Dallas, TX 75226
Establishment Type	Outsourcing Facility	**FEI Number**	3024611767
Dates of Inspection	8/26/2024-9/6/2024	**Inspectors**	Camerson E. Moore Rodney L. Tinzie

MCCPMC received FDA Form 483 Inspectional Observations on 09/06/2024. Patient Safety and Regulatory Compliance are of the utmost importance to MCCPMC and have already acted on all items identified during the audit. Attached is a copy of the responses to the Form 483 Inspectional Observations that was submitted to the FDA on September 26th, 2024

Let me know if you have any questions or require any clarifications.

Regards,

Matt Callesen

Observation 1: Description and Response

Description/Notes
Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established. Specifically, A. Your firm's sterile filling technicians was observed entering and leaving different ISO 7 classified areas (storage closet, hallway, Sampling/Weighing/Dispensing Room, Formulation, and Filling Rooms which contain the ISO 5 VanRx Filling along with C4 isolators performing tasks without adequately disinfecting their sterile gloves adequate frequency to prevent potential contamination as written in your firm's procedure, Aseptic Sterile Drug Processing (Aseptic Technique), DAL-SOP-0227, Rev. 1.0, section Glove Management, sub-sections 8.14 - 8.19. B. Your firm sterile filling technician was observed utilizing poor technique putting on sterile gloves overtop the isolator gloves within ISO 5 C4 Isolator prior to the preparation of the RCA environmental monitoring strip into the holder during the production of Epinephrine Injection, USP 5mg/5mL (1mg/1mL), Lot # 10000081, Actual Qty. 1726 vials. C. Your firm's procedure, DAL-SOP-0237, Cleaning and Disinfection of Cleanroom Areas, failed to ensure sporicidal agent, DeconSpore, which require 15-minute contact time is achieved during the cleaning and deactivation method of production equipment used for weighing of drug components within ISO 7 Formulation Room (RM 033). D. Your firm sterile drug product technician failed to adequately disinfect sterile 70% IPA spray bottle prior to transfer from ISO 7 Filling Room into ISO 5 C4 Isolator for use in setup of RCA stripe into the rotary centrifugal air sampler (RCS) unit for air sampling inside the VanRx.
MCCPMC Response

Commitment: MCCPMC recognizes the importance of ensuring effective procedures are in place to prevent microbiological contamination of drug products to ensure patient safety. MCCPMC appreciates the auditor feedback and intends to implement the corrective actions listed below to further mitigate the risk of viable particulate presence in ISO 5 and ISO 7 areas.
 	
Note A Commentary:
Background and Root Cause: MCCPMC invested in a fully enclosed robotic Isolator that utilizes VHP decontamination and robust engineering controls. MCCPMC also utilizes sterile gowning in all Grade C rooms to ensure particulate presence adjacent to critical areas is minimized. Based on the engineering and gowning precautions taken, the frequency of glove disinfection specified was less than what is normally prescribed in 503b facilities with lower engineering controls in place. The Environmental Monitoring Performance Qualification, and initial Aseptic Processing Simulations (media), demonstrated the environment was in a state of control prior to the start of commercial manufacturing.
 	
Corrective (and Preventive) Actions taken:
DAL-SOP-0227, Aseptic Sterile Drug Processing (Aseptic Technique) was updated with additional glove disinfection best practices, for not only the processes observed but all MCCPMC processes that require sterile gloves:
• An operator must re-sanitize gloves with 70% IPA DIRECTLY BEFORE:
  • Making Grade C product pathway connections.
  • Handling components.
  • Placing gloves into the isolator sleeves.

Observation 1 Continued:

- Any operator using an electronic device shall, at minimum, re-sanitize gloves with 70% IPA before returning to processing operations.
- Entering from Grade C to Grade A environment.

- An operator must re-sanitize gloves with 70% IPA DIRECTLY AFTER:
  - Entering a Grade C room where manufacturing activities will occur unless sterile gloves are donned as part of the normal garbing process. Note: IPA addition is not required when exiting the room.
  - Completing documentation.
  - Work on Grade C work surfaces.

Reference Attachment 1-1: DAL-SOP-0227, Aseptic Sterile Drug Processing (Aseptic Technique) extract.

Note B (and D) Commentary:

Background and Root Cause: MCCPMC purchased a dedicated ISO 5 Isolator to prepare the VanRx Isolator filler environmental monitoring assembly (RCS). Utilization of the isolator reduces the risk of accidental environmental monitoring contamination during the handling process. Due to the isolators use (not used to conduct any preparation processing steps) the applicable procedures did not initially require the same frequency/technique of glove sanitization as an aseptic filling environment in a 503b Facility. It also did not require the operator to perform an exterior disinfection step with a sporicidal agent on the 70% IPA bottle prior to introduction.

Corrective (and Preventive) Action Taken:

While the Isolator is not used for aseptic processing MCCPMC recognizes using an exterior disinfection of the IPA bottle with a sporicidal agent, including a 15-minute dwell time, prior to transfer will enhance our compliance posture and further mitigate the risk of contamination of the environmental monitoring media or any downstream process. ***Reference Attachment 1-2: DAL-SOP-0297: Operation SOP for C4 Isolator extract.***

Furthermore, the enhanced glove management procedure steps listed in Note A will also apply to utilization of the C4, and any Isolator installed in the future, for consistency and to further mitigate any potential risk.

Note C Commentary:

Background and Root Cause: MCCPMC developed a robust cleaning and disinfectant program per DAL-SOP-0237 *Cleaning* and Disinfection *of Cleanroom Areas*. It utilizes proven cleaning agents, DeconSpore and DeconQuat, with a 15-minute dwell time. A disinfectant efficacy study was performed to ensure the cleaning agents selected were effective for the cleanroom materials of construction. The cleaning start and end times are included on the weekly and monthly cleaning logs for both DeconSpore and DeconQuat 200C. The cleaning and disinfectant program efficacy was confirmed in The Environmental Monitoring Performance Qualification, and initial Aseptic Processing Simulations (media).

Reference Attachment 1-3: DAL-FRM-0090: Daily/Weekly Non-HD Classified Area Cleaning Log extract.
and ***Attachment 1-4. DAL-FRM-0112: Monthly Cleanroom Area Cleaning Log extract***.

Observation 1 Continued:

While a location to document the start and end times was included in the Daily, and Monthly cleaning logs, DAL-SOP-0237 *Cleaning* and Disinfection *of Cleanroom Areas* did not mandate inclusion of the start and end times for all cleanroom activities as the 15 minutes requirement was included in the SOP and associates were trained on the requirement. The document reviewed in the audit was specific to a weighing process, and the start and times were not included in the document to minimize documentation handling while performing weighing operations.

Corrective Action Taken:

- The documents which did not include the start and end time documentation location, DAL-MMR-0004: Epinephrine Injection, USP 5 mg/5 mL (1 mg/1 mL) was updated to include the requirement. ***Reference Attachment 1-5: DAL-MMR-0004: Epinephrine Injection, USP 5 mg/5 mL (1 mg/1) extract.*** *And* ***Attachment 1-6: DAL-MMR-0003: Norepinephrine Bitartrate Injection, USP 8 mg/8 mL (1 mg/mL) 8 mL extract.***

Preventive Action Taken:

- DAL-SOP-0237: Cleaning and Disinfection of Cleanroom Areas was updated to require inclusion of the start and end time for any cleaning process which requires a dwell time. ***Reference Attachment 1-7: DAL-SOP-0237: Cleaning and Disinfection of Cleanroom Areas extract.***

Effectiveness Plan:

The routine environmental monitoring program will continue to evaluate environmental monitoring trends and propose CAPAs if required.

Impact Assessment:

MCCPMC is confident that the observations noted did not pose any significant risk to manufacturer product for the following reasons:

- Utilization of a fully enclosed isolator with VHP decontamination.
- Completed Environmental Monitoring Performance Qualification and Aseptic Processing Simulations which met acceptance criteria
- Routine environmental testing which demonstrated the cleanrooms were in a state of control.
- finished product testing results which met release criteria, including sterility testing.

MCCPMC Overall Conclusion:

The procedural changes will prevent recurrence of the audit observations. Furthermore, the actions taken are applicable to all controlled environments, thus they will prevent future occurrences as well.

Observation 2: Description and Response

Description/Notes
Buildings used in the manufacture, processing, packing, or holding of a drug product do not have the suitable construction to facilitate cleaning, maintenance, and proper operations. Specifically, your firm's ISO 7 Filling Room (RM 034) containing your ISO 5 VanRx Automated Fill Isolator is designed with exposed sprinkler heads within the room ceiling preventing adequate cleaning and can be a source of contamination.
Response
Commitment: Mark Cuban Cost Plus Manufacturing and Compounding recognizes the importance of selecting appropriate equipment and installing it in a manner to ensure patient safety. MCCPMC will implement the corrective action indicated below to ensure the VanRx filler resides in an environment that is not in close proximity to a water source. **Background and Root Cause:** MCCPMC invested in a fully enclosed robotic Isolator located in a greenfield site designed specifically for pharmaceutical manufacturing. While all facilities must include a fire protection system per local building codes, a different fire sprinkler head solution was not selected due to the purchasing of the fully enclosed isolator as opposed to an open processing environment. Immediate Correction: • A pre-filling check of the fire sprinkler head above the VanRx was added to ensure that no signs of water leaks are present. This check was added to the Batch Records as well. ***Reference Attachment 2-1: DAL-SOP-0132: Operation of the VanRx SA25 Cytiva Sterile Fill-Finish Workcell extract and Attachments 1-5 and 1-6: Epinephrine and Norepinephrine Batch Record extracts with the in-process check noted on the 2nd page of the attachments.*** Corrective Action Completed: • Purchase order #15221 was issued on 08/28/2024 to GFS Texas Fire Protection Contractors to modify and change out all exposed fire sprinkler heads with new recessed head fire sprinklers (approved cleanroom seals & covers) in the VanRx Fill suite. Furthermore, the purchase **also includes replacing any other exposed sprinkler head in the cleanroom environment, regardless of location.** Change Control DAL-CC-0016: Exposed fire sprinkler head replacement, will track the implementation. Due to the scope of work the replacement is scheduled to be completed during a planned shutdown period in early November with full turnover by 22NOV2024. Preventive Action Completed: • DAL-SOP-0081: General Facility Design and Construction was updated to require that sources of water must be designed and installed in a manner to prevent contamination of the aseptic processing environment. This includes utilizing cleanroom appropriate fire systems where required in areas where aseptic processing steps are conducted. ***Reference Attachment 2-2: DAL-SOP-0081: General Facility Design and Construction extract.***

Observation 2 Continued:

Effectiveness Plan:
Installation will be tracked via DAL-CC-0016 to ensure the risk of a leak is eliminated. No additional effectiveness check is required as the existing sprinkler heads will be removed.

Impact Assessment:
To date no fire sprinkler leaks have been observed at any cleanroom location and MCCPMC already completed the first pre-filling inspection for leaks during Epinephrine Batch 1000081 with no leaks present. Furthermore, the isolator is fully enclosed and compatible with a clean in place cycle (fully sealed in operation). Based on these factors this observation does not pose a product risk, however remediation will prevent future risks as the critical utility systems age.

MCCPMC Pending Actions and Conclusion:
MCCPMC will ensure the fire sprinkler head replacement corrective action is completed. In the interim the additional pre-startup check will ensure any leak, should one occur, is detected prior to filler use and filling will not proceed if presence of a leak is detected.

Observation 3: Description and Response

Description/Notes
Equipment and utensils are not cleaned and sanitized at appropriate intervals to prevent contamination that would alter the safety, identity, strength, quality or purity of the drug product. Specifically, your firm fail to clean and disinfect laptop computers and desktop computer keyboards used in the production of sterile drug products within your firm's ISO 7 classified cleanroom areas (Sampling/Weighing/Dispensing Room (RM 039); Formulation Room (RM 033); and Filling Room (RM 034)) to prevent possible contamination of drug products.
Response
Commitment: Mark Cuban Cost Plus Manufacturing and Compounding recognizes the importance of ensuring controlled environments are appropriately cleaned and disinfected, including all equipment, utensils and supporting electronics. MCCPMC will implement the corrective actions indicated below to ensure aseptic environments remain fit for use and any items which reside in ISO 7 areas are appropriate for the environment. **Background and Root Cause:** MCCPMC invested in a fully enclosed robotic Isolator that utilizes VHP decontamination and robust engineering controls. MCCPMC also utilizes sterile gowning in all Grade C rooms to ensure particulate presence adjacent to critical areas is minimized. Based on the engineering and gowning precautions taken the cleaning and disinfectant process only required an exterior disinfection of electronic devices with 70% IPA if they could not reside inside an enclosed bag. **Correction Completed:** • Work Orders GWO-000077-2024-DE and GWO-000077-2024-DE were completed to remove the computers from the clean room environment. **Corrective (and Preventive) Action Completed:** DAL-SOP-0227, Aseptic Sterile Drug Processing (Aseptic Technique) was updated with specific guidance for the use of electronic devices per the following: • When electronic devices are required for batch manufacturing, they must be easy to clean, or placed in an easy to clean sealed pouch, and cleaned appropriately per the Grade and transition. • Electronic devices with fans, open keyboards, difficult to clean area, etc. are not allowed in and Grade A or C environment. ***Reference Attachment 3-1: DAL-SOP-0227, Aseptic Sterile Drug Processing (Aseptic Technique) extract.*** These requirements eliminate recurrence of the observation noted but also remove the potential occurrence in future scenarios as well. **Effectiveness Plan:** The routine environmental monitoring program will continue to evaluate environmental monitoring trends and propose CAPAs if required.

Observation 3 Continued:

Impact Assessment:
MCCPMC is confident that the observations noted did not pose any significant risk to manufacturer product for the following reasons:

- Utilization of a fully enclosed isolator with VHP decontamination.
- Utilization of non-particulate generating sterile garb in all ISO 7 environments.
- Completed Environmental Monitoring Performance Qualification and Aseptic Processing Simulations which met acceptance criteria
- Routine environmental testing which demonstrated the cleanrooms were in a state of control.
- Finished product testing results which met release criteria, including sterility testing.

MCCPMC Conclusion:
The corrective actions completed have removed the potential risk of electronic devices introducing contamination in the MCCPMC ISO 7 environments. The actions will also ensure easy to clean electronic devices are used moving forward, regardless of the filling technology utilized.

Observation 4: Description and Response

Description/Notes
The responsibilities and procedures applicable to the quality control unit are not fully followed. Specifically, your firm's quality unit fail to adequately implement your firm's procedure, DAL-SOP-0032, Deviation Procedure. For example, on 8/26/2024, after becoming aware of a power failure within your facility, your firm failed to initiate a deviation to document the event and conduct an impact assessment of facility equipment and finished drug products along with components. For example, during a review of the firm's BMS system data that control and monitors temperature, relate humidity, and differential pressure, we found differential pressures within the ISO 7 cleanrooms (Sampling/ Weighing/ Dispensing Room, Formulation, and Filling Room) were impacted on the 8/26/2024 date between 7:58 am - 8:11 am. The differential pressure was below the minimum of 0.02 wc for greater than 10 minutes. Your firm management reported an action limit specification of 10 minutes sustained below the documented specification. Your firm was unaware of this impact prior to this inspection.
Response
Commitment: Mark Cuban Cost Plus Manufacturing and Compounding recognizes the importance of responding to unplanned events to ensure appropriate action is taken, even if no manufacturing activities are in progress. MCCPMC has implemented procedural updates to its Facility deviation handling process to ensure a holistic review is completed, including raising a deviation if required. **Background and Root Cause:** The MCCPMC 503b Outsourcing Facility utilizes both a Building Monitoring System (BMS) and Environmental Monitoring System (EMS) to ensure timely detection, and notification, of departures from the expected conditions in the facility. MCCPMC also utilizes DAL-SOP-0032: *Deviation Procedure* to ensure unplanned events which had a product/process impact are investigated with appropriate corrective action taken. MCCPMC began commercial manufacturing in March of 2024. In 2024 facility activities were primarily commissioning and qualification activities with minimal commercial operations. In 2024 during each BMS and EMS event the management team was notified. Upon notification each event was discussed with Engineering, Operations and Quality Assurance to assess if a deviation was required per DAL-SOP-0032. However, the scope of DAL-SOP-0032 did not include facility disruptions when no manufacturing activities were in progress, and there was no impact to the controlled environments. Regarding the power outage on 26AUG2024 a power outage due to inclement weather was detected by the Facilities Engineering team via the BMS system. Operations and Quality Management were notified immediately to assess the impact on the facility and determine if there was any product/process impact. The assessment determined there was no product impact as no commercial operations were in progress. However a deviation was not immediately raised to document the assessment. **Correction Competed:** Deviation DAL-DEV-0008 was raised on 27AUG2024 to document the inclement weather power outage assessment.

Observation 4 Continued:

Corrective (and Preventive) Action Completed:
DAL-SOP-0032: *Deviation Procedure* scope was updated to include following: *"Unplanned facility/infrastructure events, **regardless of if manufacturing is occurring during the outage**, as the events may affect the critical utilities, classified environments and controlled storage areas."*

- *Reference DAL-SOP-0088, Utilities Service Emergency Plan, for additional information regarding unplanned events that may warrant a deviation per this procedure.*
- *Reference DAL-SOP-0271, BPCS Alarm Management Standard Operating Procedure, for additional information regarding notifications through the Building Management System that may require a deviation per this procedure.*
- *Reference DAL-SOP-0315, Disaster Recovery Standard Operating Procedure, for additional information regarding disasters which may require a deviation per this procedure."*

Reference Attachment 4-1: DAL-SOP-0032: ***Deviation Procedure extract.***

These requirements eliminate recurrence of the observation noted specific to a power outage and eliminate potential future occurrences in other facility disruption scenarios as well.

Impact Assessment:
MCCPMC is confident that the observation noted did not pose any significant risk to manufacturer product for the following reasons:

- No commercial activities were in progress at the time of the event.
- A review of controlled environments and critical utilities by Facilities Engineering determined there was no impact to other controlled environments and critical utilities.
- MCCPMC has a dedicated generator to provide backup power which activated as expected.
- A holistic review of power outage event which occurred in 2024 was performed during the audit which demonstrated there was no product impact from previous events as well.

Effectiveness Plan:
By utilizing the BMS and EMS systems in place, and responding per the revised procedure, MCCPMC will prevent recurrence.

Conclusion:
While the power outage event did not have any product impact, the procedural update will ensure that the assessment after an unplanned facility event is documented, even when no commercial activities are in progress.

Observation 5: Description and Response

Description/Notes
Aseptic processing areas are deficient regarding the system for monitoring environmental conditions. Specifically, your firm's environmental monitoring program fail to include viable air and surface monitoring sampling in areas of operations most prone to contamination within the ISO 7 Filling Room (RM 0034) that contain the ISO 5 VanRx Isolator. For example, firm fail to monitor ISO 5 C4 Isolator handles, table surface used to hold components for VanRx System, and 2 stainless-steel racks used to hold logbooks and VanRx/C4 Isolator components.
Response
Commitment: MCCPMC recognizes the importance of ensuring controlled environments are appropriately cleaned and disinfected, and that critical sites are routinely sampled to detect departures from the validated state. MCCPMC will implement the corrective actions indicated below to ensure aseptic environments remain fit for use and departures from the validated state are detected. **Background and Root Cause:** MCCPMC executed a robust Environmental Monitoring Performance Qualification prior to the start of commercial manufacturing with a multi-factorial risk assessment to ensure critical areas were sampled. The EMPQ results, and initial Aseptic Processing Simulations (media), demonstrated the environment was in a state of control prior to the start of commercial manufacturing. After completion of the EMPQ, sampling of all EMPQ sites continued to gather additional data and characterize recovered flora. After routine environmental data reviews were completed, some surface sample sites were removed if they demonstrated consistently low growth recovery for the sample site and room classification. While the data supported the sample site revision, MCCPMC recognizes that additional sampling would provide valuable information to further reinforce the robust state of control at the facility. **Corrective Action Completed**: • The facility environmental sampling program per DAL-SOP-0047: Environmental Monitoring Program was revised to include increased sampling at high-risk locations. The locations noted in the observation were added as well as additional sites where data collection will further demonstrate the facilities state of control. **Preventive Action Completed**: • The established environmental monitoring review per DAL-SOP-0047: Environmental Monitoring Program was updated to include additional considerations for adding and removing sites to ensure it is risk-based and includes considerations for sites that pose the highest risk for product contamination. ***Reference Attachment 5-1: DAL-SOP-0047: Environmental Monitoring Program extract.*** **Effectiveness Plan:** The routine environmental monitoring program will continue to evaluate environmental monitoring trends and propose CAPAs if required.

Observation 5 Continued:

Impact Assessment:
MCCPMC is confident that rooms utilized for aseptic manufacturing were appropriate even though the locations noted in the observation were not sampled.

- Utilization of a fully enclosed isolator with VHP decontamination.
- Utilization of non-particulate generating sterile garb in all ISO 7 environments.
- Completed Environmental Monitoring Performance Qualification and Aseptic Processing Simulations which met acceptance criteria.
- Routine environmental testing which demonstrated the cleanrooms were in a state of control.
- Finished product testing results which met release criteria, including sterility testing.

Conclusion:
MCCPMC is confident that the Facility cleanroom environments will continue to operate in a manner which ensures patient safety, and that the increased environmental monitoring sites will provide additional data to demonstrate the state of control.

Observation 6: Description and Response

Description/Notes
Labeling: 1. The container of your outsourcing facility's miglustat suspension drug product did not include information required by section 503B(a)(10)(B). Specifically, your container did not include the following information: a. Information to facilitate adverse event reporting: ---www.fda.gov/medwatch and 1800FDA1088 <http://www.fda.gov/medwatch%20and%201800FDA1088>; b. Directions for use, including, as appropriate, dosage and administration. 2. The label of your outsourcing facility's miglustat suspension drug product does not include information required by section 503B(a)(10)(A). Specifically, the following information is not found on your miglustat suspension bottle label: a. A list of active and inactive ingredients, identified by established name and the quantity or proportion of each ingredient. Specifically, the Miglustat 100 mg/mL suspension bottle label is missing the "quantity or proportion" of the following ingredients: glyceryl distearate, polyglyceryl-3 oleate, medium-chain triglycerides.
Response
Commitment: Mark Cuban Cost Plus Manufacturing and Compounding recognizes the importance of including appropriate information on drug product labeling and has taken appropriate corrective action to improve the clarity and comprehensiveness of the Miglustat label. **Background and Root Cause:** The MCCPMC 503b Outsourcing Facility utilizes DAL-SOP-0012 to provide 503b labeling guidance to the Pharmacist in Charge when creating new labeling. The requirements listed align with the Text of Compounding Quality Act labeling requirements. MCCPMC was notified of a specific clinical need for a 100mg/ml Miglustat non-sterile oral suspension preparation. The product was planned for dispensation by a pharmacy who in conjunction with the physician would provide prescribing information for the patient. For the oral suspension component of the preparation an industry standard oral suspension was selected from an industry standard supplier. Along with the order the supplier provided their technical information. The supplier indicated the suspension exact concentrations was proprietary. Thus, MCCPMC utilized the technical literature provided by the oral suspension supplier to create the product label. As the frequency and quantity of dosing was at the discretion of the prescribing physician MCCPMC included the Directions for Use: "See Prescribing information". However, the label also included the product was "For Oral Use: 150mL multiple Dose Bottle" and "Miglustat Suspension 100mg/mL" to clearly indicate the strength and method of administration (Oral). Also, "To report suspected adverse events, contact MCCPMC or FDA at www.fda.gov/medwatch and 1-800-FDA-1088." was present on the label as well. ***Reference Attachment 6-1: DAL-LBL-0008 Miglustat Oral Suspension 100 mg/mL - 150 mL Original Bottle Label with adverse event contact information.*** Based on the background information noted above the label was approved for use for a single order of three units.

Observation 6 Continued:

Correction Competed:
The oral suspension manufacturer was notified that specificity regarding the ingredients was required to continue use per audit feedback. Based on the communicated need they agreed to provide additional information provided the manufacturer name was not supplied. The additional information was included in a new version of the label that also reformatted the content to provide additional clarity. ***Reference Attachment 6-2: DAL-LBL-0008 Miglustat Oral Suspension 100 mg/mL - 150 mL Bottle Label.***

Corrective (and Preventive) Actions Competed:
DAL-SOP-0012: Required Labeling of 503B Compounded Drug Preparations was updated to include If the provided technical literature from a drug component supplier lacks ingredient specificity, then appropriate follow up action must be taken to ensure labeling information is comprehensive. This action applies to not only the Miglustat label, but all future product labels. ***Reference Attachment 6-3: DAL-SOP-0012 Required Labeling of 503B Compounded Drug Preparations extract.***

Effectiveness Plan:
Each new label must meet the updated requirements of DAL-SOP-0012. Each label is reviewed and approved by the Pharmacist in Charge and the Quality Unit to ensure it meets the requirements. The procedure update, in conjunction with the required review and approval of each future label, will ensure the action taken is effective.

Impact Assessment:
As the product was prescribed by a physician for a specific patient, dispensed by a licensed pharmacy, and included contact information for adverse events, there is no impact due to the lack of inactive ingredient specificity and initial label formatting.

Conclusion:
The procedural update will ensure any future labels produced include the specificity of ingredients, even if the original information provided is insufficient. The Miglustat label was also updated per FDA and CDER feedback.

Observation 7: Description and Response

Description/Notes
PRODUCT REPORTING 1. Your outsourcing facility did not submit a report to FDA at the time of initial registration on November 2, 2022, as required for an outsourcing facility that registers with FDA under section 503b.
Response
Commitment: MCCPMC recognizes the importance of timely reporting to the FDA under section 503b and intends to fulfill its obligations for timely reporting as a 503b Outsourcing Facility. **Background and Root Cause:** The MCCPMC 503b Outsourcing Facility is a greenfield site that was undergoing commissioning in 2022. A certificate of occupancy by the City of Dallas was granted on 5/22/2023. However, as a proactive measure the Site Leadership submitted their initial 503b Registration which was approved on 11/2/2022. As the Facility was still undergoing commissioning, The Facility did not have an occupancy permit, and no batches were compounded in 2022, the associate responsible for reporting incorrectly did not submit an initial report. ***Reference Attachment 7-1: City of Dallas Certificate of Occupancy.*** MCCPMC submitted the required FDA 503b Outsourcing Facility Bi-Annual reports for both 2023 reporting periods after Facility occupancy was granted and the first 2024 reporting period. **Correction Note:** As the observation was from 2022, prior to building occupancy, there were no unreported batches to add to the MCCPMC 503b Facility compounded drug history. After commissioning was complete MCCPMC began bi-annual Reporting through the CDER portal in 2023. **Corrective (and Preventive) Action Completed**: • *The governing procedure DAL-SOP-0281: Biannual Product Reporting to the FDA* was updated to clearly state If the outsourcing facility has not compounded any drug products during the previous six-month period (including any initial report after registration), it is still required to submit a report to FDA indicating that it has not compounded any drug products during the period. ***Reference Attachment 7-2: DAL-SOP-0281: Biannual Product Reporting to the FDA extract.*** This action will apply not only to the existing MCCPMC Facility but any expansions as well. **Effectiveness Plan:** As bi-annual reports are required by the FDA and per MCCPMC procedures, and failure to complete the report will be detected, no additional effectiveness plan is required. **Impact Assessment:** As the facility was not occupied, and no drugs were compounded prior to the initial report, there is no risk of an absence of Facility history being accurately reported. Furthermore, there is no product risk as the observation was for report submittal only. **Conclusion:** The procedural update will ensure that future reports are submitted when no saleable drug products are manufactured, even if it is an Initial FDA Report at a new MCCPMC facility.

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Application for Registration for Mark Cuban Cost Plus Manufacturing and Compounding LLC (file number 804898676), a DELAWARE, USA, Foreign Limited Liability Company (LLC), was filed in this office on January 26, 2023.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 21, 2024.

Jane Nelson
Secretary of State

TEXAS
Health and Human Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Commissioner

June 27, 2024

Emily Hildebrand
Mark Cuban Cost Drug Company
Emily.Hildebrand@costplusdrugs.com

CFN: 2111413
Lic.: 1003649
Type: 2501
File: 6807

Re: License Verification

Dear Emily Hildebrand:

This letter shall serve as a verification of licensure for the following firm:
MARK CUBAN COST PLUS DRUG MANUFACTURING & COMPOUNDING LLC
3015 TAYLOR ST
DALLAS, TX 75226

License No.	1003649
Type of license:	Prescription Drug Manufacturer, Outsourcing Facility
Status of license:	Current
Date license issued:	06/27/2023
Date license expires:	02/05/2025
Disciplinary action:	None

The firm is in good standing as of the date of this letter.

If you have questions or need additional information, please contact me at 512-834-4503, via fax at (512) 834-6759, or email me at Justin.Arnold@dshs.texas.gov.

Sincerely,

Justin Arnold, MBA, RS
Medical Research Specialist
Drugs and Medical Devices Unit
Consumer Protection Division

Mailing address:
Justin Arnold
Drugs and Medical Devices Unit, MC 1987
PO Box 149347
Austin, TX 78714-9347

12B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-Nevada	☑ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☑ Dangerous drugs ☑ Controlled substances DEA #: _____ ☑ Non-sterile Compounding ☑ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☑ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) (LLC)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

LLC TAXED AS A PARTNERSHIP

Section 1: General Information

Pharmacy Name: New Solutions Functional Wellness Pharmacy

Physical Address: 1901 MediPark Drive Suite 120

City: Amarillo State: Tx Zip: ~~79110~~ 79106

Mailing Address (if different from physical address): Same as physical

City: _____ State: _____ Zip: _____

Telephone: 806-353-7712 Toll Free # (NAC 639.708, NRS 639.23286): 833-512-2300

Fax: N/A Contact Email: mikala@newsolutionsfwp.com

Website: N/A

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Mikala Conatser

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24203

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Mikala Conatser	NV Pharmacist Registration #: 24203
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: SIGNA PHARMACY GROUP LLC dba NEW SOLUTIONS FUNCTIONAL WELLNESS PHARMACY

Mailing Address: P O BOX 7874

City: HORSESHOE BAY State: TX Zip: 78657

Telephone: 512-261-0011 Email: taylor@newsolutionsfwp.com

Contact Person Name: TAYLOR FYFE

Please check type of partnership (NAC 639.214) ☐ General ☑ Limited LIMITED LIABILITY COMPANY taxed as a PARTNERSHIP

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the MANAGING PARTNER (title) for New Solutions Functional Wellness Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

TAYLOR D. FYFE

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

12/4/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

TAYLOR D. FYFE

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

2/6/25

Date

Board Use Only	Date Received: 3/3/25	Amount: $500-ck#1516213

Nevada State Board of Pharmacy
Out-of-State Pharmacy Application

Supplemental page to application question #3:

Signa Pharmacy Group LLC dba New Solution Functional Wellness Pharmacy

Question 3. Has the corporation, any owner(s), shareholder(s), or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding related to the pharmaceutical industry? Yes

Explanation: Please know that Signa Pharmacy Group LLC dba New Solutions Functional Wellness Pharmacy and our Pharmacist-in-Charge have entered into Agreed Orders (#2023-03258 and #2023-04352) with the Texas State Board of Pharmacy whereby the pharmacy license and the pharmacist licenses were reprimanded for failure to immediately notify the State Board of adverse effects reported to our pharmacy. Additionally, the licenses were reprimanded for not performing a formal written recall of the products associated with said report of adverse effects. The Order was entered on November 7, 2023. Attached is a copy of the two Agreed Orders for your reference. This is the first and only such agreed order ever entered into by our pharmacy or the Pharmacist-in-Charge with any state or federal agency or organization. We have not been denied any renewal applications and most recent State Board of Pharmacy inspections have shown no noncompliance situations.

2/24/25
TAYLOR D. FYFE
OWNER/MANAGING PARTNER

AGREED BOARD ORDER #2023-03258

RE: IN THE MATTER OF NEW SOLUTIONS FUNCTIONAL WELLNESS PHARMACY (PHARMACY LICENSE #27600)

BEFORE THE TEXAS STATE BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 27600 issued to New Solutions Functional Wellness Pharmacy (Respondent), 1901 Medi Park Drive, Suite 120, Amarillo, Texas 79106.

By letter dated July 26, 2023, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 562.153(4); 562.156; 565.001(a)(1), (2), (12) and (13); and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2021); and

Sections 281.7(a)(13); 291.32(a)(2)(H); 291.32(c)(1)(E); 291.133(a); 291.133(b)(33); 291.133(g); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2023), in that allegedly:

COUNTS

(1) On various unknown dates in mid-February 2023, Mikala Jill Conatser, while acting as an employee (pharmacist-in-charge) of New Solutions Functional Wellness Pharmacy, 1901 Medi Park Drive, Suite 120, Amarillo, Texas 79106, failed to legally operate New Solutions Functional Wellness Pharmacy, in that that the pharmacy failed to immediately notify the Texas State Board of Pharmacy (Board) of adverse effects reported to the pharmacy or that were known to be potentially attributable to sterile preparation compounded by the pharmacy. Specifically, New Solutions Functional Wellness Pharmacy received notice that approximately sixteen patients experienced adverse effects potentially attributable to batch sterile preparations of nicotinamide adenine dinucleotide 100 mg/ml and 200 mg/ml solution for infusion/injection compounded by the pharmacy for office use, and subsequently failed to notify the Board.

(2) On or about an unknown date in mid-February 2023, Mikala Jill Conatser, while acting as an employee (pharmacist-in-charge) of New Solutions Functional Wellness Pharmacy, 1901 Medi Park Drive, Suite 120, Amarillo, Texas 79106, failed to ensure that the pharmacy initiated a written recall of the sterile compounded preparations described above in Count (1) upon identification of potential or confirmed harm to a patient. Specifically, following notification of adverse effects experienced by patients administered batch sterile preparations of nicotinamide adenine dinucleotide 100 mg/ml and 200 mg/ml solution for infusion/injection compounded by the pharmacy, the pharmacy failed to initiate a written

recall in accordance with Texas State Board of Pharmacy (Board) Rules, to include written notification of the recall to the Board.

An informal conference was held via videoconference on September 19, 2023, with Mikala Jill Conatser, R.Ph., Pharmacist-in-Charge; and Taylor Fyfe, Managing Officer, Signa Pharmacy Group, LLC, on behalf of Respondent, in attendance. The informal conference was heard by Board Members: Suzette Tijerina, R.Ph.; and Bradley A. Miller, Ph.T.R.; with Megan G. Holloway, General Counsel. Mary Moretti, Staff Attorney, was also in attendance.

At the aforementioned conference, Taylor Fyfe, on behalf of Respondent, waived the right to be represented by legal counsel. By signing this Order, Taylor Fyfe, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(3) Respondent shall develop and implement policies and procedures to be used by pharmacy personnel to ensure compliance with Board laws and rules regarding reporting of adverse effects potentially attributable to compounded sterile preparations and the recall of compounded preparations. A written report of such policies and procedures shall be submitted to Board staff within one hundred twenty (120) days after the entry of this Order.

(4) Respondent shall be responsible for all costs relating to compliance with the requirements of this Order.

(5) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2023), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2023).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 7th day of November, 2023.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Daniel Carroll, Pharm.D.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Taylor Fyfe, Managing Officer, Signa Pharmacy Group, LLC
On behalf of New Solutions Functional Wellness Pharmacy

APPROVED AS TO FORM:

Megan G. Holloway, General Counsel
Texas State Board of Pharmacy

AGREED BOARD ORDER #2023-04352

RE: IN THE MATTER OF
MIKALA JILL CONATSER
(PHARMACIST LICENSE #50130)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 50130 issued to Mikala Jill Conatser (Respondent).

By letter dated July 26, 2023, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 562.153(4); 562.156; and 565.001(a)(1), (2), (12) and (13) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2021); and

Sections 281.7(a)(13); 291.32(a)(2)(H); 291.32(c)(1)(E); 291.133(a); 291.133(b)(33); 291.133(g); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2023), in that allegedly:

COUNTS

(1) On various unknown dates in mid-February 2023, Mikala Jill Conatser, while acting as an employee (pharmacist-in-charge) of New Solutions Functional Wellness Pharmacy, 1901 Medi Park Drive, Suite 120, Amarillo, Texas 79106, failed to legally operate New Solutions Functional Wellness Pharmacy, in that that the pharmacy failed to immediately notify the Texas State Board of Pharmacy (Board) of adverse effects reported to the pharmacy or that were known to be potentially attributable to sterile preparation compounded by the pharmacy. Specifically, New Solutions Functional Wellness Pharmacy received notice that approximately sixteen patients experienced adverse effects potentially attributable to batch sterile preparations of nicotinamide adenine dinucleotide 100 mg/ml and 200 mg/ml solution for infusion/injection compounded by the pharmacy for office use, and subsequently failed to notify the Board.

(2) On or about an unknown date in mid-February 2023, Mikala Jill Conatser, while acting as an employee (pharmacist-in-charge) of New Solutions Functional Wellness Pharmacy, 1901 Medi Park Drive, Suite 120, Amarillo, Texas 79106, failed to ensure that the pharmacy initiated a written recall of the sterile compounded preparations described above in Count (1) upon identification of potential or confirmed harm to a patient. Specifically, following notification of adverse effects experienced by patients administered batch sterile preparations of nicotinamide adenine dinucleotide 100 mg/ml and 200 mg/ml solution for infusion/injection compounded by the pharmacy, the pharmacy failed to initiate a written recall in accordance with Texas State Board of Pharmacy (Board) Rules, to include written notification of the recall to the Board.

An informal conference was held via videoconference on September 19, 2023, with Respondent in attendance. The informal conference was heard by Board Members: Suzette Tijerina, R.Ph.; and Bradley A. Miller, Ph.T.R.; with Megan G. Holloway, General Counsel. Mary Moretti, Staff Attorney, was also in attendance.

At the aforementioned conference, Respondent waived the right to be represented by legal counsel. By signing this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2023), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2023).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 7th day of November, 2023.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Daniel Carroll, Pharm.D.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Mikala Jill Conatser, R.Ph.

APPROVED AS TO FORM:

Megan G. Holloway, General Counsel
Texas State Board of Pharmacy

Looking for a Certificate of Good Standing? – TEXAS

Although the comptroller's office no longer uses the term, "certificate of good standing" is sometimes used to refer to a certificate issued by the Texas Comptroller of Public Accounts regarding an entity's franchise tax account status. The comptroller's office now refers to these certificates as "certificates of account status." Information about certificates of account status is available from the comptroller. You may contact the comptroller at (800) 252-1381 for assistance as well.

Certificates of account status are often confused with *certificates of fact - status* issued by the Secretary of State. A "certificate of fact - status" is a certificate issued by the Secretary of State that serves as official evidence of an entity's existence or authority to transact business in Texas. A certificate of fact - status provides a statement of an entity's status, as well as the entity's current legal name and date of formation or registration.

Franchise Tax Account Status

As of : 12/04/2024 16:17:15

This summary page is designed to satisfy standard business needs. If you need to reinstate or terminate a business with the Texas Secretary of State, you must
obtain a certificate **specific to that purpose.**

SIGNA PHARMACY GROUP, LLC

Texas Taxpayer Number	32044400755
Mailing Address	1901 MEDI PARK DR STE 120 AMARILLO, TX 79106-2106
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
SOS Registration Status (SOS status updated each business day)	ACTIVE
Effective SOS Registration Date	06/06/2011
Texas SOS File Number	0801435134
Registered Agent Name	TAYLOR D FYFE
Registered Office Street Address	1901 MEDI PARK DR, SUITE 120 AMARILLO, TX 79106

Signa Pharmacy Group, LLC
Doing business as
New Solutions Functional Wellness Pharmacy

Ownership Information

Owner #1 (45%): TAB LAB Services, LLC dba Fyfe Development Company (EIN 82-0821156)
Owner of owning entity:
Taylor D. Fyfe, CFO
[redacted]

Owner #2 (45%): RD3 Management Group, LLC (EIN 81-4623197)
Owner of owning entity:
Robert D. Straface, CEO
[redacted]

Owner #3 (10%): Panhandle Pharmaceutical Consultants, LLC (EIN 27-5203788)
PO Box 52501
Amarillo, TX 79150
Owner of owning entity:
#1 Travis Lawler
[redacted]

#2 Luke Barnett
[redacted]

#3 Amber Elliott
[redacted]

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Signa Pharmacy LLC d.b.a New Solutions Funtional Wellness Pharmacy

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 1901 Medi Park Dr., Suite 120

City: Amarillo State: TX Zip: 79106

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (806) 353-7712 Website: NA

Licensing Company Email: mikala@newsolutionsfwp.com

Section 2: Personal Information

First: Mikala Middle: Jill Last: Conatser

Alias(es, nicknames, name changes, etc.):

Date of Birt[redacted] SSN or ITI[redacted] Sex ☐ M ☒ F ☐ X

Mailing Address[redacted]

City: Vega State: Tx Zip[redacted]

Telephone[redacted] Ema[redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
TTUHSC School of Pharmacy		2006-2011	
Address	City	State	Zip
1300 Coulter	Amarillo	Tx	79106
Diploma/Degree obtained, if any			
Pharm.D.			

School Name		From - To (MM/YY – MM/YY)	
Amarillo College		2000-2011	
Address	City	State	Zip
2201 S Washington	Amarillo	Tx	79109
Diploma/Degree obtained, if any			
NA			

School Name		From - To (MM/YY – MM/YY)	
Follett ISD		1996-2000	
Address	City	State	Zip
205 E Ivanhoe	Follett.	Tx	79034
Diploma/Degree obtained, if any			
HS diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
05/13-CURRENT				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
New Solutions Functional Wellness Pharmacy			06/22-CURRENT
Business Address	**City**	**State**	**Zip**
1901 Medipark Suite 120	Amarillo	Tx	79106
Phone	**Title**		**Number of Employed Hours**
8063537712	PIC		40+ per week
Description of Duties			
Pharmacy Managment			

Business Name			From - To (MM/YY – MM/YY)
Northwest Texas Hospital System			01/2020-06/2022
Business Address	**City**	**State**	**Zip**
1501 Coulter	Amarillo	Tx	79106
Phone	**Title**		**Number of Employed Hours**
8063541700	Pharmacy Operations Manager		40+ per week
Description of Duties			
Pharmacy Management			

Business Name			From - To (MM/YY – MM/YY)
TTUHSC School of Pharmacy			12/2011-12-2019
Business Address	**City**	**State**	**Zip**
1300 Coulter	Amarillo	Tx	79106
Phone	**Title**		**Number of Employed Hours**
8064149393	Assistant Professor/Director of Labs and Practice Experienc		40+
Description of Duties			
Taught Immunizations/parenterals/law/etc. Director of labs, simulations and other student experiences			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/2023	NA	TX	Amarillo	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
ABO #2023-04352	Texas State Board of Pharmacy

Reason/Charge
Failure to iniate a recall

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Mikala J Conatser	NA

Name of Business/Industry/Entity
New Solutions Functional Wellness Pharmacy

Provide explanation below:

We have a small percentage of clients report side effects from use of NAD(<1%). I did not report this to the state board and received a $1000 fine and a reprimand. A copy of the ABO and a complete explaination has been attached to this submission

Original Signature (electronic, copies or stamps not accepted)

02/26/25
Date

I, Mikala Conatser, certify that as the designated representative for New Solutions Functional Wellness Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MC I am at least 21 years of age;
3. MC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Mikala Conatser
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/24/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mikala Conatser

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/24/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Tx, ss. County of Potter

I, Mikala Conatser, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02/24/2025

Date

Subscribed and Sworn to before me this 24 day of February, 2025

Notary Public Signature

KAIA RAE WILLIAMS
My Notary ID # 134793561
Expires March 5, 2028

(Seal)

AGREED BOARD ORDER #2023-04352

RE: IN THE MATTER OF
MIKALA JILL CONATSER
(PHARMACIST LICENSE #50130)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 50130 issued to Mikala Jill Conatser (Respondent).

By letter dated July 26, 2023, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 562.153(4); 562.156; and 565.001(a)(1), (2), (12) and (13) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2021); and

Sections 281.7(a)(13); 291.32(a)(2)(H); 291.32(c)(1)(E); 291.133(a); 291.133(b)(33); 291.133(g); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2023), in that allegedly:

COUNTS

(1) On various unknown dates in mid-February 2023, Mikala Jill Conatser, while acting as an employee (pharmacist-in-charge) of New Solutions Functional Wellness Pharmacy, 1901 Medi Park Drive, Suite 120, Amarillo, Texas 79106, failed to legally operate New Solutions Functional Wellness Pharmacy, in that that the pharmacy failed to immediately notify the Texas State Board of Pharmacy (Board) of adverse effects reported to the pharmacy or that were known to be potentially attributable to sterile preparation compounded by the pharmacy. Specifically, New Solutions Functional Wellness Pharmacy received notice that approximately sixteen patients experienced adverse effects potentially attributable to batch sterile preparations of nicotinamide adenine dinucleotide 100 mg/ml and 200 mg/ml solution for infusion/injection compounded by the pharmacy for office use, and subsequently failed to notify the Board.

(2) On or about an unknown date in mid-February 2023, Mikala Jill Conatser, while acting as an employee (pharmacist-in-charge) of New Solutions Functional Wellness Pharmacy, 1901 Medi Park Drive, Suite 120, Amarillo, Texas 79106, failed to ensure that the pharmacy initiated a written recall of the sterile compounded preparations described above in Count (1) upon identification of potential or confirmed harm to a patient. Specifically, following notification of adverse effects experienced by patients administered batch sterile preparations of nicotinamide adenine dinucleotide 100 mg/ml and 200 mg/ml solution for infusion/injection compounded by the pharmacy, the pharmacy failed to initiate a written recall in accordance with Texas State Board of Pharmacy (Board) Rules, to include written notification of the recall to the Board.

An informal conference was held via videoconference on September 19, 2023, with Respondent in attendance. The informal conference was heard by Board Members: Suzette Tijerina, R.Ph.; and Bradley A. Miller, Ph.T.R.; with Megan G. Holloway, General Counsel. Mary Moretti, Staff Attorney, was also in attendance.

At the aforementioned conference, Respondent waived the right to be represented by legal counsel. By signing this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2023), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2023).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 7th day of November, 2023.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Daniel Carroll, Pharm.D.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Mikala Jill Conatser, R.Ph.

APPROVED AS TO FORM:

Megan G. Holloway, General Counsel
Texas State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: New Solutions Funtional Wellness Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 1901 Medi Park Drive, Ste 120

City: Amarillo State: Texas Zip: 79106

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (806) 353-7712 Website: NA

Licensing Company Email: mikala@newsolutionsfwp.com

Section 2: Personal Information

First: Taylor Middle: Douglas Last: Fyfe

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITI: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Horseshoe Bay State: TX Zip: [redacted]

Telephon: [redacted] Emai: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Tascosa High School		9/1/1980 - 6/1/1983	
Address	City	State	Zip
3921 Westlawn Ave	Amarillo	TX	79102
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Texas		9/1/1983 - 6/1/1988	
Address	City	State	Zip
2515 Speedway,	Austin	TX	78712
Diploma/Degree obtained, if any			
Bachelor of Science-Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Texas State University		9/1/1990 -12/1/1991	
Address	City	State	Zip
601 University Dr	San Marcos	TX	78666
Diploma/Degree obtained, if any			
Masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
3/21 - Current				
From - To (MM/YY – MM/YY)				
12/03 - 3/21				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Signa Pharmacy Group LLC dba New Solutions Functional Wellness Pharmacy			12/21 - Current	
Business Address		**City**	**State**	**Zip**
1901 Medi-Park Drive, Ste 120		Amarillo	TX	79106
Phone	**Title**			
806-353-7712	Managing Partner			
Description of Duties				
Financial management				

Business Name			From - To (MM/YY – MM/YY)	
Advanced Pain Care			12/12 - 6/21	
Business Address		**City**	**State**	**Zip**
101 West Louis Henna Blvd, Ste 300		Austin	TX	78728
Phone	**Title**			
512-244-4272	Chief Financial Officer			
Description of Duties				
Financial management				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
9/1/10	2/6/11	TX	Amarillo	Randall
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2010-1355-AIR-E		Texas Commission on Environmental Quality (TCEQ)		
Reason/Charge				
Failing to submit certain air quality reports				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
OGRE, Inc. dba Mur-Tex				

Provide explanation below:

As owner of the fiberglass manufacturing company, it was my responsibility to file certain semi- and annual reports. I was not aware of the reports and their submission requirements. I entered into an Agreed Order with TCEQ at which time I submitted all required reports and paid a fine.

Original Signature (electronic, copies or stamps not accepted)

2/3/2025
Date

AIR CO/RB0091A/RN100216340/0-2264/CO

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

IN THE MATTER OF AN ENFORCEMENT ACTION CONCERNING OGRE, INC. DBA MUR-TEX RN100216340	§ § § § §	BEFORE THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

AGREED ORDER
DOCKET NO. 2010-1355-AIR-E

I. JURISDICTION AND STIPULATIONS

At its APR 06 2011 agenda, the Texas Commission on Environmental Quality ("the Commission" or "TCEQ") considered this agreement of the parties, resolving an enforcement action regarding OGRE, Inc. dba Mur-Tex ("the Respondent") under the authority of TEX. HEALTH & SAFETY CODE ch. 382 and TEX. WATER CODE ch. 7. The Executive Director of the TCEQ, through the Enforcement Division, and the Respondent appear before the Commission and together stipulate that:

1. The Respondent owns and operates a fiberglass tank manufacturing plant at 511 Southwest 48th Avenue in Amarillo, Randall County, Texas (the "Plant").

2. The Plant consists of one or more sources as defined in TEX. HEALTH & SAFETY CODE § 382.003(12).

3. The Commission and the Respondent agree that the Commission has jurisdiction to enter this Agreed Order, and that the Respondent is subject to the Commission's jurisdiction.

4. The Respondent received notice of the violations alleged in Section II ("Allegations") on or about August 4, 2010.

5. The occurrence of any violation is in dispute and the entry of this Agreed Order shall not constitute an admission by the Respondent of any violation alleged in Section II ("Allegations"), nor of any statute or rule.

6. An administrative penalty in the amount of Eighteen Thousand Dollars ($18,000) is assessed by the Commission in settlement of the violations alleged in Section II ("Allegations"). The Respondent has paid Four Hundred Dollars ($400) of the

Exhibit B

administrative penalty and Three Thousand Six Hundred Dollars ($3,600) is deferred contingent upon the Respondent's timely and satisfactory compliance with all the terms of this Agreed Order. If the Respondent fails to timely and satisfactorily comply with all requirements of this Agreed Order, including the payment schedule, the Executive Director may require the Respondent to pay all or part of the deferred penalty.

The remaining amount of Fourteen Thousand Dollars ($14,000) of the administrative penalty shall be payable in 35 monthly payments of Four Hundred Dollars ($400) each. The next monthly payment shall be paid within 30 days after the effective date of this Agreed Order. The subsequent payments shall each be paid not later than 30 days following the due date of the previous payment until paid in full. If the Respondent fails to timely and satisfactorily comply with the payment requirements of this Agreed Order, the Executive Director may, at the Executive Director's option, accelerate the maturity of the remaining installments, in which event the unpaid balance shall become immediately due and payable without demand or notice. In addition, the failure of the Respondent to meet the payment schedule of this Agreed Order constitutes the failure by the Respondent to timely and satisfactorily comply with all the terms of this Agreed Order.

7. Any notice and procedures, which might otherwise be authorized or required in this action, are waived in the interest of a more timely resolution of the matter.

8. The Executive Director of the TCEQ and the Respondent have agreed on a settlement of the matters alleged in this enforcement action, subject to the approval of the Commission.

9. The Executive Director recognizes that the Respondent has implemented the following corrective measures at the Plant:

   a. On October 16, 2009, added all annual compliance certification and semi-annual deviation report due dates to the master company calendar and personal smart phone calendars, with reminders set seven days prior to the end of each reporting period to ensure timely and complete submittal of deviation reports and annual certification reports;

   b. On October 19, 2009, submitted the missing semi-annual compliance status reports; and

   c. By August 6, 2010, reported deviations for the failure to submit the semi-annual compliance status reports.

10. The Executive Director may, without further notice or hearing, refer this matter to the Office of the Attorney General of the State of Texas ("OAG") for further enforcement proceedings if the Executive Director determines that the Respondent has not complied with one or more of the terms or conditions in this Agreed Order.

11. This Agreed Order shall terminate five years from its effective date or upon compliance with all the terms and conditions set forth in this Agreed Order, whichever is later.

12. The provisions of this Agreed Order are deemed severable and, if a court of competent jurisdiction or other appropriate authority deems any provision of this Agreed Order unenforceable, the remaining provisions shall be valid and enforceable.

II. ALLEGATIONS

As owner and operator of the Plant, the Respondent is alleged to have:

1. Failed to submit semi-annual compliance status reports for the July 1, 2006 through December 31, 2006, January 1, 2007 through June 30, 2007, July 1, 2007 through December 31, 2007, January 1, 2008 through June 30, 2008, July 1, 2008 through December 31, 2008 and January 1, 2009 through June 30, 2009 reporting periods, in violation of 30 TEX. ADMIN. CODE §§ 101.20(2) and 122.143(4), 40 CODE OF FEDERAL REGULATIONS §§ 63.9(h) and 63.5910(b), TEX. HEALTH & SAFETY CODE § 382.085(b) and Federal Operating Permit ("FOP") No. O-2664 Special Terms and Conditions No. 1(D), as documented during a record review conducted on July 3, 2010.

2. Failed to submit a complete and accurate Annual Compliance Certification and associated semi-annual deviation reports for the reporting period of September 8, 2008 through September 7, 2009, in violation of 30 TEX. ADMIN. CODE §§ 122.143(4), 122.145(2)(B) and 122.146, TEX. HEALTH & SAFETY CODE § 382.085(b) and FOP O-2664 General Terms and Conditions, as documented during a record review conducted on July 3, 2010. Specifically, the annual compliance certification did not include all deviations and the corrected semi-annual deviation reports had incorrect start and end dates.

III. DENIALS

The Respondent generally denies each allegation in Section II ("Allegations").

IV. ORDERING PROVISIONS

1. It is, therefore, ordered by the TCEQ that the Respondent pay an administrative penalty as set forth in Section I, Paragraph 6 above. The payment of this administrative penalty and the Respondent's compliance with all the terms and conditions set forth in this Agreed Order resolve only the allegations in Section II. The Commission shall not be constrained in any manner from requiring corrective action or penalties for violations which are not raised here. Administrative penalty payments shall be made payable to "TCEQ" and shall be sent with the notation "Re: OGRE Inc. dba Mur-Tex, Docket No. 2010-1355-AIR-E" to:

Financial Administration Division, Revenues Section
Attention: Cashier's Office, MC 214
Texas Commission on Environmental Quality
P.O. Box 13088
Austin, Texas 78711-3088

2. The provisions of this Agreed Order shall apply to and be binding upon the Respondent. The Respondent is ordered to give notice of the Agreed Order to personnel who maintain day-to-day control over the Facility operations referenced in this Agreed Order.

3. If the Respondent fails to comply with any of the Ordering Provisions in this Agreed Order within the prescribed schedules, and that failure is caused solely by an act of God, war, strike, riot, or other catastrophe, the Respondent's failure to comply is not a violation of this Agreed Order. The Respondent shall have the burden of establishing to the Executive Director's satisfaction that such an event has occurred. The Respondent shall notify the Executive Director within seven days after the Respondent becomes aware of a delaying event and shall take all reasonable measures to mitigate and minimize any delay.

4. The Executive Director may grant an extension of any deadline in this Agreed Order or in any plan, report, or other document submitted pursuant to this Agreed Order, upon a written and substantiated showing of good cause. All requests for extensions by the Respondent shall be made in writing to the Executive Director. Extensions are not effective until the Respondent receives written approval from the Executive Director. The determination of what constitutes good cause rests solely with the Executive Director.

5. This Agreed Order, issued by the Commission, shall not be admissible against the Respondent in a civil proceeding, unless the proceeding is brought by the OAG to: (1) enforce the terms of this Agreed Order; or (2) pursue violations of a statute within the Commission's jurisdiction, or of a rule adopted or an order or permit issued by the Commission under such a statute.

6. This Agreed Order may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any page of this Agreed Order may be copied, scanned, digitized, converted to electronic portable document format ("pdf"), or otherwise reproduced and may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this Agreed Order shall constitute an original signature for all purposes and may be used, filed, substituted, or issued for any purpose for which an original signature could be used. The term "signature" shall include manual signatures and true and accurate reproductions of manual signatures created, executed, endorsed, adopted, or authorized by the person or persons to whom the signatures are attributable. Signatures may be copied or reproduced digitally, electronically, by photocopying, engraving, imprinting, lithographing, electronic mail, facsimile transmission, stamping, or any other means or process which the Executive Director deems acceptable. In this paragraph exclusively, the terms "electronic transmission", "owner", "person", "writing", and "written" shall have the meanings assigned to them under TEX. BUS. ORG. CODE § 1.002.

7. Under 30 TEX. ADMIN. CODE § 70.10(b), the effective date is the date of hand-delivery of the Order to the Respondent, or three days after the date on which the Commission mails notice of the Order to the Respondent, whichever is earlier. The Chief Clerk shall provide a copy of this Agreed Order to each of the parties.

SIGNATURE PAGE

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

For the Commission

For the Executive Director

2/7/2011
Date

I, the undersigned, have read and understand the attached Agreed Order. I am authorized to agree to the attached Agreed Order on behalf of the entity indicated below my signature, and I do agree to the terms and conditions specified therein. I further acknowledge that the TCEQ, in accepting payment for the penalty amount, is materially relying on such representation.

I also understand that failure to comply with the Ordering Provisions, if any, in this order and/or failure to timely pay the penalty amount, may result in:

- A negative impact on compliance history;
- Greater scrutiny of any permit applications submitted;
- Referral of this case to the Attorney General's Office for contempt, injunctive relief, additional penalties, and/or attorney fees, or to a collection agency;
- Increased penalties in any future enforcement actions;
- Automatic referral to the Attorney General's Office of any future enforcement actions; and
- TCEQ seeking other relief as authorized by law.

In addition, any falsification of any compliance documents may result in criminal prosecution.

Signature

12/15/10
Date

TAYLOR D. FYFE
Name (Printed or typed)
Authorized Representative of
OGRE Inc. dba Mur-Tex

PRESIDENT
Title

Instructions: Send the original, signed Agreed Order with penalty payment to the Financial Administration Division, Revenues Section at the address in Section IV, Paragraph 1 of this Agreed Order.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1/1/4	4/28/14	TX	Amarillo	Randall
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
65,635C		251st Judicial District Court		
Reason/Charge				
Failing to pay loan payment				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Defendant			Lawsuit	
Name of Business/Industry/Entity				
Taylor Fyfe, co-Owner of OGRE, Inc dba Mur-Tex				

Provide explanation below:

A Company Partner alleged that his family trust was owed money from me personally on a business loan made to the Company. The case was dismissed on grounds of no right to make such a complaint. See attached Dismissal Order.



Original Signature (electronic, copies or stamps not accepted)

2/3/2025

Date

NO. 65,635C

MADISON SCOTT, AS TRUSTEE OF THE MILLIE MARCEAR SCOTT TRUST #2006 Plaintiff,	§	**IN THE DISTRICT COURT**
v.	§	**251ST JUDICIAL DISTRICT**
TAYLOR FYFE, Defendant		
v.	§	
MADISON SCOTT, Individually Third Party Defendant.	§	**OF RANDALL COUNTY, TEXAS**

ORDER DISMISSING CAUSES OF ACTION

On _____, the Court considered the Plaintiff's Motion to Dismiss Cause Number 65,635C and the arguments of counsel. After due consideration of the Motion, the Response thereto, and the arguments of counsel, the Court finds the motion is due to be **GRANTED** and orders the following:

All claims in Cause Number 65,635C are **DISMISSED, With Prejudice.**

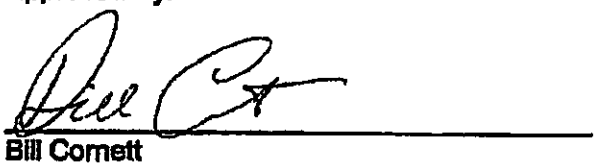
Signed on: April 28, 2014.

Ana Estevez
PRESIDING JUDGE

FILED
Jo Carter
District Clerk
Randall County, Texas
APR 28 2014

Cornett Law Firm PLLC
Scanned
Client copied

Approved By:



Bill Cornett
Attorney for Plaintiff Madison Scott
Cornett Law Firm, PLLC
612 S. Van Buren
Amarillo, Texas 79101
Tel. (806) 374-9498
Fax. (806) 374-2037
Email: bill@cornettlawfirm.com

J. Daren Brown
Attorney for Taylor Fyfe
Stockard, Johnston & Brown, P.C.
1800 S. Washington, Suite 115
Amarillo, Texas 79102
Tel: (806) 372-2202
Fax: (806) 379-7799

CAUSES OF ACTION

On _____, the Court considered the Plaintiff's Motion to Dismiss Cause Number 65,635C and the arguments of counsel. After due consideration of the Motion, the Response thereto, and the arguments of counsel, the Court finds the motion is due to be **GRANTED** and orders the following:

All claims in Cause Number 65,635C are **DISMISSED, With Prejudice.**

Signed on: April 28, 2014.

Ana Estevez
PRESIDING JUDGE

Approved By:

Bill Cornett
Attorney for Plaintiff Madison Scott
Cornett Law Firm, PLLC
612 S. Van Buren
Amarillo, Texas 79101
Tel. (806) 374-9498
Fax. (806) 374-2037
Email: bill@cornettlawfirm.com

J. Daren Brown
Attorney for Taylor Fyfe
Stockard, Johnston & Brown, P.C.
1800 S. Washington, Suite 115
Amarillo, Texas 79102
Tel: (806) 372-2202
Fax: (806) 379-7799

FILED
Jo Carter
District Clerk
Randall County, Texas
APR 29 2014

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/7/23	11/7/23	TX	Amarillo	Potter
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2023-03258		Texas State Board of Pharmacy		
Reason/Charge				
Compliance				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Respondent / New Solutions Functional Wellness Pharmacy			Reprimand	
Name of Business/Industry/Entity				

Provide explanation below:

See attached Agreed Board Order #2023-03258 from the Texas State Board of Pharmacy.

Original Signature (electronic, copies or stamps not accepted)

2/3/2025
Date

AGREED BOARD ORDER #2023-03258

RE:	IN THE MATTER OF NEW SOLUTIONS FUNCTIONAL WELLNESS PHARMACY (PHARMACY LICENSE #27600)	BEFORE THE TEXAS STATE BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 27600 issued to New Solutions Functional Wellness Pharmacy (Respondent), 1901 Medi Park Drive, Suite 120, Amarillo, Texas 79106.

By letter dated July 26, 2023, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 562.153(4); 562.156; 565.001(a)(1), (2), (12) and (13); and 565.002(a)(3), of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2021); and

Sections 281.7(a)(13); 291.32(a)(2)(H); 291.32(c)(1)(E); 291.133(a); 291.133(b)(33); 291.133(g); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2023), in that allegedly:

COUNTS

(1) On various unknown dates in mid-February 2023, Mikala Jill Conatser, while acting as an employee (pharmacist-in-charge) of New Solutions Functional Wellness Pharmacy, 1901 Medi Park Drive, Suite 120, Amarillo, Texas 79106, failed to legally operate New Solutions Functional Wellness Pharmacy, in that that the pharmacy failed to immediately notify the Texas State Board of Pharmacy (Board) of adverse effects reported to the pharmacy or that were known to be potentially attributable to sterile preparation compounded by the pharmacy. Specifically, New Solutions Functional Wellness Pharmacy received notice that approximately sixteen patients experienced adverse effects potentially attributable to batch sterile preparations of nicotinamide adenine dinucleotide 100 mg/ml and 200 mg/ml solution for infusion/injection compounded by the pharmacy for office use, and subsequently failed to notify the Board.

(2) On or about an unknown date in mid-February 2023, Mikala Jill Conatser, while acting as an employee (pharmacist-in-charge) of New Solutions Functional Wellness Pharmacy, 1901 Medi Park Drive, Suite 120, Amarillo, Texas 79106, failed to ensure that the pharmacy initiated a written recall of the sterile compounded preparations described above in Count (1) upon identification of potential or confirmed harm to a patient. Specifically, following notification of adverse effects experienced by patients administered batch sterile preparations of nicotinamide adenine dinucleotide 100 mg/ml and 200 mg/ml solution for infusion/injection compounded by the pharmacy, the pharmacy failed to initiate a written

recall in accordance with Texas State Board of Pharmacy (Board) Rules, to include written notification of the recall to the Board.

An informal conference was held via videoconference on September 19, 2023, with Mikala Jill Conatser, R.Ph., Pharmacist-in-Charge; and Taylor Fyfe, Managing Officer, Signa Pharmacy Group, LLC, on behalf of Respondent, in attendance. The informal conference was heard by Board Members: Suzette Tijerina, R.Ph.; and Bradley A. Miller, Ph.T.R.; with Megan G. Holloway, General Counsel. Mary Moretti, Staff Attorney, was also in attendance.

At the aforementioned conference, Taylor Fyfe, on behalf of Respondent, waived the right to be represented by legal counsel. By signing this Order, Taylor Fyfe, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(3) Respondent shall develop and implement policies and procedures to be used by pharmacy personnel to ensure compliance with Board laws and rules regarding reporting of adverse effects potentially attributable to compounded sterile preparations and the recall of compounded preparations. A written report of such policies and procedures shall be submitted to Board staff within one hundred twenty (120) days after the entry of this Order.

(4) Respondent shall be responsible for all costs relating to compliance with the requirements of this Order.

(5) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2023), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2023).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 7th day of November, 2023.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Daniel Carroll, Pharm.D.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Taylor Eyfe, Managing Officer, Signa Pharmacy Group, LLC
On behalf of New Solutions Functional Wellness Pharmacy

APPROVED AS TO FORM:

Megan G. Holloway, General Counsel
Texas State Board of Pharmacy

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Taylor Fyfe

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/3/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Llano

I, TAYLOR FYFE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/3/2025

Date

Subscribed and Sworn to before me this 3rd day of February 2025

Notary Public Signature

SHERRY ZIMMERMAN
Notary ID #131830269
My Commission Expires
December 18, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: New Solutions Funtional Wellness Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): _____

Physical Address: 1901 Medi Park Drive, Suite 120

City: Amarillo State: Texas Zip: 79106

Mailing Address (if different from physical address): NA

City: _____ State: _____ Zip: _____

Telephone: (806) 353-7712 Website: NA

Licensing Company Email: mikala@newsolutionsfwp.com

Section 2: Personal Information

First: Robert Middle: D. Last: Straface

Alias(es, nicknames, name changes, etc.): _____

Date of Bir[redacted] SSN or ITI[redacted] Sex ■ M ☐ F ☐ X

Mailing Address[redacted]

City: The Hills State: TX Zip[redacted]

Telephone[redacted] Email[redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Lamar University		08/90-05/94	
Address	**City**	**State**	**Zip**
4400 SML King Jr Pkwy	Beaumont	TX	77705
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Port Neches-Groves High School		09/85 - 05/89	
Address	**City**	**State**	**Zip**
1401 Merriman St.	Port Neches	Tx	77651
Diploma/Degree obtained, if any			
High School diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
August/2014-Presen	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
RD3 Management Group			01/15 - Present	
Business Address		**City**	**State**	**Zip**
40 Autumn Oaks Dr.		The Hills	TX	78738
Phone	**Title**			
737-325-3352	Managing Partner			

Description of Duties

Develop business processes and tools to support business model. Manage, coach, and train all teammates on processes and tools.

Business Name			From - To (MM/YY – MM/YY)	
New Solutions Functional Wellness Pharmacy			12/2021-Present	
Business Address		**City**	**State**	**Zip**
1901 Medi Park Drive, Suite 120		Amarillo	TX	79106
Phone	**Title**			
(806) 353-7712	Co-Founder, Managing Partner			

Description of Duties

Develop business processes and tools to support business model. Develop sales tools that allow for adherence. Coach and train all teammates on process and tools.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

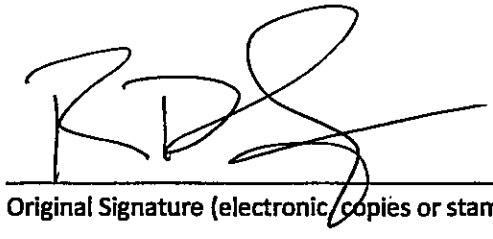
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
05/2007	Unknown	Texas	Southlake	Tarrant
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Unknown		Southlake PD		
Reason/Charge				
DWI				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Robert D Straface, Jr				
Name of Business/Industry/Entity				

Provide explanation below:

In May of 2007 I was arrested for DWI. I am not proud, but content to state that I never again made the same mistake, in fact it led me to the healthy lifestyle that I have lived since that horrific decision. Most of what we do at New Solutions is to help people live a healthier lifestyle and that is in part influenced by the decision I made way back then to commit to making good mental and physical life choices.



Original Signature (electronic copies or stamps not accepted)

2-5-25

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/07/2023		Texas		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2023-03258		Texas State Board of Pharmacy		
Reason/Charge				
Compliance				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
New Solutions Functional Wellness Pharmacy				
Name of Business/Industry/Entity				
New Solutions Functional Wellness Pharmacy				

Provide explanation below:

Please see attached Board Order from the Texas State Board of Pharmacy.

Original Signature (electronic, copies or stamps not accepted)

2/5/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert D Strafaci, Jr
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/5/25
Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of TRAVIS

I, Robert D Strafaci, Jr, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/5/25
Date

Subscribed and Sworn to before me this 5th day of February.

Sharon Kerby
Notary Public Signature

SHARON KERBY
Notary ID #133666068
My Commission Expires
April 7, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: New Solutions Funtional Wellness Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 1901 Medi Park Drive Suite #120

City: Amarillo State: Texas Zip: 79106

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (806) 353-7712 Website: NA

Licensing Company Email: mikala@newsolutionsfwp.com

Section 2: Personal Information

First: Amber Middle: LeAnn Last: Elliott

Alias(es, nicknames, name changes, etc.): Amber LeAnn Bruns

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Amarillo State: TX Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Texas Tech University Health Science Center School of Pharmacy		09/04-05/09	
Address	**City**	**State**	**Zip**
1400 Coulter St	Amarillo	TX	79106
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
West Texas A&M University		09/99-12/03	
Address	**City**	**State**	**Zip**
2501 4th Ave	Canyon	TX	79016
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Muleshoe High School		09/94-05/99	
Address	**City**	**State**	**Zip**
800 W 3rd St	Muleshoe	TX	79347
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/13-Current	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Sandoz Inc.			09/22-Current
Business Address	**City**	**State**	**Zip**
100 College Rd W	Princeton	NJ	08540
Phone	**Title**		
609-627-8500	Medical Science Liaison		

Description of Duties

Coordination and delivery of medical information to healthcare providers.

Business Name			From - To (MM/YY – MM/YY)
Acacia Pharma			07/21-07/22
Business Address	**City**	**State**	**Zip**
Out of business	NA	NA	NA
Phone	**Title**		
NA	Medical Science Liaison		

Description of Duties

Coordination and delivery of medical information to healthcare providers.

Business Name			From - To (MM/YY – MM/YY)
Panhandle Pharmaceutical Consultants, PLLC			07/18-Current
Business Address	**City**	**State**	**Zip**
PO Box 52501	Amarillo	TX	79159
Phone	**Title**		
806-674-2790	Owner		

Description of Duties

Pharmacy consulting and minor ownership of New Solutions Functional Wellness Pharmacy and Domain Surgical Hospital.

Business Name			From - To (MM/YY – MM/YY)
Baudax Bio			07/20-07/21
Business Address	**City**	**State**	**Zip**
Out of Business	NA	NA	NA
Phone	**Title**		
NA	Medical Science Liaison		

Description of Duties

Coordination and delivery of medical information to healthcare providers.

Business Name			From - To (MM/YY – MM/YY)
BSA Health System			05/14-07/20
Business Address	**City**	**State**	**Zip**
1600 Wallace Blvd	Amarillo	TX	79106
Phone	**Title**		
806-212-2000	Clinical Pharmacy Manager		

Description of Duties

Coordination of Clinical Pharmacy Services.

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/7/23				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2023-03258		Texas State Board of Pharmacy		
Reason/Charge				
Compliance				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
New Solutions Functional Wellness Pharmacy				
Name of Business/Industry/Entity				

Provide explanation below:

Please see attached Board Order from the Texas State Board of Pharmacy.

Original Signature (electronic, copies or stamps not accepted)

01/31/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amber Elliott

Print Name (First, Last)

Amber Elliott

Original Signature (electronic, copies or stamps not accepted)

01/31/25

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Randall

I, Amber Elliott, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Amber Elliott

Original Signature

1/31/25

Date

Subscribed and Sworn to before me this 31 day of January, 2025

Chelsea Reasoner

Notary Public Signature

CHELSEA REASONER
Notary Public, State of Texas
Comm. Expires 06-27-2027
Notary ID 132068527

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site New Solutions Funtional Wellness Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 1901 Medi Park Drive

City Amarillo State Texas Zip 79106

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (806) 353-7712 Website NA

Licensing Company Email mikala@newsolutionsfwp.com

Section 2: Personal Information

First TRAVIS Middle Lloyd Last LAWLER

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City Amarillo State TX Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Southwestern Oklahoma State University		From - To (MM/YY – MM/YY): 08/01 – 05/07	
Address: 100 W. Campus Drive	City: Weatherford	State: OK	Zip: 73096
Diploma/Degree obtained, if any: Doctor of Pharmacy			
School Name: Sunray Highschool		From - To (MM/YY – MM/YY): 08/95 – 05/99	
Address: 900 Ave Q	City: Sunray	State: TX	Zip: 79086
Diploma/Degree obtained, if any: Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2016 – Current	[redacted]			
05/07 – 05/16				
From - To (MM/YY – MM/YY)				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: PACIRA BioSciences			From - To (MM/YY – MM/YY): 11/22 – Current
Business Address: 18000 Morning Star Rd	City: Amarillo	State: TX	Zip: 79124
Phone: 806-420-7878	Title: Senior, Director National Accounts		
Description of Duties: Contracting			

Business Name: BAudax Bio - Out of Business			From - To (MM/YY – MM/YY): 05/21 - 10/22
Business Address: NA Out of Business	City: NA	State: NA	Zip: NA
Phone: NA	Title: Senior Director, National Accounts		
Description of Duties: Contracting			

Business Name: Panhandle Pharmaceutical Consultants PLLC			From - To (MM/YY – MM/YY): 11/21 – Current
Business Address: PO Box 52501	City: Amarillo	State: TX	Zip: 79159
Phone: 806-420-7878	Title: CEO/owner		
Description of Duties: CEO			

Business Name: BSA Health System			From - To (MM/YY – MM/YY): 11/17 – 11/20
Business Address: 1600 Wallace Blvd	City: Amarillo	State: TX	Zip: 79106
Phone: 806 212-2000	Title: Assistant Administrator - VP		
Description of Duties: Operations			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/7/23				
Case # 2023-03258		**Governing, licensing, Arresting Presiding Body/Agency/Court** Texas State Board of Pharmacy		
Reason/Charge Compliance				
Plaintiff/Defendant/Claimant/Respondent New Solutions Functional Wellness Pharmacy			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Please see attached from TSBP

Travis Fowler

Original Signature (electronic, copies or stamps not accepted)

2-3-25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Travis Lawler

Print Name (First, Last)

Travis Lawler — 2-3-25

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Potter

I, Travis Lawler, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Travis Lawler — 2-3-25

Original Signature — **Date**

Subscribed and Sworn to before me this 03 day of February, 2025

Paulene Rita Torres

Notary Public Signature

PAULENE RITA TORRES
Notary ID #131346621
My Commission Expires
November 9, 2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: New Solutions Funtional Wellness Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 1901 Medi Park Drive Suite #120

City: Amarillo State: Texas Zip: 79106

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (806) 353-7712 Website: NA

Licensing Company Email: mikala@newsolutionsfwp.com

Section 2: Personal Information

First: Luke Middle: Edward Last: Barnett

Alias(es, nicknames, name changes, etc.):

Date of Birt[redacted] SSN or ITIN[redacted] Sex ☑ M ☐ F ☐ X

Mailing Addres[redacted]

City: Amarillo State: TX Zi[redacted]

Telephone[redacted] Emai[redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Texas Tech University Health Science Center School of Pharmacy		09/03-05/08	
Address	City	State	Zip
1400 Coulter St	Amarillo	TX	79106
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Lubbock Christian University		09/02-05/03	
Address	City	State	Zip
5601 19th St	Lubbock	TX	79407
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Hobbs High School		09/00-05/02	
Address	City	State	Zip
800 N Jefferson St	Hobbs	NM	88240
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
05/20 - Present				
From - To (MM/YY – MM/YY)				
11/12 - 05/20				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Castle Biosciences			04/22-Current
Business Address	**City**	**State**	**Zip**
505 S. Friendswood Dr. Suite 401	Friendswood	TX	77546
Phone	**Title**		
866-788-9007	Medical Science Liaison		
Description of Duties			
Coordination and delivery of medical information to healthcare providers.			

Business Name			From - To (MM/YY – MM/YY)
Baudax Bio			07/21-03/22
Business Address	**City**	**State**	**Zip**
Out of business	NA	NA	NA
Phone	**Title**		
NA	Medical Science Liaison		
Description of Duties			
Coordination and delivery of medical information to healthcare providers.			

Business Name			From - To (MM/YY – MM/YY)
Panhandle Pharmaceutical Consultants, PLLC			07/18-Current
Business Address	**City**	**State**	**Zip**
PO Box 52501	Amarillo	TX	79159
Phone	**Title**		
806-674-2790	Owner		
Description of Duties			
Pharmacy consulting and minor ownership of New Solutions Functional Wellness Pharmacy and Domain Surgical Hospital.			

Business Name			From - To (MM/YY – MM/YY)
Becton Dickinson and Company			11/20-07/21
Business Address	**City**	**State**	**Zip**
1 Becton Drive	Franklin Lakes	NJ	07417
Phone	**Title**		
NA	BD Healthsight consultant		
Description of Duties			
Implementation consultant for BD Healthsight			

Business Name			From - To (MM/YY – MM/YY)
BSA Health System			05/14-11/20
Business Address	**City**	**State**	**Zip**
1600 Wallace Blvd	Amarillo	TX	79106
Phone	**Title**		
806-212-2000	Clinical Pharmacy Manager/Director of Pharmacy		
Description of Duties			
Coordination of Clinical Pharmacy Services and Director of pharmacy			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Amarillo VA Medical Center			07/08 - 05/14
Business Address	**City**	**State**	**Zip**
6010 W Amarillo Blvd	Amarillo	TX	79106
Phone	**Title**		
806-355-9702	Clinical Pharmacist		
Description of Duties			
Pharmacist duties in the Pharmacy department			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/7/23				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2023-03258		Texas State Board of Pharmacy		
Reason/Charge				
Compliance				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
New Solutions Functional Wellness Pharmacy				
Name of Business/Industry/Entity				

Provide explanation below:

Please see attached Board Order from the Texas State Board of Pharmacy.

Original Signature (electronic, copies or stamps not accepted)

2-3-2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Luke Barnett

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2-3-2025

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of Randall

I, Luke Barnett, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2-3-2025

Date

Subscribed and Sworn to before me this 3 day of FEBRUARY 2025

Notary Public Signature

CHELSEA REASONER
Notary Public, State of Texas
Comm. Expires 06-27-2027
Notary ID 132068527

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Signa Pharmacy LLC d.b.a New Solutions Funtional Wellness Pharmacy

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 1901 Medi-Park Dr., Suite 120

City: Amarillo State: TX Zip: 79106

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: (806) 353-7712 Toll Free # (NAC 639.708, NRS 639.23286): (833) 512-2300

Fax: (806) 353-7713 Contact Email: mikala@newsolutionsfwp.com

Website: N/A

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Mikala Conatser

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24203

Name of Designated Person(s) as defined by revised USP-797 guidelines: Amy Flores

Email of Designated Person(s): amy@newsolutionsfwp.com

Telephone of Designated Person(s): (806) 353-7712

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ■ Category 2 ☐ Category 3

If you marked **"Category 3"**, you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 1/8/2025

6. What is the frequency of the recertification for the ISO classified areas? every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 C5Ps and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Surface sampling is conducted monthly

10. Will you be performing sterile hazardous drug compounding? ■ Yes No

If you marked **"Yes"**, you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
See Attached

12. What laboratory performs your sterility or endotoxin testing?

Name: ARL Bio Pharma

Address: 840 Research Parkway, Suite 546

City: Oklahoma City State: OK Zip: 73104

Telephone: (405) 271-1144

13. What is your procedure for visual inspection of compounded sterile products?
Every finished CSP (compounded sterile product) in every batch is examined for particulates; unexpected color or odor; gas formation; and signs of defect, damage, leaking, or tampering prior to release to patients. This process happens during the final check of the CSP, either by a pharmacy technician or pharmacist trained to complete this task. The CSP is also visually inspected to confirm it matches the prescription or medication order, compounding documentation, and label. Personnel performing this task have received training on what to look for during inspection and the steps to perform when inspection turns up an article that is not essentially free from particulate matter. The final release visual inspection is documented on the compounding record.

14. How often do you perform glove fingertip and medial fill testing?
Every 6 months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
We provide new personnel with a comprehensive orientation to the company and their specific job role. Orientation consists of didactic training experiences (written information) and hands-on practical training and mentorship by qualified evaluator. A qualified evaluator observes all newly acquired skills or procedures, and staff are evaluated for their ability to demonstrate the skill/knowledge independently (without prompting). As part of the competency assessments, the staff member must verbalize knowledge in and demonstrate ability to perform psychomotor skills related to- hand hygiene and garbing, cleaning, disinfection, media-fill testing, use of primary and secondary engineering controls, and more. Ongoing competency evaluation of garbing and hand hygiene and aseptic technique, at a minimum, are completed every 6 months.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Cleaning of our laminar airflow workbenches, (LAFWs) and biological safety cabinets (BSCs) occurs generally from the cleanest to the dirtiest, top to bottom, farthest to closest. When performing cleaning, horizontally wiping begins at the top of the surface moving left to right or back to front in unidirectional, overlapping strokes so that the surface is thoroughly wetted but not dripping. The cleaning agent is not directly sprayed on the surface, rather it is sprayed on low-lint wipes until generously wet, then the wipe is used to clean the surface. Cleaning of controlled environments occurs at the end of compounding day. Daily cleaning is conducted with Preempt RTU. Any items in the controlled environments are removed prior to cleaning. Monthly cleaning is conducted at the end of each month using Peridox RTU. After cleaning, the area is sanitized with sterile 70% isopropyl alcohol (IPA). Additionally, the area is sanitized with IPA on a regular basis, which includes the following: 1) beginning of the compounding day; and, in this instance, IPA must be wiped on all interior surfaces, 2) between patient preps or at the start of each batch to the deck; 3) at least every 30 minutes throughout the compounding shift unless a specific compounding process takes longer than 30 minutes; in which case, compounding must not be interrupted to wipe deck with sterile IPA 4) to the deck of the direct compounding area (DCA), prior to beginning critical manipulations 4) after spills (after decontamination and/or cleaning), 5) when microbial contamination is known to have been or is suspected of having been introduced. All cleaning is documented in our cleaning logs.

17. Who performs the sterile compounding process at your facility?

Pharmacy technicians with sterile certification and proper training.

18. Who is responsible and accountable for the sterile compounding process at your facility?
The Pharmacist in Charge and our lead sterile compounding technician who is the designated agent.

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
All products are shipped in packaging material that protects the CSPs from damage, leakage, & degradation. For refrigerated items, ice blocks and insulated thermal liners are used. A SpotSee temperature monitor is included to ensure all items are kept at temperatures within the acceptable range. All packages are shipped Priority overnight with Fedex.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)

1. What type of primary engineering controls will you be using in your facility?
Our hazardous ISO 5 BSC is externally ventilated, located in a negative air pressure ISO 7 buffer room. Our non-hazardous ISO 5 LAFW is located in a positive pressure ISO 7 buffer room. Both are attached to a ISO 7 ante room.

2. Are you complying with all USP 800 guidelines?	■ Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	■ Yes	No
4. Is your BSC or CACI vented 100% to the outside?	■ Yes	No
5. Do you have a negative pressure buffer room at your facility?	■ Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	■ No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	■ No

9. If yes, list the name of the device:
N/A

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?
Each of our hazardous products are dispensed with an auxiliary label identifying the product as hazardous. Each of these compounds is accompanied with a written notice outlining how to handle and dispose of hazardous medications. The notice states to properly handle hazardous prescription medications, patients should:always follow their doctor's instructions carefully, wash their hands thoroughly before and after handling the medication, wear disposable gloves when necessary, use a designated pill container to avoid spills, store the medication in a safe, out-of-reach location, and dispose of unused medication appropriately. To dispose of the hazardous medications, we recommend one of four solutions.

1. Periodic drug take-back events hosted by the DEA
   A. Temporary drug take-back locations are set up in communities nationwide. Go to https://www.dea.gov/takebackday to find location and dates.
2. Drug take-back locations
   A. Some facilities and business are registered with the DEA to collect unused or expired medicines
   B. Search for year-round locations at https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1
3. Pre-paid drug mail-back envelope
   A. Drug mail-back envelopes are available to purchase from multiple places including some retail pharmacies or online websites.
      1. Fill the envelope with your unused or expired medicines.
      2. Seal the envelope.
      3. Mail the envelope using the U.S. Postal Service
4. Combine with undesirable substances and throw away

A. Remove the medication from its original container
B. Mix it with an undesirable substance- cat litter, used coffee grounds, dirt, sawdust
C. Put the mixture in a sealable container and seal so it cannot easily be entered
D. Remove personal information from the container
E. Throw the container in the trash
F. Dispose of the empty original container in the trash or recycling

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Before hazardous drug (HD) training, compounding employees must complete at least the training, competency verification, and testing required by USP Chapter 797 and those added as required. We provide new personnel with a comprehensive orientation to the company and their specific job role. Orientation consists of didactic training experiences (written information) and hands-on practical training and mentorship by qualified evaluator. A qualified evaluator observes all newly acquired skills or procedures, and staff are evaluated for their ability to demonstrate the skill/knowledge independently (without prompting). As part of the competency assessments, the staff member must verbalize knowledge in and demonstrate ability to perform psychomotor skills related to- hand hygiene and garbing, cleaning, disinfection, media-fill testing, use of primary and secondary engineering controls, and more. Ongoing competency evaluation of garbing and hand hygiene and aseptic technique, at a minimum, are completed every 6 months.

All employees who handle HDs who may be responsible for daily and monthly cleaning of the sterile hazardous environment must complete training that includes the following: 1) Overview of HDs, including the NIOSH properties and categories of HDs 2) Review of the SOPs that apply to the employee' s job classification 3) Disposal procedures 4) Spill management procedures 5) HD waste disposal SOPs 6) SOPs related to the treatment of personnel who experience exposures 7) General compounding practices that are different from or in addition to the compounding of nonhazardous drugs 8) Negative-pressure compounding techniques to be used inside a C-PEC. HD training, testing, and competency verification are completed before employees handle HDs and tested annually thereafter.

After HD training, testing, and competency verification but before performing any HD handling activities (includes activities such as receiving, storing, compounding, labeling, packaging, transporting, cleaning HD areas, and disposal of HD wastes), employees of reproductive age read and sign the Hazardous Drug Acknowledgement of Risk.

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mikala Conatser

Name of Person who Completed the Form

PIC

Title

Signature (copies or stamps not accepted)

02/21/2025

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

All Sterile Compounds

New Solutions Functional Wellness Pharmacy

Nevada State Board of Pharmacy Compounding Questionnaire

Question #11

Product	Strength	Quantity
Alpha Lipoic Acid (ALA) (MDV)	25 mg/mL	30 mL
Amino Blend (Glutamine / L-Ornithine / L-Arginine / L-Lysine / L-Citrulline / L-Carnitine) (MDV)	30 mg / 50 mg / 100 mg / 50 mg / 50 mg / 100 mg/mL	30 mL
Ascorbic Acid (MDV)	500 mg/mL	30 mL
Ascorbic Acid (MDV)	500 mg/mL	50 mL
Ascorbic Acid (MDV)	500 mg/mL	100 mL
Ascorbic Acid (PF)	500 mg/mL	100 mL
B-Complex (B-1 / B-2 / B-3 / B-5 / B-6) (MDV)	100 mg / 2 mg / 100 mg / 2 mg / 2 mg/mL	30 mL
Biotin (MDV)	10 mg/mL	30 mL
BPC-157 (MDV)	5 mg/mL	3 mL
BPC-157 / Thymosin Beta-4 (MDV)	5 mg / 5 mg/mL	3 mL
CJC-1295 / Ipamorelin (MDV)	2 mg / 2 mg/mL	5 mL
Dexpanthenol (B-5) (MDV)	250 mg/mL	30 mL
DSIP (Delta Sleep-Inducing Peptide) (MDV)	2 mg/mL	4 mL
Epitalon (MDV)	10 mg/mL	7 mL
Glutamine (MDV)	10 mg/mL	30 mL
Glutathione (MDV)	200 mg/mL	30 mL
Glutathione (PF)	200 mg/mL	30 mL

Ipamorelin (MDV)	2 mg/mL	2 mL
Ipamorelin (MDV)	2 mg/mL	5 mL
L-Arginine (MDV)	100 mg/mL	30 mL
L-Carnitine (MDV)	500 mg/mL	30 mL
L-Lysine (MDV)	100 mg/mL	30 mL
Lipo-Lean (Methionine / Inositol / Choline / B-6 / B-12) (MDV)	25 mg / 50 mg / 50 mg / 5 mg / 1 mg/mL	30 mL
Lipo-Plus (L-Carnitine / Methionine / Inositol / Choline / B-1 / B-2 / B-6) (MDV)	12.5 mg / 12.5 mg / 25 mg / 25 mg / 50 mg / 5 mg / 2 mg/mL	30 mL
Melanotan II (MDV)	2 mg/mL	3 mL
Methylcobalamin (B-12) (MDV)	1 mg/mL	30 mL
Methylcobalamin (B-12) (MDV)	5 mg/mL	30 mL
MSM (Methylsulfonylmethane) (MDV)	200 mg/mL	30 mL
NAD (MDV)	100 mg/mL	10 mL
NAD (MDV)	200 mg/mL	10 mL
NAD (MDV)	400 mg/mL	5 mL
PT-141 (Bremelanotide) (MDV)	2 mg/mL	10 mL
Pyridoxine (B-6) (MDV)	100 mg/mL	30 mL
Selank (MDV)	5 mg/mL	2 mL
Semaglutide / Pyridoxine (MDV)	2.5 mg / 5 mg/mL	1 mL
Semaglutide / Pyridoxine (MDV)	2.5 mg / 5 mg/mL	2 mL
Semaglutide / Pyridoxine (MDV)	5 mg / 10 mg/mL	2 mL
Semaglutide / Pyridoxine (MDV)	5 mg / 10 mg/mL	3 mL

Semax (MDV)	1 mg/mL	3 mL
Sermorelin (MDV)	2 mg/mL	3 mL
Taurine (MDV)	50 mg/mL	30 mL
Tesamorelin (MDV)	10 mg/mL	3 mL
Testosterone Cypionate (Sesame Oil) (MDV)	210 mg/mL	10 mL
Testosterone Cypionate / Anastrozole (Sesame Oil) (MDV)	210 mg / 0.5 mg/mL	10 mL

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *NEW SOLUTIONS FUNCTIONAL WELLNESS PHARMACY* **License Number:** *27600*

Class of License: *AS*

Inspection Information

Type: *Compliance* **Purpose:** *Sterile Compounding(High Risk)*

Date: *08/05/2024* **Arrival Time:** *9:00 AM* **Departure Time:** *11:00 AM*

Action Taken: *Inspection*

General Comments: *Licensed in Arizona, Florida, Illinois, Colorado.*

Compounded Dosage Forms

Allergen extracts	*No*
Parenteral solutions	*Yes*
Parenteral suspensions	*Yes*
Preservative-free parenterals	*Yes*
Ophthalmic preparations	*No*
Oral or nasal inhalation preparations (not topical spray)	*Yes*
Bath or soaks for live organs/tissues	*No*
Irrigations for wounds or body cavities	*No*
Any other sterile preparations (implants, pellets, etc) [list]	*No*
Investigational drugs	*No*
Blood products or other biological materials (wound care, autologous, eye drops, etc)	*No*
Any compounds using federally controlled substances Schedule I-V (list and percentage)	*Yes*

Comment

2% per year.

Does the pharmacy use lyophilizer?	*No*

Environment (Sterile)

S109. Is the cleanroom clean and free of objects that shed particles?	*Satisfactory*

S110. Is the cleanroom used only for sterile preparations?	*Satisfactory*
S119. Does the cleanroom contain only appropriate supplies?	*Satisfactory*
S101. Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions?	*Satisfactory*
S115. Does the ante-area contain a hands-free sink with hot and cold running water?	*Satisfactory*
S102. Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?	*Satisfactory*
S106. Is the buffer area free from sources of water (e.g., sink, floor drains)?	*Satisfactory*
S108. Is there hands-free access to the buffer area?	*Satisfactory*
S113. Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?	*Satisfactory*
S112. Does the floor covering enable regular disinfection?	*Satisfactory*
S118. Are supplies stored above the floor to permit adequate floor cleaning?	*Satisfactory*
S127. Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?	*Satisfactory*
S116. Are temperature and humidity monitored, documented and within the required range?	*Satisfactory*
S167. Is there a thermometer available for the cleanroom and refrigerator(s)?	*Satisfactory*

Primary Engineering Control (PECs) Device

S126. Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc?	*Satisfactory*
S121. Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations?	*Satisfactory*
S246. Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas?	*Not Applicable*
S247. Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area?	*Not Applicable*
S105. Does the CAI or CACI provide unidirectional airflow?	*Not Applicable*
S104. If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area?	*Satisfactory*
S122. If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer?	*Not Applicable*
S124. Is the PEC certified by an independent contractor every 6 months and when relocated?	*Satisfactory*
S125. Are prefilters inspected periodically and replaced as needed?	*Satisfactory*
S128. Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device?	*Satisfactory*

Equipment and Supplies

S174. Does the pharmacy have disposable needles, syringes, and other required or applicable supplies?	*Satisfactory*
S177. Does the pharmacy have lint-free towels or wipes?	*Satisfactory*
S180. Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)?	*Satisfactory*
S176. Does the pharmacy have handwashing agents with bactericidal action?	*Satisfactory*
S175. Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies?	*Satisfactory*
S179. Does the pharmacy have hazardous spill kits, if applicable?	*Satisfactory*
S171. Does the pharmacy have appropriate containers for needles and syringes?	*Satisfactory*
S170. Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?	*Satisfactory*
S178. Does the pharmacy have appropriate filters and filtration equipment?	*Satisfactory*
S181. If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?	*Not Applicable*
S172. Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?	*Satisfactary*

High Risk CSPs

S103. If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas?	*Satisfactory*
S231. Is sterility testing performed if CSPs are prepared in groups > 25, or	*Satisfactory*
S232. If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or	*Satisfactory*
S233. If exposed > 6 hours at warmer than 8 degrees C before sterilized?	*Satisfactory*
S237. Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding?	*Not Applicable*
S238. Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better?	*Satisfactory*
S165. Are filter integrity tests being performed and documented (e.g., bubble point test)?	*Satisfactory*
S239. Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better?	*Satisfactory*

Sterile Library

S154. Does the pharmacy have a reference on injectable drugs?	*Satisfactory*

S155. Does the pharmacy have a specialty reference?	*Not Applicable*
S156. Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters?	*Satisfactory*

Hazardous CSPs

S242. Do personnel wear protective apparel at all times when hazardous drugs are handled?	*Satisfactory*
S243. Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs?	*Satisfactory*
S244. Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations?	*Satisfactory*
S245. Do personnel affix a proper label, including proper precautions inside and outside of the packaging?	*Satisfactory*
S248. Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?	*Satisfactory*
S249. Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)?	*Satisfactory*
S250. Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?	*Satisfactory*
Does the pharmacy have a plan to comply with USP <800> by the implementation date?	*Yes*
Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)?	*Yes*
Is hazardous drug waste quarantined in a designated area?	*Yes*
Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?	*Yes*

Personnel Cleansing, Garbing, Hand Hygiene

S202. Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)?	*Satisfactory*
S180. Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)?	*Satisfactory*
S194. Before entering the buffer area, do compounding personnel remove cosmetics?	*Satisfactory*
S195. Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?	*Satisfactory*
S196. Are natural nails kept neat and trim and no wearing of artificial nails or extenders?	*Satisfactory*
S200. Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?	*Satisfactory*

S192. Are personnel with an apparent illness or open lesions compounding sterile preparations?	*Satisfactory*
S241. When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?	*Satisfactory*
S201. Do compounding personnel engage in proper hand hygiene?	*Satisfactory*
S203. Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?	*Satisfactory*
S204. Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?	*Satisfactory*
S206. Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?	*Satisfactory*
Cleaning/Disinfection Procedures	
S182. Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)?	*Satisfactory*
S230. Is cleaning performed by trained personnel using approved agents (described in written SOPs)?	*Satisfactory*
S228. Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)?	*Satisfactory*
S226. Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies?	*Satisfactory*
S227. Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly?	*Satisfactory*
S229. Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)?	*Satisfactory*
Environmental Sampling	
S270. Is surface sampling conducted in all ISO classified areas on a periodic basis?	*Satisfactory*
S272. Is viable air sampling performed?	*Satisfactory*
S273. Is viable air sampling documented by properly trained individuals for all risk levels every 6 months?	*Satisfactory*
S271. Are environmental sampling results evaluated and addressed (i.e., action levels followed)?	*Satisfactory*
Records of CSPs	
S252. Does the pharmacy maintain records relating to CSPs for a minimum of 2 years?	*Satisfactory*
S253. Do compounding records include the date and time of preparation of a CSP?	*Satisfactory*
S254. Do compounding records include the complete formula of a CSP?	*Satisfactory*

S257. Do compounding records include the quantities of materials used in a CSP?	*Satisfactory*
S255. Do compounding records include the signature or initials of who prepared a CSP?	*Satisfactory*
S256. Do compounding records include the signature or initials of who conducted the final check of a CSP?	*Satisfactory*
S258. Do compounding records include the container used and the number of units prepared for a CSP?	*Satisfactory*
S259. Do compounding records include the criteria used to determine the beyond-use date of a CSP?	*Satisfactory*
S260. Do compounding records include the documentation of performance of quality control procedures?	*Satisfactory*
S261. Are master worksheets and preparation worksheets for batch compounding complete?	*Satisfactory*
S262. Are master worksheets developed and approved by a pharmacist?	*Satisfactory*
General Operational Requirements	
S166. Is a pharmacist available at all times (24/7)?	*Satisfactory*
S187. Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs?	*Satisfactory*
S188. Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)?	*Satisfactory*
S158. If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or,	*Satisfactory*
S158. Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)?	*Satisfactory*
S275. If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states?	*Satisfactory*
Office Use Compounding & Distribution of CSPs	
S163. Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use?	*Satisfactory*
S162. If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution?	*Not Applicable*
Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)?	*Not Applicable*
Quality Control & Verification of Compounding Accuracy	
S207. Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP?	*Satisfactory*

S185. Are periodic in-process checks for CSPs defined in written procedures and conducted as defined?	*Satisfactory*
S191. Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories?	*Satisfactory*
S191. Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an FDA-registered facility?	*Satisfactory*
S191. Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons?	*Not Applicable*

Veterinary Compounding

Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding?	*Not Applicable*
Does the pharmacy meet the same standards for animal compounding as human compounding?	*Not Applicable*
Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients?	*Not Applicable*
Does the pharmacy document if the animal is a pet or used for food?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals?	*Not Applicable*
Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?	*Not Applicable*

Label

S209. Is the CSP properly labeled to include the generic name(s), and	*Satisfactory*
S210. For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?	*Satisfactory*
S211. Does the label include a beyond-use date?	*Satisfactory*
S213. If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and	*Satisfactory*
S214. Quantity, and	*Satisfactory*
S215. Appropriate ancillary instructions, such as storage or cautionary statements, and	*Satisfactory*
S216. Any device-specific instructions, if appropriate?	*Satisfactory*
S220. Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing?	*Satisfactory*

Training & Competency Testing

S129. Has each pharmacist completed the required education and training prior to engaging in sterile compounding?	*Satisfactory*
S130. Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding?	*Satisfactory*
S142. Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program?	*Satisfactory*
S144. Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)?	*Satisfactory*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).

Mikala Conatser

Jennifer Trook

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *NEW SOLUTIONS FUNCTIONAL WELLNESS PHARMACY*
License Number: *27600*
Address: *1901 MEDI PARK DR STE 120, AMARILLO, TX 79106*
Phone: *(806) 353-7712*
Email:
Class of License: *AS*
License Expiration: *08/31/2025*
DEA #: *FS2867262*
DEA Expiration: *10/31/2026*

Inspection Information

Type: *Compliance*
Purpose: *Sterile Compounding(High Risk)*
Date: *08/05/2024*
Arrival Time: *9:00 AM*

Acknowledgment

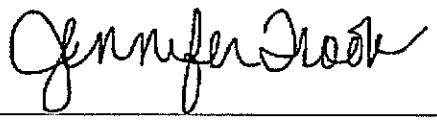
This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.



Mikala Conatser *PIC* *50130*

Witness



Jennifer Trook

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

MC	I am the Pharmacist-in-Charge (PIC) of *NEW SOLUTIONS FUNCTIONAL WELLNESS PHARMACY*, pharmacy license number *27600*, and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *08/05/2024*.
MC	I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.
MC	I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.
N/A	If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.
MC	I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed: [signature] **Date:** *08/05/2024*

Printed Name: *Mikala Conatser* **License No.(if applicable):** *50130*

Texas State Board of Pharmacy

"Red Flags" Checklist for Pharmacies

YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcemed about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Updated 2/2018

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 27600

(Date PDF Version Generated: 10/28/2024)

HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

An up-to-date License Verification is always available on the Board's website: http://www.pharmacy.texas.gov/

CERTIFICATE OF THE TEXAS BOARD OF PHARMACY

This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

License No. **27600** Expiration Date: **08/31/2025**

Balances: **5**

NEW SOLUTIONS FUNCTIONAL WELLNESS PHARMACY
1901 MEDI PARK DR STE 120
AMARILLO, TX 79106

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Re:	New Solutions Functional Wellness Pharmacy
Address:	1901 Medi Park Drive, Suite 120 Amarillo, Texas 79106
License No.:	27600
Date Issued:	August 16, 2011
Licensure Status:	Active
Expiration Date:	August 31, 2025
Type of Pharmacy:	Community Sterile Compounding
Prior Disciplinary Orders:	Yes

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. New Solutions Functional Wellness Pharmacy (Texas Pharmacy License #27600) has been subject to disciplinary action by the Texas State Board of Pharmacy. (see attached)

Form Completed by:

Eamon D. Briggs

Eamon D. Briggs
Deputy General Counsel
Texas State Board of Pharmacy

March 5, 2025
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.





TEXAS STATE BOARD OF PHARMACY

March 5, 2025

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

RE: New Solutions Functional Wellness Pharmacy (Texas Pharmacy License #27600)

Hello:

On February 25, 2025, the Texas State Board of Pharmacy (TSBP) received a request for information regarding the above-described licensee.

We have enclosed documents responsive to the request.

The Texas State Board of Pharmacy would like to request your assistance in assessing the customer service you received. We appreciate your time and input. Please use https://www.surveymonkey.com/r/WYGCJKS to access the survey.

If you need additional information, please contact Renee Slaughter, Senior Administrative Assistant, at (512) 305-8028.

Sincerely,

Open Records
Texas State Board of Pharmacy


RECEIVED

AGREED BOARD ORDER #2023-03258

RE: IN THE MATTER OF NEW SOLUTIONS FUNCTIONAL WELLNESS PHARMACY (PHARMACY LICENSE #27600)

BEFORE THE TEXAS STATE BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 27600 issued to New Solutions Functional Wellness Pharmacy (Respondent), 1901 Medi Park Drive, Suite 120, Amarillo, Texas 79106.

By letter dated July 26, 2023, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 562.153(4); 562.156; 565.001(a)(1), (2), (12) and (13); and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2021); and

Sections 281.7(a)(13); 291.32(a)(2)(H); 291.32(c)(1)(E); 291.133(a); 291.133(b)(33); 291.133(g); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2023), in that allegedly:

COUNTS

(1) On various unknown dates in mid-February 2023, Mikala Jill Conatser, while acting as an employee (pharmacist-in-charge) of New Solutions Functional Wellness Pharmacy, 1901 Medi Park Drive, Suite 120, Amarillo, Texas 79106, failed to legally operate New Solutions Functional Wellness Pharmacy, in that that the pharmacy failed to immediately notify the Texas State Board of Pharmacy (Board) of adverse effects reported to the pharmacy or that were known to be potentially attributable to sterile preparation compounded by the pharmacy. Specifically, New Solutions Functional Wellness Pharmacy received notice that approximately sixteen patients experienced adverse effects potentially attributable to batch sterile preparations of nicotinamide adenine dinucleotide 100 mg/ml and 200 mg/ml solution for infusion/injection compounded by the pharmacy for office use, and subsequently failed to notify the Board.

(2) On or about an unknown date in mid-February 2023, Mikala Jill Conatser, while acting as an employee (pharmacist-in-charge) of New Solutions Functional Wellness Pharmacy, 1901 Medi Park Drive, Suite 120, Amarillo, Texas 79106, failed to ensure that the pharmacy initiated a written recall of the sterile compounded preparations described above in Count (1) upon identification of potential or confirmed harm to a patient. Specifically, following notification of adverse effects experienced by patients administered batch sterile preparations of nicotinamide adenine dinucleotide 100 mg/ml and 200 mg/ml solution for infusion/injection compounded by the pharmacy, the pharmacy failed to initiate a written

recall in accordance with Texas State Board of Pharmacy (Board) Rules, to include written notification of the recall to the Board.

An informal conference was held via videoconference on September 19, 2023, with Mikala Jill Conatser, R.Ph., Pharmacist-in-Charge; and Taylor Fyfe, Managing Officer, Signa Pharmacy Group, LLC, on behalf of Respondent, in attendance. The informal conference was heard by Board Members: Suzette Tijerina, R.Ph.; and Bradley A. Miller, Ph.T.R.; with Megan G. Holloway, General Counsel. Mary Moretti, Staff Attorney, was also in attendance.

At the aforementioned conference, Taylor Fyfe, on behalf of Respondent, waived the right to be represented by legal counsel. By signing this Order, Taylor Fyfe, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(3) Respondent shall develop and implement policies and procedures to be used by pharmacy personnel to ensure compliance with Board laws and rules regarding reporting of adverse effects potentially attributable to compounded sterile preparations and the recall of compounded preparations. A written report of such policies and procedures shall be submitted to Board staff within one hundred twenty (120) days after the entry of this Order.

(4) Respondent shall be responsible for all costs relating to compliance with the requirements of this Order.

(5) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2023), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2023).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 7th day of November, 2023.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Daniel Carroll, Pharm.D.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Taylor Fyfe, Managing Officer, Signa Pharmacy Group, LLC
On behalf of New Solutions Functional Wellness Pharmacy

APPROVED AS TO FORM:

Megan G. Holloway, General Counsel
Texas State Board of Pharmacy

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS2867262	10-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	09-21-2023

NEW SOLUTIONS FUNCTIONAL WELLNESS PHARMACY
1901 MEDI PARK DR, STE 120
AMARILLO, TX 791062106

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS2867262	10-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	09-21-2023

NEW SOLUTIONS FUNCTIONAL WELLNESS PHARMACY
1901 MEDI PARK DR, STE 120
AMARILLO, TX 791062106

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

13

13A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Milla Pharmaceuticals Inc.

Physical Address: 1310 Highway 96 E, Suite 104A

City: White Bear Lake State: MN Zip: 55110-3618

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 651-231-1042 Website: https://millapharmaceuticals.com/

Name of Designated Representative (DR): Erik Lazarich

Licensing Company Email: statelicensing@eversana.com DR Email: erik.lazarich@millapharma.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Virtual Manufacturer

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

27 Nov 2024
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): A.forall company

Corporation/Organization Name: Milla Pharmaceuticals Inc.

Mailing Address: 1310 Highway 96 E, Suite 104A

City: White Bear Lake State: MN Zip: 55110-3618

Telephone: 651-231-1042 Email: statelicensing@eversana.com

Contact Person Name: Erik Lazarich

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Milla Pharmaceuticals Inc.

Facility Name

Erik Lazarich

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

27 Nov 2024

Date

Board Use Only	Date Received: 12/31/24	Amount: $1000 Ck 24737

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Milla Pharmaceuticals Inc.

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 1310 Highway 96 E, Suite 104A

City: White Bear Lake State: MN Zip: 55110-3618

Mailing Address (if different from physical address): same as above

City: State: Zip:

Telephone: 651-231-1042 Website:

Licensing Company Email: statelicensing@eversana.com

Section 2: Personal Information

First: Erik Middle: Last: Lazarich

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: White Bear Lake State: MN Zip: [redacted]

Telephone: [redacted] Email: erik.lazarich@aforallpharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Como Sr. High			1984 – 1987	
Address		City	State	Zip
740 Rose Ave. W		St. Paul	MN	55117
Diploma/Degree obtained, if any				
G.E.D.				
School Name			From - To (MM/YY – MM/YY)	
University of Minnesota			1992 – 1996	
Address		City	State	Zip
100 Church Street		Minneapolis	MN	55455
Diploma/Degree obtained, if any				
B.S. Biochemistry				
School Name			From - To (MM/YY – MM/YY)	
University of St. Thomas, Opus College Business			2001 – 2006	
Address		City	State	Zip
1000 La Salle Ave.		Minneapolis	MN	55403
Diploma/Degree obtained, if any				
M.B.A.				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2015 – 4/2018	[redacted]	Raleigh	NC	[redacted]
From - To (MM/YY – MM/YY)		City	State	
5/2018 – 8/2018		St. Paul	MN	
From - To (MM/YY – MM/YY)		City	State	
8/2018 – present		White Bear Lake	MN	
From - To (MM/YY – MM/YY)		City	State	
4/2015 – 11/2015		Raleigh	NC	
From - To (MM/YY – MM/YY)		City	State	
3/2014 – 4/2015		Fremont	CA	
From - To (MM/YY – MM/YY)		City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
MILLA PHARMA, INC.,		Jun 2020-present	
Business Address	**City**	**State**	**Zip**
Minnetonka, MN			
Phone	**Title**	**Number of Employed Hours**	
	Vice President, Portfolio Management & Business Develop	8,000	

Description of Duties

Lead US generic pharmaceutical operations of Alter Pharma's US subsidiary, Manage near-term launch strategies with US partners and internal KOLs, Lead product selection activities for U.S.

Business Name		From - To (MM/YY – MM/YY)	
AMERIGEN PHARMACEUTICALS, INC.,		June 2018 – January 20	
Business Address	**City**	**State**	**Zip**
Lyndhurst, NJ			
Phone	**Title**	**Number of Employed Hours**	
	Vice President, Portfolio Management & In-Licensing	4,000	

Description of Duties

Engage executive and business senior leadership, transaction advisors as member of M&A/in-licensing team proposing and evaluating corporate acquisition targets and product opportunities

Business Name		From - To (MM/YY – MM/YY)	
MAYNE PHARMA		April 2015 – May 2018	
Business Address	**City**	**State**	**Zip**
Raleigh, NC			
Phone	**Title**	**Number of Employed Hours**	
	Senior Director, Portfolio Management & In-Licensing	2,000	

Description of Duties

Lead three large cross-functional analytic groups across generics, specialty brands and drug-delivery technologies assessing transaction opportunities and establishing transaction strategy

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

forall GENERICS

To whom it may concern:

Regulatory questions 1,2 and 10, on the Alabama License Application were erroneously marked as "No" when they should have been marked a "Yes". Below is follow-up information to address the "Yes" for each of those questions.



For questions 1 and 2, I, Erik Lazarich, was arrested in the mid-1990's for a DUI offense and later found guilty. It was a one-time offense with the penalty of having to attend a two-day seminar on the dangers of driving while intoxicated. No other offences have occurred in the ~30 years since then.



For question 10, our Contract Manufacturer (CMO), Sovereign Pharmaceuticals,the manufacturer of our Pyridostigmine Oral Solution, ANDA 212405, received a 483 and a Warning Letter.

1. 483 (Inspection dates April 13 – 22, 2022) observations including stability temperature excursion observations.

2. Warning Letter related to the April 2022 483 (Dated 10/05/22)

3. 483 dated Aug 02, 2023 (Inspection dates July 18 – 28, 2023) related to 1) failure to document deviations and/or rejected lots in validation technical reports 2) Laboratory controls without scientifically sound and appropriate specifications and test procedures 3) Component testing is deficient (not tested for conformity with all appropriate specifications for purity, strength, and quality)

4. The situation was addressed directly to the FDA with the following communication and the FDA did not object to our launch with the product currently on the market, please see below.

Milla Pharmaceuticals Inc.
1310 Highway 96 E, Suite 104A
White Bear Lake, MN 55110- USA

Tel.: +1 (651) 231-1042
info@aforallpharma.com
www.aforallpharma.com

President: Erik Lazarich
erik.lazarich@aforallpharma.com

forall GENERICS

Pyridostigmine Bromide Oral Solution is manufactured by CMO, Sovereign Pharmaceuticals, LLC (Sovereign), Fort Worth, TX. Sovereign received an FDA warning letter on Oct 05, 2022. Milla Pharmaceuticals met with the Sovereign team from 11/14/22 to 11/18/22 after they had the opportunity to address outstanding quality issue identified in the warning letter. Upon careful review of the impact on Milla's Pyridostigmine Bromide Oral Solution product by the Head of Quality of Alter Pharma (parent company of Milla Pharmaceuticals, Inc.) and an independent US Quality Consultant, Milla Pharmaceuticals informed OGD and Orange Book team of its intention to commercially market the product from January 15, 2023.

Sovereign was subsequently inspected byFDA in July 2023 to verify the status of the Warning Letter remediation plan. A 483 Form was issued with some observations and the majority of CAPA implemented to respond to such observations are now closed.

Pyridostigmine Bromide Oral solution USP 60 mg/5 mL, Batch 22ZYA1, was manufactured at Sovereign facilities on Nov 15, 2022, according to a Master Batch Record reviewed and approved by Alter Pharma Group, following the instructions contained in the ANDA (as supported by a Process Validation exercise). The manufacturing operations (preparation of the bulk solution, filling into 16 oz. HDPE bottles, packaging and labelling) were conducted in the presence of Alter Pharma's Head of Quality, visiting the site, supported by an independent US Quality consultant on site. The batch was completed successfully, meeting all in-process specifications. The executed batch records, approval of starting materials and any associated change controls or deviations were also reviewed by Alter Pharma QA. Based on the available information, any potential impact of the Warning Letter content on this product was excluded. After full release testing, review and approval of any deviation occurred and compliance check with the current registered specifications, the batch is now ready for release and distribution to the US market.

Additional supporting information will also be provided with this correspondence.

I would be happy to address any additional questions.

Sincerely,

DocuSigned by:
Erik Lazarich
ABE94F24233743C...

Jun 12, 2024

Erik Lazarich

President and authorized representative

Milla Pharmaceuticals Inc.
1310 Highway 96 E, Suite 104A
White Bear Lake, MN 55110- USA

Tel.: +1 (651) 231-1042
info@aforallpharma.com
www.aforallpharma.com

President: Erik Lazarich
erik.lazarich@aforallpharma.com

I, Erik Lazarich, **certify that as the designated representative for**

_____,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. EL I am at least 21 years of age;
3. EL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. EL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. EL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. EL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. EL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Erik Lazarich

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

20 Nov 2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Erik Lazarich

Print Name (First, Last)

EL

Original Signature (electronic, copies or stamps not accepted)

20 Nov 2024

Date

Please have this section completed in the presence of a Notary Public.

State of Minnesota, ss. County of Ramsey

I, Erik Lazarich, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

EL

Original Signature

20 Nov 2024

Date

Subscribed and Sworn to before me this 20th day of Nov. 2024.

Notary Public Signature

CARISA ANN VERMEERSCH
NOTARY PUBLIC
MINNESOTA
My Commission Expires Jan. 31, 2025

(Seal)

Milla Pharmaceuticals – List of Officers

Name	Title	Home Adress	Phone	Email	DOB	% Ownership
Erik Lazarich	President & Secretary	[redacted]	[redacted]	erik.lazarich@aforallpharma.com	[redacted]	0%
Filip Van de Vliet	Treasurer			filipvandevliet@aforallpharma.com		0%

Milla Pharmaceuticals – Product List

Product Name	ANDA Number	NDC		Milla's Labeler Code
Tromethamine Injection	213116	71357-001-01 (Vial) 71357-001-06 (Carton)		71357
Selenious Acid Injection	219038	71357-003-01 (Vial) 71357-003-05 (Carton)		
Sodium Bicarbonate Injection	219089	71357-002-01 (Vial) 71357-002-10 (Carton)		
Sodium Acetate Injection	214805	100 mEq/50 mL	71357-007-01 (vial) 71357-007-10 (Carton)	
		200 mEq/100 mL	71357-008-01 (vial) 71357-008-10 (Carton)	
		40 mEq/20 mL	71357-002-01 (vial) 71357-002-10(vial)	
		400 mEq/100 mL	71357-009-01 (vial) 71357-009-10(vial)	
Calcium Gluconate in NaCl Injection	219037	1 gm/50 mL	71357-005-01 (Bag) 71357-005-24 (Carton)	
		2 gm/100 mL	71357-006-01 (Bag) 71357-006-24 (Carton)	

Labeler Confirmed ✓ 1/10/25

U.S. FOOD & DRUG ADMINISTRATION

ANDA 214805/S-005

PRIOR APPROVAL SUPPLEMENT
APPROVAL - NEW STRENGTH

Milla Pharmaceuticals, Inc.
601 Carlson Parkway, Suite 1050
Minnetonka, MN 55305
Attention: Madan Chilakuri
Head of Regulatory Affairs - US

Dear Madan Chilakuri:

This letter is in reference to your supplemental abbreviated new drug application (sANDA) received for review on November 8, 2023, submitted pursuant to section 505(j) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) for Sodium Acetate Injection USP, 100 mEq/50 mL (2 mEq/mL), 200 mEq/100 mL (2 mEq/mL), and 400 mEq/100 mL (4 mEq/mL) Pharmacy Bulk Packaging Vials.

Reference is also made to any amendments submitted prior to the issuance of this letter.

The sANDA, submitted as a "Prior Approval Supplement," provides for:

> Additional of a new strength, Sodium Acetate Injection USP, 40 mEq/20 mL (2 mEq/mL) Single-Dose Vials.

We have completed the review of this sANDA and have concluded that adequate information has been presented to demonstrate that the drug meets the requirements for approval under the FD&C Act. Accordingly, the sANDA is **approved**, effective on the date of this letter. We have determined your Sodium Acetate Injection USP, 40 mEq/20 mL (2 mEq/mL) Single-Dose Vials, to be bioequivalent and therapeutically equivalent to the reference listed drug (RLD), Sodium Acetate Injection, 2 mEq/mL, of Hospira Inc.

Please note that if FDA requires a Risk Evaluation and Mitigation Strategy (REMS) for a listed drug, an ANDA referencing that listed drug also will be required to have a REMS. See section 505-1(i) of the FD&C Act.

COMPENDIAL STANDARDS

A drug with a name recognized in the official United States Pharmacopeia or official National Formulary (USP-NF) generally must comply with the compendial standard for strength, quality, and purity, unless the difference in strength, quality, or purity is plainly stated on its label (see FD&C Act § 501(b), 21 USC 351(b)). FDA typically cannot share

application-specific information contained in submitted regulatory filings with third parties, which includes USP-NF. To help ensure that a drug continues to comply with compendial standards, application holders may work directly with USP-NF to revise official USP monographs. More information on the USP-NF is available on USP's website as https://www.uspnf.com/.

REQUIREMENTS AND RECOMMENDATIONS POST APPROVAL

Under applicable statutes, regulations, and guidances, your ANDA may be subject to certain requirements and recommendations post approval, including requirements regarding changes to approved ANDAs, postmarketing reporting, promotional materials, and annual facility fees, among others. For information on post-approval requirements and recommendations for ANDAs and a list of resources for ANDA holders, we refer you to https://www.fda.gov/drugs/abbreviated-new-drug-application-anda/requirements-and-resources-approved-andas.

Sincerely yours,

{See appended electronic signature page}

For Edward M. Sherwood
Director
Office of Regulatory Operations
Office of Generic Drugs
Center for Drug Evaluation and Research

Catherine Poole

Digitally signed by Catherine Poole
Date: 1/22/2024 12:56:28PM
GUID: 5407887a000a1c0c26055eafb8e3258a

U.S. FOOD & DRUG ADMINISTRATION

ANDA 213116

ANDA APPROVAL

Milla Pharmaceuticals, Inc.
601 Carlson Parkway, Suite 1050
Minnetonka, MN 55305
Attention: Madan Chilakuri
Head of Regulatory Affairs - US

Dear Madan Chilakuri:

This letter is in reference to your abbreviated new drug application (ANDA) received for review on July 11, 2019, submitted pursuant to section 505(j) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) for Tromethamine Injection, 3.6 g/100 mL in 500 mL Single-Dose Container.

Reference is also made to the complete response letter issued by this office on June 16, 2023, and to any amendments thereafter.

We have completed the review of this ANDA and have concluded that adequate information has been presented to demonstrate that the drug meets the requirements for approval under the FD&C Act. Accordingly the ANDA is **approved**, effective on the date of this letter. We have determined your Tromethamine Injection, 3.6 g/100 mL in 500 mL Single-Dose Container to be bioequivalent and therapeutically equivalent to the reference listed drug (RLD), Tham 3.6 g/100 mL in 500 mL, of Hospira Inc. NDA - 013025.

Reference is also made to FDA's Competitive Generic Therapy Designation – Grant letter dated September 10, 2019.

We note that Milla Pharmaceuticals, Inc. (Milla) was granted a Competitive Generic Therapy (CGT) designation for Tromethamine Injection, 3.6 g/100 mL in 500 mL Single-Dose Container. Milla is the "first approved applicant" for Tromethamine Injection, 3.6 g/100 mL in 500 mL Single-Dose Container, as defined in section 505(j)(5)(B)(v)(III) of the FD&C Act. Therefore, with this approval, Milla is eligible for 180 days of CGT exclusivity for Tromethamine Injection, 3.6 g/100 mL in 500 mL Single-Dose Container, under section 505(j)(5)(B)(v) of the FD&C Act. This exclusivity begins to run from the date of the first commercial marketing of the CGT (including the commercial marketing of the listed drug) by Milla, as specified in section 505(j)(5)(B)(v) of the FD&C Act. Furthermore, in accordance with section 505(j)(5)(B)(v)(I) of the FD&C Act, this 180-day CGT exclusivity will not block approval of other applications until Milla has commenced commercial marketing. Please submit a correspondence to this ANDA informing the

Agency of the date you begin commercial marketing. Please also submit notice of first commercial marketing via e-mail to the Patent and Exclusivity Team at CDER-OGDPET@fda.hhs.gov. This e-mail should be sent the same day you commence commercial marketing. Reference is also made to the Special Forfeiture Rule for Competitive Generic Therapy in section 505(j)(5)(D)(iv) of the FD&C Act. Please be aware that, pursuant to this forfeiture rule, you will forfeit your eligibility for the 180-day CGT exclusivity period for Tromethamine Injection, 3.6 g/100 mL in 500 mL Single-Dose Container, if you fail to market this CGT within 75 days after the date on which the approval of this application is made effective.

Please note that if FDA requires a Risk Evaluation and Mitigation Strategy (REMS) for a listed drug, an ANDA referencing that listed drug also will be required to have a REMS. See section 505-1(i) of the FD&C Act.

COMPENDIAL STANDARDS

A drug with a name recognized in the official United States Pharmacopeia or official National Formulary (USP-NF) generally must comply with the compendial standard for strength, quality, and purity, unless the difference in strength, quality, or purity is plainly stated on its label (see FD&C Act § 501(b), 21 USC 351(b)). FDA typically cannot share application-specific information contained in submitted regulatory filings with third parties, which includes USP-NF. To help ensure that a drug continues to comply with compendial standards, application holders may work directly with USP-NF to revise official USP monographs. More information on the USP-NF is available on USP's website as https://www.uspnf.com/.

REQUIREMENTS AND RECOMMENDATIONS POST APPROVAL

Under applicable statutes, regulations, and guidances, your ANDA may be subject to certain requirements and recommendations post approval, including requirements regarding changes to approved ANDAs, postmarketing reporting, promotional materials, and annual facility fees, among others. For information on post-approval requirements and recommendations for ANDAs and a list of resources for ANDA holders, we refer you to https://www.fda.gov/drugs/abbreviated-new-drug-application-anda/requirements-and-resources-approved-andas.

Sincerely yours,

{See appended electronic signature page}

For Edward M. Sherwood
Director
Office of Regulatory Operations
Office of Generic Drugs
Center for Drug Evaluation and Research

Paul
Levine

Digitally signed by Paul Levine
Date: 12/31/2024 08:37:20AM
GUID: 56323ddc003554a87fad6698c2baa467

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MILLA PHARMACEUTICALS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MILLA PHARMACEUTICALS INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.





6191389 8300

SR# 20244592240

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205217238

Date: 12-23-24

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Milla Pharmaceuticals Inc
Date Filed:	01/25/2018
File Number:	996612000023
Minnesota Statutes, Chapter:	303
Home Jurisdiction:	Delaware
This certificate has been issued on:	05/24/2024

Steve Simon
Secretary of State
State of Minnesota

Milla Pharmaceuticals – CMO and 3PL Information

Contract Manufacturers:

Name	Address	FDA Registration #
S.M. Farmaceutici S.r.l.	Zona Industriale Via Scalo Ferroviario SNC 85050 Tito Scalo (PZ), Italy	FEI: 3008409127 DUNS: 430188286
Steril-Gene Life Sciences (P) Ltd	45, Main Road, Mangalam Village, Villianur Commune, Puducherry-605110, India	FEI: 3014319211 DUNS: 864148801
NerPharMa S.r.l.	Viale Pasteur, 10, Casella postale, N. 11, 20014 Nerviano, Milan, Italy	FEI: 3004762406 DUNS: 338839192

3PL Information:

Name	Address
EVERSANA Life Science Services	4550 Mendenhall Road,. Memphis, Tennessee 38141

State of Minnesota

Minnesota Board of Pharmacy
St. Paul, MN 55102

HAS ISSUED
Manufacturer
License Number 462441

To: Milla Pharmaceuticals, Inc.
1310 Highway 96
STE 104A
White Bear Lake, MN 55110

EFFECTIVE DATE
7/30/24

EXPIRATION DATE
5/31/25

State of Minnesota

Minnesota Board of Pharmacy
St. Paul, MN 55102

HAS ISSUED
Manufacturer
License Number 462441

To: Milla Pharmaceuticals, Inc.

7/30/24 E DATE

5/31/25 ON DATE

Milla Pharmaceuticals – Home State License

MINNESOTA BOARD OF PHARMACY

PROFILE

NAME: Milla Pharmaceuticals Inc.

ADDRESS: 1310 Highway 96
STE 104A
White Bear Lake, MN 55110

LICENSES

Manufact
Active
as of 07/30/2024

TYPE: Manufacturer

NUMBER: 462441

ISSUE DATE: 07/30/2024

EXPIRE DATE: 05/31/2025

PUBLIC ACTIONS

Milla Pharmaceuticals – Home State License Verification

8/2/24, 9:24 AM Licensee Information

MINNESOTA BOARD OF PHARMACY

Profile

Name: Milla Pharmaceuticals Inc.

Address: 1310 Highway 96
STE 104A
White Bear Lake, MN 55110

Licenses

Manufact Active as of 07/30/2024	Type	Manufacturer	Number	462441
	Issue Date	07/30/2024	Expire Date	05/31/2025

Public Actions

This information is valid as of: Friday, August 2, 2024 10:24:38 AM. The licensure data on this website is provided and controlled by the Minnesota Board of Pharmacy. Licensure information is updated as changes to status occur, is secure and considered primary source for verification of a Minnesota license.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89512
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PA01907000001

Application/License No. NA

Milla Pharmaceuticals Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1310 Highway 96 E Ste 104A, White Bear Lake, MN 55110 (Address of Applicant/Principal), as PRINCIPAL, and Philadelphia Indemnity Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Bala Plaza Suite 100, Bala Cynwyd, PA 19004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 02/15/2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 18th day of February, 2025.

APPLICANT/PRINCIPAL

Authorized Representative

Erik Lazarich, President
Milla Pharmaceuticals Inc.

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Surety Company's Representative

Michael E. Cundiff, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Melissa Hibbs

Witness Marc Richardson

Countersigned by:

Nevada Resident Agent

CARISA ANN VERMEERSCH
NOTARY PUBLIC
MINNESOTA
My Commission Expires Jan. 31, 2030

ACKNOWLEDGEMENT OF SURETY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of PA

County of Montgomery

On this 18 day of February, 2025 before me personally came Michael E. Cundiff to me known, who being by me duly sworn, deposes and says that he is the Attorney in Fact of Philadelphia Indemnity Insurance Company, the corporation described in and which executed the foregoing Agreement; that he knows the seal of the said corporation; that the seal affixed to the said Agreement is such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation, and that he signed his name thereto by like order.

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Delaware County
My commission expires November 3, 2028
Commission number 1366394
Member, Pennsylvania Association of Notaries

(Signature of Notary Public)

My Commission expires November 3, 2028

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

PA01907000001

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Michael E. Cundiff its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed $25,000.00.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November 2016

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF OCTOBER 2024

(Seal)

John W. Glomb Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of October, 2024 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Delaware County
My commission expires November 3, 2028
Commission number 1366394
Member, Pennsylvania Association of Notaries

Notary Public: Vanessa McKenzie

residing at: Linwood, PA

My commission expires: November 3, 2028

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day October 2024 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 18 day of February, 2025.

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

Maria Herrera

From: StateLicensing <StateLicensing@Eversana.com>
Sent: Thursday, January 16, 2025 8:54 AM
To: Maria Herrera
Subject: RE: Nevada Out-of-State Wholesaler Application-Milla Pharmaceuticals Inc.
Attachments: Letter of Good Standing from Delaware DE - COGS - Milla Pharmaceuticals Inc 2024-12-23.pdf; COI MILLA PHARMACEUTICALS INC - Lenny Enterprises II LLP - 24080131028117 - 570107452495.pdf; FDA Approval Sodium Acetate.pdf; FDA Approval-Tromethamine.pdf

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Maria,

Please find below and attached and please let me know if you need anything else.

Employee List:

Robin Strzeminski robin.strzeminski@aforallpharma.com	Senior Director of National Accounts
Mushtaq Fruitwala mushtaq.fruitwala@aforallpharma.com	VP R&D, CSO - US
Siddharth Nirmal siddharth.nirmal@aforallpharma.com	Market Analyst
Madan Chilakuri madan.chilakuri@aforallpharma.com	Head of Regulatory Affairs - USA • Generics Regulatory Affairs
Madhavi Mentreddy madhavi.mentreddy@aforallpharma.com	Director, Gross to Net Accounting US
Sherice Koonce sherice.koonce@aforallpharma.com	Senior Director Pricing & Contracts
Jaclyn Emershaw jaclyn.emershaw@aforallpharma.com	SR. Manager Commercial Operations
Erik Lazarich erik.lazarich@aforallpharma.com	President US

Best,
Elizabeth

Elizabeth Reger, MS

MINNESOTA
BOARD OF PHARMACY

2829 University Avenue SE, Suite 530
Minneapolis, MN 55414
Phone: 651-201-2825 Fax: 612-617-2262
Email: pharmacy.board@state.mn.us
www.pharmacy.mn.gov

DRUG MANUFACTURER

Facility Name: Milla Pharmaceuticals, INC	License # 462441
Address 1310 Highway 96 E Suite 104A	Phone /Fax 651-231-1042
City/Zip White Bear Lake MN 55110	Facility Contact Person/Contact Number Erik Lazarich 651-231-1042
FDA Registration Virtual Manufacturer with FDA issued Labeler Code: 71357	Person Accompanying Inspector: Erik Lazarich outside

Others via TEAMS

Products Produced: □ Oral □ Topical/external □ Eye/Ear/Nose/Throat x Injections vials/bags □ Other Production	**Policies and Procedures to meet cGMP requirements** (21 CFR parts 210 and 211) Do have SOPs for oversight
Suppliers: (COA retained) N/A VIRTUAL MF- CMOs ARE NOT LOCATED WITHIN US OR TERRITORIES.	FDA Inspection Date/ Results
Product distributed/sold to: □ Medical Doctor X Pharmacy □ Dentist □ Home Health Agency □ Veterinarian ✓ Nursing Home X Wholesaler X Other: HOSPITAL long term care facilities	Equipment must be maintained, routinely calibrated, and inspected per cGMP; records retained.
Medical Gas dispensed via patient prescription (MR 6800.9924 Record Requirements) -Prescriptions obtained yearly: -Prescriptions readily retrievable: -Prescriptions retained for 2 years: -Records of amount dispensed/ refills:	Records per cGMP, including, but not limited to: - Master Formulation - Batch Records, copy of label (production) - Component, container, closures, and labeling - Laboratory / finished product testing - Training - Distribution
Storage: Isolated from flammables, storage safety, separation: Full/Empty segregation: Quarantine: Office does have a secure area Security: Cabinet up to off storage drugs onsite **Must meet all other state and federal regulations and guidance**	Records on site or readily retrievable: □ Paper ✓ Electronic Records retained: Atleast 2yrs if not indefinately
Quality Unit: Full oversight Sarah Hughes - Pittsburgh Place	Labeling: QU controls of the receipt, storage, reconciliation, and issuance of labels
Recall Policy and Procedure: overseen by Quality team	Complaints: Reviewed/Retained: R+D has oversight QA Arizona for Pharmacovigilance

During this inspection, not all rules and regulations were inspected for compliance, but this does not preclude your facility from the requirements to comply with all rules and regulations of the Minnesota Board of Pharmacy.

Virtual Manufacturer that will utilize CMOs located outside of the United States or its Territories. Milla Pharmaceuticals currently has 5 U.S. FDA approved Abbreviated Drug Applications, with several more currently under review as well as a substantial pipeline under development. FDA issued Labeler Code is: 71357. Currently no Controlled Substances in the scope of the 5 ANDAs that Milla Pharmaceuticals has with the FDA. Licensee must verify that all contracted parties engaged in manufacturing or distribution hold the appropriate license with the Minnesota Board of Pharmacy if located within the US or Territories.

DQSA/ DSCSA:

Transaction information is managed by and provided by? movilitas

See FDA Regulations regarding manufacturer responsibilities under Title II of the DSCSA. Product's packaging must comply with the Federal regulations and distribution of the products must comply with the Federal regulations.

See Minnesota Statute 151.37 on who can possess a legend drug for which the contracted 3PL would be allowed to ship to. If shipping to other states, the onus is on the licensee to follow those state laws as well. Licensure Verification Requested for validation of license.

Inspector Mc Culley Date 9-13-2024

07/2021

Milla Pharmaceuticals, Inc. List of Provided and Pending Application Attachments

Attachment 1 – Home State – *enclosed*

Attachment 2 – Home State Verification – *enclosed*

Attachment 3 - Home State Inspection – *enclosed*

Attachment 4 – Business Description – *enclosed*

Attachment 5 – CMO and 3PL Information – *enclosed*

Attachment 6 – List of Officer Information – *enclosed*

Attachment 7 – Articles of Incorporation – *enclosed*

Attachment 8 – Certificate of Good Standing – *enclosed*

Attachment 9 – List of Products – *enclosed*

Attachment 10 – Org Chart – *enclosed*

To whom it may concern:

Milla Pharmaceuticals Inc., an A.forall company, is engaged in the development, licensing, acquisition, and commercialization of generic prescription drugs for the U.S. market focused on niche injectable and solution products for hospitals and clinics.

Milla Pharmaceuticals currently has 5 U.S. FDA approved Abbreviated Drug Applications, with several more currently under review as well as a substantial pipeline under development.

Our parent company, A.forall, is a Belgian group of pharmaceutical companies with headquarters in Anderlecht (Belgium) and offices in Ireland and the United States. Employing in total 144 employees, the group distributes a wide range of pharmaceutical products to pharmacies, wholesalers, hospitals and retirement homes.

At the same time, A.forall is a global player on the generics market, with around 30 molecules on the European and U.S. market and a fully stocked pipeline of niche, complex and added value products.

DocuSigned by:
Erik Lazarich
ABE94F24233743C...
Erik Lazarich

President and authorized representative

Jun 6, 2024

Milla Pharmaceuticals Inc.
1310 Highway 96 E, Suite 104A
White Bear Lake, MN 55110- USA

Tel.: +1 (651) 231-1042
info@aforallpharma.com
www.aforallpharma.com

President: Erik Lazarich
erik.lazarich@aforallpharma.com

Milla Pharmaceuticals – Organizational Chart



14

14A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	■ Nevada ☐ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH NA	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ■ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: MedRevival, LLC

Physical Address: 434 Fortissimo Street

City: Henderson State: NV Zip: 89011

Mailing Address (if different from physical address): NA

City: NA State: NA Zip: NA

Telephone: 702-589-6626 Website: medrevival.com

Name of Designated Representative (DR): Courtney Cole

Licensing Company Email: team@medrevival.com DR Email: courtneycole6@gmail.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # NA **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/18/25
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: TBD

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: MedRevival, LLC

Mailing Address: 434 Fortissimo Street

City: Henderson State: NV Zip: 89011

Telephone: 702-589-6626 Email: team@medrevival.com

Contact Person Name: Michael Lyle

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Med Revival, LLC

Facility Name

Michael Lyle

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/18/25

Date

Board Use Only	Date Received: 5/12/25	Amount: $1000 cl

MedRevival, LLC
(702)589-6626
team@medrevival.com

Summary:

MedRevival, LLC is a Nevada-based medical distribution company specializing in advanced skin substitute products. Our mission is to provide high-quality, effective, and reliable wound care solutions while maintaining a streamlined and compliant distribution model.

MedRevival is committed to working exclusively with federally regulated manufacturers. Although we are not currently under contract with a specific manufacturer, all products distributed by MedRevival will be shipped directly from the manufacturer's facility to our licensed healthcare clients. This direct-shipment model is designed to preserve product integrity, minimize handling risk, and ensure full compliance with all applicable regulatory requirements.

MedRevival is committed to upholding all applicable state and federal regulations, and we operate with full transparency and accountability throughout our operations.

List of all partners and their percent ownership:

- Michael Lyle – 40%
- Taylor Dacquisto – 40%
- Chad Cole – 20%

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **MedRevival, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 03/12/2025, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 04/16/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202504165634183
You may verify this certificate online at https://www.nvsilverflume.gov/home

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/01/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ALERA GROUP INC/PHS 53600252 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME: PHONE (A/C, No, Ext): (866) 467-8730 FAX (A/C, No): (888) 443-6112 E-MAIL ADDRESS:
INSURED MedRevival, LLC 434 FORTISSIMO ST HENDERSON NV 89011-2678	INSURER(S) AFFORDING COVERAGE — NAIC# INSURER A: Property and Casualty Insurance Company of Hartford — 34690 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR [X] General Liability GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			53 SBM BS4FJ3	04/30/2025	04/30/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $1,000,000 $10,000 $1,000,000 $2,000,000 Excluded
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
A	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $ 10,000			53 SBM BS4FJ3	04/30/2025	04/30/2026	EACH OCCURRENCE AGGREGATE	$2,000,000 $2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
A	Data Breach - Defense & Liab Covg			53 SBM BS4FJ3	04/30/2025	04/30/2026	Limit	$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Business Liability Coverage Part includes a Blanket Additional Insured By Contract Endorsement, Form SL 30 32.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan L. Castaneda

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800136739

Application/License No. TBD

MedRevival, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 434 Fortissimo Street, Henderson, NV 89011 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One State Street Plaza, Floor 31, New York, NY 10004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 2, 2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Bond Number 800136739

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of May, 20 25.

APPLICANT/PRINCIPAL

COMPANY
MedRevival, LLC

Authorized Representative

SURETY

Atlantic Specialty Insurance Company

Surety Company's Representative

Gina M. Noahr, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

ERIC LORD
Notary Public - State of Nevada
Appointment No. 24-8537-01
My Appointment Expires 05-14-2028

State of Nevada
County of Clark

This instrument was acknowledged before me on 5-8-2025 by Michael Lyle

Countersigned by:

Nevada Resident Agent
Kaercher Insurance, an Alera Group Agency, LLC
Gina M. Noahr, NV License # 211641

intact INSURANCE

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Gina M Noahr, James Porrello,** each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2023.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, Vice President and General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON D. NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2030

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 2nd day of May 2025

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2030

_____
Kara L.B. Barrow, Secretary

Please direct bond verifications to surety@intactinsurance.com

STATE OF Nevada]

COUNTY OF Clark

On 5/2/2025, before me, Brandy Nordin, Notary Public,
(here insert name and title of the officer)

personally appeared Gina M. Noahr, Attorney-in-Fact,

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Brandy Nordin (SEAL)

BRANDY NORDIN
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 24-8127-01
MY APPT. EXPIRES APRIL 01, 2028

This area for Official Notarial Seal

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

- ☐ INDIVIDUAL
- ☐ CORPORATE OFFICER
  _____
  TITLE(S)
- ☐ PARTNER(S) ☐ LIMITED ☐ GENERAL
- ☐ ATTORNEY-IN-FACT
- ☐ TRUSTEE(S)
- ☐ GUARDIAN/CONSERVATOR
- ☐ OTHER: _____

SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES)

DESCRIPTION OF ATTACHED DOCUMENT

_____
TITLE OF TYPE OF DOCUMENT

_____
NUMBER OF PAGES

_____
DATE OF DOCUMENT

_____
SIGNER(S) OTHER THAN NAMED ABOVE

ALL-PURPOSE ACKNOWLEDGEMENT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Medrevival LLC MDEG License # (if applicable) _____

Physical Address 434 Fortissimo St

City Henderson State NV Zip 89011

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-589-0624 Website medrevival.com

Licensing Company Email team@medrevival.com

Section 2: Personal Information

First Courtney Middle Anne Last Cole

Alias(es, nicknames, name changes, etc.) Courtney Williams

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Western Governors University			10/17 - 05/19	
Address	City		State	Zip
4001 South 700 East Suite 700	Salt Lake City		UT	84107
Diploma/Degree obtained, if any				
Bachelor of Science in Nursing				

School Name			From - To (MM/YY – MM/YY)	
University of Nevada Las Vegas			08/07 - 05/13	
Address	City		State	Zip
4505 Maryland Pkwy	Las Vegas		NV	89154
Diploma/Degree obtained, if any				
Bachelor of Science in Kinesiology				

School Name			From - To (MM/YY – MM/YY)	
College of Southern Nevada			01/14 - 05/16	
Address	City		State	Zip
6375 W Charleston Blvd	Las Vegas		NV	89146
Diploma/Degree obtained, if any				
Associate of Applied Science - Nursing				

School Name			From - To (MM/YY – MM/YY)	
Arbor View High School			08/05 - 05/07	
Address	City		State	Zip
7500 Whispering Sands Dr	Las Vegas		NV	89131
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
Shadow Ridge High School			08/03 - 05/05	
Address	City		State	Zip
5050 Brent Lane	Las Vegas		NV	89131
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/21 - current	[redacted]	[redacted]	[redacted]	[redacted]
06/20 - 07/21				
09/16 - 06/20				
12/13 - 09/16				
09/12 - 09/13				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
Centennial Hills Hospital		01/18 - present	
Business Address	**City**	**State**	**Zip**
6900 N Durango Dr	Las Vegas	NV	89149
Phone	**Title**	**Number of Employed Hours**	
7026291211	Registered Nurse	8200	
Description of Duties			
Emergency patient care, emergency medication administration, triage and prioritization, infection control compliance			

Business Name		From - To (MM/YY – MM/YY)	
Sunrise Children's Hospital		07/16 - 01/18	
Business Address	**City**	**State**	**Zip**
3186 Maryland Pkwy	Las Vegas	NV	89109
Phone	**Title**	**Number of Employed Hours**	
7029615437	Registered Nurse	2000	
Description of Duties			
Direct patient care, medication administration, patient documentation, care team collaboration			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4-18-25
Date

I, Courtney Cole, **certify that as the MDEG Administrator for**

Medrevival, LLC,

that I (initial that you have read and meet the following requirements):

1. CC Have a high school diploma or its equivalent;
2. CC Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CC Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CC Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Courtney Cole

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-18-25

Date

Board Use Only	Date Received: 5/12/25

MED REVIVAL

Designated Representative & MDEG Administrator Work Experience

I wanted to expand on my work experience and how it relates to wound care products.

As a Registered Nurse with over 7 years of experience in a high-acuity emergency room setting, I was routinely responsible for the assessment, treatment, and ongoing care of a wide range of wounds, including lacerations, burns, pressure ulcers, diabetic wounds, and traumatic injuries.

My responsibilities included performing wound assessments, initiating proper wound care protocols, collaborating with physicians on advanced treatments, educating patients on wound management, and ensuring strict adherence to sterile technique and infection control standards.

This hands-on experience has given me a deep understanding of wound healing processes and medical devices used in wound care, which directly translates to the responsibilities of an MDEG Administrator and Designated Representative.

Courtney Cole

4/18/25

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler MedRevival LLC

Pharmacy/Wholesaler License # (if applicable) NA

Physical Address 434 Fortissimo St

City Henderson State NV Zip 89011

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702.589-6606 Website medrevival.com

Licensing Company Email team@medrevival.com

Section 2: Personal Information

First Courtney Middle Anne Last Cole

Alias(es, nicknames, name changes, etc.) Courtney Williams

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Western Governors University		10/17 - 05/19	
Address: 4001 South 700 East Suite 700	City: Salt Lake City	State: UT	Zip: 84107
Diploma/Degree obtained, if any: Bachelor of Science in Nursing			

School Name		From - To (MM/YY – MM/YY)	
University of Nevada Las Vegas		08/07 - 05/2013	
Address: 4505 Maryland Pkwy	City: Las Vegas	State: NV	Zip: 89154
Diploma/Degree obtained, if any: Bachelor of Science in Kinesiology			

School Name		From - To (MM/YY – MM/YY)	
College of Southern Nevada		01/14 - 5/16	
Address: 6375 W Charleston Blvd	City: Las Vegas	State: NV	Zip: 89146
Diploma/Degree obtained, if any: Associate of Applied Science - Nursing			

School Name		From - To (MM/YY – MM/YY)	
Arbor View High School		08/05 - 05/07	
Address: 7500 Whispering Sands Dr	City: Las Vegas	State: NV	Zip: 89131
Diploma/Degree obtained, if any: High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Shadow Ridge High School		08/03 - 05/05	
Address: 5050 Brent Lane	City: Las Vegas	State: NV	Zip: 89131
Diploma/Degree obtained, if any:			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/21 - current	[redacted]	[redacted]	[redacted]	[redacted]
08/20 - 07/21				
09/16 - 08/20				
12/13 - 09/16				
09/12 - 09/13				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Centennial Hills Hospital			From - To (MM/YY – MM/YY): 01/18 - Present
Business Address: 6900 N Durango Dr	City: Las Vegas	State: NV	Zip: 89149
Phone: 7026291211	Title: Registered Nurse		Number of Employed Hours: 8200
Description of Duties: Controlled substance management, triage and documentation accuracy, policy and procedure adherence, Emergency protocol execution			

Business Name: Sunrise Children's Hospital			From - To (MM/YY – MM/YY): 07/16 - 01/18
Business Address: 3186 Maryland Pkwy	City: las Vegas	State: NV	Zip: 89109
Phone: 702 9615437	Title: Registered Nurse		Number of Employed Hours: 2600
Description of Duties: Medication handling and administration, accurate patient recordkeeping, coordination with physicians and pharmacists			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		NA
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4-12-25
Date

I, Courtney Cole, **certify that as the designated representative for** Medrevival LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CC I am at least 21 years of age;
3. CC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Courtney Cole

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-18-25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Courtney Cole

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/12/25

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Courtney Cole, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4.18.25

Date

Subscribed and Sworn to before me this 18th day of April 2025

Notary Public Signature

CHERYL RUSSELL
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 09-27-25
Certificate No: 97-3373-1

(Seal)

MED REVIVAL

Designated Representative & MDEG Administrator Work Experience

I wanted to expand on my work experience and how it relates to wound care products.

As a Registered Nurse with over 7 years of experience in a high-acuity emergency room setting, I was routinely responsible for the assessment, treatment, and ongoing care of a wide range of wounds, including lacerations, burns, pressure ulcers, diabetic wounds, and traumatic injuries.

My responsibilities included performing wound assessments, initiating proper wound care protocols, collaborating with physicians on advanced treatments, educating patients on wound management, and ensuring strict adherence to sterile technique and infection control standards.

This hands-on experience has given me a deep understanding of wound healing processes and medical devices used in wound care, which directly translates to the responsibilities of an MDEG Administrator and Designated Representative.

courtney cole

4/18/25

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Wholesaler

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 434 Fortissimo Street

City: Henderson State: NV Zip: 89011

Mailing Address (if different from physical address): NA

City: State: Zip:

Telephone: 702-589-6626 Website: medrevival.com

Licensing Company Email: team@medrevival.com

Section 2: Personal Information

First: Chad Middle: Michael Last: Cole

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: team@medrevival.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Nevada Las Vegas			08/09-05/11	
Address		City	State	Zip
4505 South Maryland Parkway		Las Vegas	NV	89154
Diploma/Degree obtained, if any				
NA				

School Name			From - To (MM/YY – MM/YY)	
Mesa Community College			08/08-05/09	
Address		City	State	Zip
1833 West Southern Avenue		Mesa	AZ	85202
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Arbor View High School			08/05-05/08	
Address		City	State	Zip
7500 Whispering Sands Drive		Las Vegas	NV	89131
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
Shadow Ridge High School			08/04-05/05	
Address		City	State	Zip
5050 Brent Lane		Las Vegas	NV	89131
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/21-Present	[redacted]	[redacted]	[redacted]	[redacted]
06/20-07/21				
09/16-06/20				
12/13-09/16				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
City of North Las Vegas			09/21-Present	
Business Address		**City**	**State**	**Zip**
4040 Losee Road		North Las Vegas	NV	89030
Phone	**Title**			
702-633-1102	Firefighter			
Description of Duties				
Fire Supression & Emergency Medical Services				

Business Name			From - To (MM/YY – MM/YY)	
CrossFit Apollo			10/11-Present	
Business Address		**City**	**State**	**Zip**
6535 North Buffalo #160		Las Vegas	NV	89131
Phone	**Title**			
702-478-6553	Owner			
Description of Duties				
Business administration & operations, staff hiring & onboarding, employee training & development, bookkeeping & financial management, program & curriculum development, member services, strategic planning & business growth, marketing & community engagement, vendor & equipment manager, compliance & risk management, etc.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
05/19/20	12/2/21	NV	Las Vegas	Clark County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-20-815249-C	Eighth Judicial District Court

Reason/Charge
We argued our consitutional rights were being violated. I was trying to keep my business alive to take care of my family during COVID.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff	Lawsuit

Name of Business/Industry/Entity
CF Apollo Inc., Monica Cole, Chad Cole

Provide explanation below:

During the COVID shut downs my small family business was struggling to stay afloat. I moved to re-open our doors against the Governors wishes and was harrassed by Metro Police and threatened by Governor Sisolak to remain closed. I filed a lawsuit in attempt to motivate the Governor and Metro to stop enforcing business closures so that I may financially support my employees, their families, my wife, and my newborn son at home.

Original Signature (electronic, copies or stamps not accepted)

4/18/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chad Cole

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/18/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark County

I, Chad Cole, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/18/2025

Date

Subscribed and Sworn to before me this 18 day of April.

Notary Public Signature

JARED KELBY TOOLE
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-30-28
Certificate No: 24-4704-01

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site MedRevival, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 434 Fortissimo St.

City Henderson State NV Zip 89011

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-589-6626 Website medrevival.com

Licensing Company Email team@medrevival.com

Section 2: Personal Information

First Michael Middle David William Last Lyle

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email team@medrevival.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Liberty High School			08/09 - 06/2012	
Address	City MDL ~~Las Vegas~~ Henderson		State	Zip
3700 Liberty Heights Ave.			NV	89052
Diploma/Degree obtained, if any				
Diploma				

School Name			From - To (MM/YY – MM/YY)	
National University				
Address	City		State	Zip
9388 Lightwave Ave.	San Diego		CA	92123
Diploma/Degree obtained, if any				
N/A				

School Name			From - To (MM/YY – MM/YY)	
Arizona State University			08/24 - Present	
Address	City		State	Zip
1151 S. Forest Ave	Phoenix		AZ	85287
Diploma/Degree obtained, if any				
Public Policy + Public Service (BS) in progress				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2/20 - Present	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)				
3/16 - 2/20				
From - To (MM/YY – MM/YY)				
2/15 - 3/16				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)
North Las Vegas Fire Department		08/21 - Present
Business Address	**City / State / Zip**	
4040 Losee Rd.	North Las Vegas / NV / 89030	
Phone	**Title**	
702-633-1102	Firefighter / Paramedic	

Description of Duties: Respond to emergency situations as a first responder and public servant to assist in correcting the emergency. Lead other responders on medical emergencies.

Business Name		From - To (MM/YY – MM/YY)
United States Marine Corps		03/2016 - 04/2021
Business Address	**City / State / Zip**	
3000 Marine Corps Pentagon	Washington / DC / 20350	
Phone	**Title**	
703-614-4008	Sergeant	

Description of Duties: Lead / Train Marines within aviation Operations. Conduct Missions as assigned by leadership to accomplish assigned Mission at time of intervention.

Business Name		From - To (MM/YY – MM/YY)
iGuard Lifeguard Training		01/14 - 03/16
Business Address	**City / State / Zip**	
3950 S. Las Vegas BLVD.	Las Vegas / NV / 89119	
Phone	**Title**	
702-481-4034	Lifeguard Instructor	

Description of Duties: Teach students Lifeguard duties, skills, first aid, CPR, + proper AED use.

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City / State / Zip**	
	/ /	
Phone	**Title**	

Description of Duties:

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City / State / Zip**	
	/ /	
Phone	**Title**	

Description of Duties:

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/17/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Lyle

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/18/25

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Michael Lyle, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/18/25

Date

Subscribed and Sworn to before me this 18 day of April 2025

Notary Public Signature

Rosemarie Perez
Notary Public-State of Nevada
Appointment No. 06-101919
My Appointment Expires January 21, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site MedRevival, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 434 Fortissimo St. Henderson NV 89011

City Henderson State NV Zip 89011

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 7027261466 Website MedRevival.com

Licensing Company Email _____

Section 2: Personal Information

First Taylor Middle Nicholas Carl Last Dacquisto

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
College of Southern Nevada			2013 - Current	
Address	City		State	Zip
700 College Dr.	Henderson		NV	89002
Diploma/Degree obtained, if any				
Associates				

School Name			From - To (MM/YY – MM/YY)	
Liberty High School			2009 - 2012	
Address	City		State	Zip
3700 Liberty Heights Av.	Henderson		NV	89052
Diploma/Degree obtained, if any				
Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2015 - Current	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)	[redacted]	[redacted]	[redacted]	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
TAZ Construction LLC			02/2020 - Current
Business Address	**City**	**State**	**Zip**
3050 Sunrise Heights Dr.	Henderson	NV	89052
Phone	**Title**		
(702) 726-1466	Owner		

Description of Duties

Managing jobs and crews, Accounting, Scheduling, Product development

Business Name			From - To (MM/YY – MM/YY)
Wynn			04/2015-03-2020
Business Address	**City**	**State**	**Zip**
3131 Las Vegas Blvd S	Las Vegas	NV	89109
Phone	**Title**		
(702)770-7000	Server Assisstant		

Description of Duties

Customer Service, Payment Processing, Organizing, Taking food orders

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

04/17/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Taylor Dacquisto
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/18/25
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Taylor Dacquisto, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/18/25
Date

Subscribed and Sworn to before me this 18th day of April 2025

Notary Public Signature

Rosemarie Perez
Notary Public-State of Nevada
Appointment No. 06-101919
My Appointment Expires January 21, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Wholesaler

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 434 Fortissimo Street

City Henderson State NV Zip 89011

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-589-6626 Website Medrevival.com

Licensing Company Email team@medrevival.com

Section 2: Personal Information

First Courtney Middle Anne Last Cole

Alias(es, nicknames, name changes, etc.) Courtney Williams

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Western Governors University		10/17 - 05/19	
Address: 4001 South 700 East Suite 700	City: Salt Lake City	State: UT	Zip: 84107
Diploma/Degree obtained, if any: Bachelor of Science in Nursing			

School Name		From - To (MM/YY – MM/YY)	
College of Southern Nevada		01/14 - 05/16	
Address: 0375 W Charleston Blvd	City: Las Vegas	State: NV	Zip: 89146
Diploma/Degree obtained, if any: Associate of Applied Science in Nursing			

School Name		From - To (MM/YY – MM/YY)	
University of Nevada Las Vegas		08/07 - 05/13	
Address: 4505 Maryland Pkwy	City: Las Vegas	State: NV	Zip: 89154
Diploma/Degree obtained, if any: Bachelor of Science in Kinesiology			

School Name		From - To (MM/YY – MM/YY)	
Arbor View High School		08/05 - 05/07	
Address: 7500 Whispering Sands Dr.	City: Las Vegas	State: NV	Zip: 89131
Diploma/Degree obtained, if any: High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Shadow Ridge High School		08/03 - 05/05	
Address: 5050 Brent Lane	City: Las Vegas	State: NV	Zip: 89131
Diploma/Degree obtained, if any:			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/21 - Present	[redacted]	[redacted]	[redacted]	[redacted]
06/20 - 07/21				
09/16 - 06/20				
12/13 - 09/16				
09/12 - 09/13				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Centennial Hills Hospital		01/18 - Present	
Business Address	**City**	**State**	**Zip**
6900 N Durango Dr	Las Vegas	NV	89149
Phone	**Title**		
7026091211	Registered Nurse		
Description of Duties			
Emergency patient care, triage and prioritization, emergency medication administration, medical supply management, infection control compliance			

Business Name		From - To (MM/YY – MM/YY)	
Sunrise Children's Hospital		07/16 - 01/18	
Business Address	**City**	**State**	**Zip**
3186 Maryland Pkwy	Las Vegas	NV	89109
Phone	**Title**		
7029615437	Registered Nurse		
Description of Duties			
Direct patient care, medication administration, patient documentation, care team collaboration			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		NA
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/18/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Courtney Cole

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-18-25

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Courtney Cole, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4-18-25

Date

Subscribed and Sworn to before me this 18th day of April 2025.

Notary Public Signature

CHERYL RUSSELL
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 09-27-25
Certificate No: 97-3373-1

(Seal)

MedRevival, LLC
(702)589-6626
team@medrevival.com

List of all employees:

- Michael Lyle – Chief Executive Officer
- Taylor Dacquisto – Chief Revenue Officer
- Chad Cole – Chief Operating Officer
- Courtney Cole – MDEG & DR

15

15A

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee
Rev (12/17/2024)

Section 1: General Information

First: Trina Middle: Hollingshead Last: Colby
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: M (F) X
Mailing Address: [redacted]
City: [redacted] State: [redacted] Zip: [redacted]
Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name:
Address:
City: State: Zip:
Name of Program Director:

Section 3: Employment Information

Pharmacy Name: Pharmerica License #: PH02018
Address: 4750 Longley Lane St. 204
City: Reno State: NV Zip: 89502

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	X	
2. Are you a high school graduate or the equivalent?	X	

High School Name: Manteca High School Graduation Date OR Date GED obtained (mm/yy): 06/90
Address: 450 E. Yosemite Ave
City: Manteca State: CA Zip: 95336

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: WARNING **You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.**	**Initials** JC	
	Yes	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	X	
3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state?	X	
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	X	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # 2, 3, 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached

Irina Colby
Original Signature (electronic, copies or stamps not accepted)

1/28/25
Date

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF MADERA

People VS. Trina Colby

CHARGES: VC 23103/23103.5 Misd

COMMENTS:

Case No: MCR/CCR 070885

DA No.:

Inmate No.:

Agency: Madera County Sheriff (Madera)

DATE: 3/10/2023

HEARING TYPE: Sentencing Hearing

☐ INTERPRETER

JUDGE: Dougherty

CLERK: AF

REPORTER: AM

APPEARANCES:

☒ DDA, by: KA

☐ Defendant

☒ Defense Counsel ~~Fitzgerald, Alvarez and Giommo~~ by S. Levy

☐ Appearing for Def. Per PC 977

☐ Court makes findings pursuant to GC68561 for certified interpreter.

☒ The Defendant waives 6 hours for sentencing and a formal probation report; ☒ Counsel for the Defendant states that there is no legal cause why sentence should not now be pronounced and waives formal arraignment for judgment.

☒ Imposition of sentence is suspended. ☒ Bench ☐ formal probation is ☒ granted ☐ denied ☐ revoked ☐ reinstated ☐ terminated for a period of 1 years from ☒ this date ☐ the original date of _____. ☐ All previous orders remain in full force and effect.

☐ With ☐ without Probation Officer supervision ☒ Defendant is to obey all laws Federal, State, and Local.

☒ Obey all orders of this Court and of any Superior Court. ☐ Notify this Court of any change of address and:

☒ The terms and conditions of probation are as follows: (Only the items marked apply)

☒ Be confined at Madera County Jail for:

- ☒ 1 Days ☐ Ct# _____
- ☒ CTS: 1 actual + _____ good time/work time = 1 total
- ☐ Pay $73.00 per day per PC1203.1c *
- ☐ Consecutive ☐ Concurrent ☐ To: _____
- ☐ With any other sentence ☐ Release Forthwith
- ☐ Eligible for work furlough/county parole. ~~Δ~~ to complete 30 yrs → CWS
- ☐ Pay $50.00 Fee per PC1209 *
- ☐ 48 Hours ☐ Book & Release (between 8 AM & 5 PM) ~~+ any~~
- ☐ Stay is Granted. Report to Jail: _____ at _____ PM.
- ☐ consecutive weekends ☐ Saturday 8 AM to Sunday 6 PM ~~+ prob~~
- ☐ House Arrest _____ Days ☐ Electronic Monitoring
- ☐ commencing _____ 3-4 days/12 hrs
- ☐ Fines to be served out in jail at the rate of $ _____ per day. ☐ _____ Days.
- ☐ Complete _____ hrs Madera Co Jail Community Srvc Program; obey the staff. ☐ Pay the $30.00 community service program sign-up fee.*
- ☐ Pay additional fees associated w/community service program.*
- ☐ In lieu of fines; at a rate of $10.00 per day.
- ☐ Eligible for 4 for 1 workout program.
- ☐ Provide proof of payment of sign-up fee by
- ☐ Show proof of completion by
- ☐ Complete risk/needs assessment as directed by PO.
- ☐ Defendant is advised: ☐ your person, effects, vehicle & residence are subject to search & seizure at the discretion of any peace officer, any time day or night, with or without a warrant.
- ☐ Defendant to submit to: ☐ drug ☐ alcohol testing ☐ At the discretion of any peace officer, with or without a warrant.
- ☐ Defendant is not to possess and/or use:
  - ☐ alcohol or container, empty or full
  - ☐ illegal drugs ☐ drug/narcotic paraphernalia
  - ☐ deadly/dangerous weapons ☐ firearm/10 yrs-PC12021(c)(1)
- ☐ Defendant is advised of consequences under VC23593(a).
- ☐ Defendant shall enroll in and complete the Kingsview program to the satisfaction of the program director: Show proof of enrollment by within 60 days
  - ☐ DUI 1st offender ~~DUI~~ ☐ Mental Health
  - ☐ SB38 2nd offender 18 mos ☐ Substance Abuse
  - ☐ Domestic Violence ☐ Anger Management ☒ Wet/reckless program
- ☐ Defendant is not to contact or harass: _____
- ☐ While on probation, the Defendant is not to enter: _____

☐ Weapon is ordered destroyed per PC 12028.

☐ Defendant is to register per ☐ PC 290 ☐ PC 186.30

☐ Pay the following amounts: $125 jail time = $1545

☒ $1670 fine including penalties and assessments. ~~+ to 1~~ fine

☐ $ _____ fine per VC 13202.6 including penalties and assessments.

☐ $ _____ fine per _____ including penalties and assessments.

☐ $ _____ fine per _____ including penalties and assessments.

☐ $ _____ alcohol abuse assessment VC 23645, including penalties and assessments.

☐ $40.00 Court Op Assmnt ☐ $30.00 Criminal Conviction Assmnt

☐ $150.00 Restitution fine per PC1202.4(b) ☐ by _____ ☐ Add to fine

☒ $150.00 Restitution fine suspended per PC 1202.44

☒ Payable as ☒ one payment ☒ by 3/10/23 jail time

☐ Payments with $35 one time fee.

☐ at $ _____ per mo beginning _____

☐ $ _____ booking fee ☐ by: _____ ☐ Pay to: ☐ City of Chowchilla Madera City Finance Dept. ☐ Madera Co. Auditor's Office.

☐ $100.00 assessment fee.

☐ Defendant is given credit for $ _____ towards fine due to time in custody.

☐ Restitution: _____ per PC 1202.4(f), subject to review by Court. ☐ In an amount to be determined by the Probation Officer.

☐ Driving restriction: _____

☐ Driving privilege ☐ suspended ☐ revoked ☐ restricted For period of ☐ _____ months ☐ _____ years

☐ Not drive without a valid California driver's license, and proof of insurance in possession.

☐ Restricted during course of the program.

☐ To and from ☐ employment ☐ alcohol program ☐ AA meetings ☐ alternative sentencing program ☐ medical appt/emergencies

☒ Not refuse chemical test per VC 23600(b)(3).

☐ Not enter alcohol sales/service establishments.

☒ Not operate a motor vehicle with any measurable amount of alcohol in blood or urine per VC 23600(b)(2).

☒ Defendant accepts the terms of probation.

☐ Report to Revenue Officer for determination of ability to pay.

* Not a condition of probation and subject to ability to pay.

ON SATISFACTORY COMPLETION OF PROBATION, YOU MAY APPLY TO THE COURT TO HAVE YOUR CONVICTION SET ASIDE R PC 1203.4.

violate the terms of probation and am apprehended outside of the State of California, I waive extradition. I have received a copy, read and understand above conditions of probation.

endant: Trina Colby Address: _____

ne #: _____

y to: ☐ Jail ☐ Def ☐ Prob ☐ Behavioral Mental Health ☐ Kingsview ☐ Com. Serv. ☐ Rev.Serv ☐ CCWF ☐ VSP ☐ Crim Div

ute Order – Misdemeanor Sentencing Revised 2/1/2016

California State Board of Pharmacy
2720 Gateway Oaks Drive, Ste. 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

June 11, 2024

CERTIFIED MAIL

Trina Hollingshead Colby
[redacted]

RE: Administrative Case No. 7574
Trina Hollingshead Colby aka Trina L. Carroll, TCH 25317

Dear Ms. Colby:

Attached is the Board of Pharmacy's Stipulated Surrender of License and Order regarding the above-referenced matter. Your attention is directed to pages 4 - 5 of the document.

Effective at 5:00 p.m. on July 11, 2024, Pharmacy Technician Registration No. TCH 25317 issued to Trina Hollingshead Colby aka Trina L. Carroll is hereby surrendered and accepted by the Board.

If you wish to file a petition for reconsideration pursuant to Government Code section 11521, the petition must be received prior to the effective date of the decision. However, please be aware the Board needs approximately five days to process a petition for reconsideration. Attached is a copy of the Government Code section for your review. **Please note that reconsideration is NOT available to you if you entered into a stipulated settlement with the Board.**

If you have any questions concerning this matter, you may contact Raymond Flores, Administrative Case Analyst, at raymond.flores@dca.ca.gov or (916) 518-3011. Should you have any questions related to litigation of this matter, please contact the Deputy Attorney General handling this matter.

Sincerely,

Anne Sodergren
Executive Officer

By

Lupe Baltazar
Enforcement Manager

LB:rf
Enclosure(s)
cc: Phillip L. Arthur, DAG
Kevin C. Murphy, Esq.

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

TRINA HOLLINGSHEAD COLBY aka TRINA L. CARROLL, Respondent.

Pharmacy Technician Registration No. TCH 25317

Agency Case No. 7574

OAH No. 2023100780

DECISION AND ORDER

The attached Stipulated Surrender of License and Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on July 11, 2024.

It is so ORDERED on June 11, 2024.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By

Seung W. Oh, Pharm.D.
Board President

To Nevada Board of Pharmacy,

In November 2021 (the day after Thanksgiving) I made a very bad choice. I had been on medical leave from my job at the veteran's hospital because of my COPD. In September of 2021 I had to resign my position because my doctor would not release me back to work. At that time, I did not qualify for unemployment because federal employees could not file a claim. The week of Thanksgiving I lost a couple friends and a family member to covid. I went a couple blocks away from my house and had a couple drinks with a friend. I decided to drive home and ended up getting a flat tire. I pulled over and called my husband. Since I was in the country an officer pulled over to help. He ended up taking me in.

I ended up with a Wet & Reckless. I paid my fines, did the 6 weeks of classes and 80 hours of community service at a cognitive behavior therapy center. I ended up staying on for a year helping at the facility with groups and helping with client drug testing.

I did not realize I had to report to the board in California within 30 days. After being notified by the board I did a 3-hour comprehensive assessment (which showed I did not have a problem), and I did put a breathalyzer in my car for a year on my own. My lawyer and I went back and forth with the board about my stipulations. In the end the board wanted me to call in every day for 5 years (even if I was on vacation, out of state or country) to see if it was a test day for me. I was also to notify them if I was out of my area for more than 24 hours! In the end I decided to self-surrender my California License after 27 years.

I do have my PTCB (since 2000), New Hampshire and Maine Pharmacy Technician License. I made them all aware, and they all renewed my license. and New Mexico

Thank you very much for your time and consideration. If you have any further questions, please feel free to reach out.

Trina Colby

Trina Colby

Section 8: You MUST submit the documents below with your application base on your qualifications as a PT.	
Select your qualification as a PT (please check a box):	**Required documents to be submitted with your application.**
The successful completion of an ASHP-approved PT school or training program	a. Provide a copy of the certification of completion of the program.
Active practice in good standing in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by **a signed affidavit** by the managing pharmacist of the pharmacy.	a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing. b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application).
The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.	a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application).
The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs.	a. Provide a copy of the certification of completion of the program.

Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371

In addition to the requirements in section 7, submit fingerprints for a background check by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371%20updated%2012.16.24(1).pdf.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Trina Colby
Print Name

Trina Colby
Original Signature, no copies or stamps accepted

1/28/25
Date

Board Use Only	Date Received: _____	Amount: _____

PTCB

Pharmacy Technician Certification Board®

CPhT CREDENTIAL VERIFICATION

Verification Date

October 08, 2024

Credential Holder Information

Trina Hollingshead Colby

Fresno, CA

Credential Information

Credential Type:	Certified Pharmacy Technician (CPhT)
Status:	Active
Credential Number:	160106608963879
Last Renewal Date:	June 02, 2024
Issue Date:	March 31, 2000
Application Deadline:	June 01, 2026
Expiration Date:	June 30, 2026

Definitions of Credential Statuses

Active: Currently active.
Advanced: Active CPhT who has earned the Advanced Certified Pharmacy Technician Certification (CPhT-Adv).
Emeritus: Inactive, retired and/or no longer a practicing pharmacy technician.
Expired: Not currently active, but eligible for reinstatement.
Revoked: Not active. Credential has been revoked.
Surrendered: Not active. Credential has been voluntarily surrendered.
Suspended: Not active. Credential has been suspended.
Uncertified: Not active and must reapply.

The verification information provided by PTCB is obtained from PTCB's credential records, which are securely maintained. PTCB makes all reasonable efforts to ensure that the credential record information is reported and published in an accurate and complete manner. PTCB is a primary source verifier.

PTCB credentials individuals who meet all program requirements as set forth in the Candidate Guidebook.

NEW HAMPSHIRE
Online Licensing

nh.gov Licensing Home

Person Information

Name: Trina Colby

License Information

Profession:	Pharmacy
License No:	PhT-130714
License Type:	Registered Pharmacy Technician
License Status:	Active
Issue Date:	8/22/2024
Expiration Date:	8/22/2026

No Related Documents

Board Disciplinary Documents (If Licensee Disciplined)

Primary Source Verification Notice: The licensing information on this page is maintained by the New Hampshire Board of Pharmacy - the issuer of the above license. This information is directly from the Board's licensing database and accurately reflects the data currently maintained by the Board.

NH.Gov | Privacy Policy | Accessibility Policy | Contact Us Form

Regulatory Licensing & Permitting

DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY

TRINA HOLLINGSHEAD COLBY

PHARMACY TECHNICIAN

License Number: PT60019407
Status: Active
Expiration Date: 12/31/2025
Licensed By: Endorsement

Mailing: FRESNO, CA 93704

History

License Type	Start Date	End Date
PHARMACY TECHNICIAN	10/08/2024	12/31/2025

Employer (1 record) hide

Name	Issue Date	License Number
PHARMERICA EAST LLC	10/08/2024	CSP50001662

License/Disciplinary Action

None.

The Office of Professional and Occupational Regulation is providing information about this licensee as a public service. The information on this page is a secure, primary source for license verification. The information on this page is maintained by Office staff and is updated immediately upon a change to our licensing database. The information may not show a complete history. Licensing history prior to January 1, 2000 is unavailable online.

If you need further information, contact us directly.

Date: 11/05/2024 03:19:21 PM

This license is pursuant to the New Mexico Pharmacy Act.

License Number: **PT00018408**

Original Issue Date: **01/17/2025**
Expiration Date: **09/30/2026**

Trina Colby

Pharmacy Technician

William Lord **CHAIRMAN**

NON-TRANSFERABLE

PharMerica
Value. Trust. Performance.

March 2024

To whom it may concern,

Trina Colby has been my employee since Dec 2021.

PharMerica is a Long-Term Care pharmacy that provides medication delivery for patients living in Skilled Nursing, Assisted Living, Group Home, Residential Care and Mental Health Rehab centers.

Trina is a pharmacy technician responsible for multiple tasks within our organization including training on the floor and in the office. She is also assigned to organizing our Control Substance perpetual inventory and occasional travel to support another pharmacy.

Our Long-Term Care patients rely on our prompt delivery and Trina plays a big role ensuring that orders are processed timely. Delays in starting a new therapy can be detrimental to the population we service and timing is critical. Trina is reliable and has an excellent attendance history. She is my go-to when we have a need as I know she will go above and beyond to get the job done.

Trina is a pleasure to be around. She gets along well with others and we enjoy having her as a part of our team. We value Trina and can say with confidence that she would be an asset to any pharmacy.

Sincerely,

Leah C. Hinkle
Pharmacy Operations Manager – Dept 7021 California
Union City | Sacramento | Fresno | Ventura | Cypress | San Diego | Riverside
P: 800.237.1256 (ext. 833874) C: 714-785-0065 leah.hinkle@pharmerica.com | www.PharMerica.com

Nevada State Board of Pharmacy

CERTIFICATE OF CONTINUING EDUCATION

Awards

TRINA COLBY

1 hour of Nevada Pharmacy Law

Nevada Law CE 2023

Date: 2025-01-22

Serial No.
cert_t6nx7jvb

J. David Wuest, R.Ph.
Executive Secretary
Nevada State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Out-of-State Managing Pharmacist Certification of Employment Hours for Pharmaceutical Technician (PT)

Rev (06/22/2022)

This form cannot be returned by fax or email.
We must have an original signature and fee to process.

Section 1: Certification of PT Employment Hours (NAC 639.240) MUST BE COMPLETED BY THE PHARMACY MANAGER

Name of PT: Trina Colby

PT License # (if applicable): _____

Pharmacy Manager Name: Marc D Johnston

Pharmacy Manager License #: 14071

Name of Pharmacy: PharMerica dba Spectrum Pharmacy Services

Pharmacy License #: PH02018

Pharmacy Address: 4750 Longley Lane, Suite 204

City: Reno

State: NV

Zip: 89502

Time period PT employed (mm/yy-mm/yy): 12/2021 - Current

I certify to the Board that the above-named PT has successfully completed 1500 hours of training and experience performing the tasks of a PT listed in NRS 639.1371 (3)(c) and NAC 639.245(2). The specific training and experience completed is listed below:

Pharmacy technician duties, pharmacy trainer, data entry, inventory control

Do you certify that the PT is competent to perform the duties of a PT? ☒Yes ☐No
(If you answered "No" please explain why below):

I certify under penalty of perjury that the information contained on this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this form and any portion thereof is a public record unless otherwise declared confidential by law, and may be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020.

MARC JOHNSTON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/23/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, MARC JOHNSTON (your name), am the PHARMACY DIRECTOR (your title) for PHARMERICA DBA SPECTRUM PHARMACY SERVICES (name of Pharmacy), located at 4750 LONGLEY LANE SUITE 209 RENO NV (address of Pharmacy). I have worked with the pharmaceutical technician, TRINA COLBY (name of technician) listed on this form, and I certify that the statements contained herein are true and correct and contain a full and true account of the information requested.

Original Signature

1/23/2025
Date

Subscribed and Sworn to before me this 23 day of January, 2025

Notary Public Signature

RAJANDRAKUMAR T PATEL
Notary Public, State of Nevada
Appointment No. 22-2721-02
My Appt. Expires Apr 1, 2026

(Seal)

Board Use Only	Date Received:

16

16A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician IN TRAINING (PTT) Application

Non-Refundable $50 fee

Rev (03/16/2023)

Y

Section 1: General Information

First: LARRISSA Middle: L Last: Smith

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you are enrolled in a PT school or training program.) NAC 639.258

Program/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Signature of Program Director: _____

Section 3: Employment Information

Pharmacy Name: Walgreens Pharmacy #6425 License #: PH01594

Address: 900 N. Rancho Drive

City: Las Vegas State: NV Zip: 89106

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	X	
2. Are you a high school graduate or the equivalent?	X	

High School Name: BERKELEY High Graduation Date OR Date GED obtained (mm/yy): 06/98

Address: 1980 Allston Way

City: BERKELEY State: CA Zip: 94704

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

PCO8F2545[illegible]

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. **Provide all the following *where applicable*:**

2/17/2016

Date of Event/Arrest	Disposition Date	State	City	County
[redacted]	6/17/2017	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
~~[redacted]~~	Clark County

Reason/Charge
POSSION

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
LARRISSA Smith	

Name of Business/Industry/Entity

Provide explanation below: I WAS ARRESTED FOR POSSION OF ~~METHAMPHETAMINE~~ FALS ID BURGLARY W/INTENT ITWA POSSIESSION OF METHAMPHETAMINE DENIED

~~12/23/08~~ NOT MINE

8/2/2007 | 12/23/08 NV LASVegas Clark

07M20946X NO SUFFICENT FUNDS

LARRISSASMITH DISMISSED

11/5/2008 | 12/23/08 NV LASVegas Clark

08F22620X THEFT

DISSMISED

2/17/2016 | 8/18/200~~7~~ NV LASVegas Clark

16F02422X Poss drug NOT FOR 1-State COMMERCE Pos Stolen prop

CLOSED

Larissa Smith

Original Signature (electronic, copies or stamps not accepted)

4/1/25

Date

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 7: Personal and Professional History	Initials	
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: **WARNING** **You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.**	LS	
	Yes	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	X	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		X
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician in training who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

LARRISSA Smith
Print Name

Larrissa Smith
Original Signature (electronic, copies or stamps not accepted)

4-1-2025
Date

Board Use Only	Date Received: 4/15/25	Amount: $50 cc

1:35 $ 5GUC 87%

Criminal Case Records Search Results

ord Count: 4
rch By: Defendant **Party Search Mode:** Name **Last Name:** Smith **First Name:** Larrissa **All** All **Sort By:** Filed Date

e Number	Citation Number	Defendant Info	Filed/Location	Type/Status	Charge(s)
420946X		Smith, Larissa Leigh	08/02/2007 JC Department 1	Misdemeanor Dismissed	NON SUFFICIENT FUNDS/CHECKS
22620X		Smith, Larissa Leigh	11/05/2008 JC Department 10	Felony Dismissed	OBTAIN MONEY UNDER FALSE PRETENSES THEFT (FELONY)
08F25458X		Smith, Larissa Leigh	12/05/2008	Felony Denied	SALE FALSE IDENTIFICATION BURGLARY WITH INTENT TO COMMIT FELONY ATT. THEFT POSSESSION OF METHAMPHETAMINE
02422X		Smith, Larissa Leigh	02/17/2016 JC Department 1	Felony Closed	Poss drug not for i-state commerce [51366] Buy/poss/rcv stolen prop, < $650 [56054]

16B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician IN TRAINING (PTT) Application

Non-Refundable $50 fee

Rev (03/16/2023)

Section 1: General Information

First: Melissa Middle: Matthew Last: Pickert

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you are enrolled in a PT school or training program.) NAC 639.258

Program/School Name:

Address:

City: State: Zip:

Name of Program Director:

Signature of Program Director:

Section 3: Employment Information

Pharmacy Name: CVS License #: PH0064C

Address: 1250 west 7th Street

City: Reno State: NV Zip: 89503

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	**Yes**	**No**
1. Are you 18 years of age or older?	X	
2. Are you a high school graduate or the equivalent?	X	

High School Name: Damonte Ranch High School Graduation Date OR Date GED obtained (mm/yy): 06/20

Address: 10500 Rio Wrangler parkway

City: Reno State: NV Zip: 89521

Section 5: Military Service (NRS 622.120)	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: WARNING You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.	**Initials** MP	
	Yes	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?	X	
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?		X
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		X
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
3/11/2025		NV	Reno	Washoe County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

The documentation provided was the progress notes from my most recent psychiatrist appointment showing that I am currently diagnosed with and being treated for generalized anxiety disorder, hence why I marked yes to question #1. My condition is currently well managed.

Melissa Pickett

Original Signature (electronic, copies or stamps not accepted)

05-06-2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

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Melissa Pickert

Print Name

Melissa Pickert

Original Signature (electronic, copies or stamps not accepted)

05-06-2025

Date

Board Use Only	Date Received: _____ Amount: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

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Melissa Pickert

Print Name

Melissa Parker

Original Signature (electronic, copies or stamps not accepted)

04-10-2025

Date

Board Use Only	Date Received: 4/10/25	Amount: $50 cc

Depression: Denies depressed mood or anhedonia
Mania: Patient denies any change in mood, increased energy, or marked irritability
Anxiety/Panic Attacks: Denies any anxiety associated symptoms
Trauma: Patient reports no signs or symptoms indicative of PTSD
Psychosis: Patient reports no signs or symptoms indicative of psychosis

Review of Systems
Constitutional: Negative for chills, fever and malaise/fatigue.
HENT: Negative for hearing loss, sore throat and tinnitus.
Eyes: Negative for blurred vision and pain.
Respiratory: Negative for cough and shortness of breath.
Cardiovascular: Negative for chest pain, palpitations and orthopnea.
Gastrointestinal: Negative for abdominal pain, constipation, diarrhea, nausea and vomiting.
Genitourinary: Negative for dysuria, frequency and urgency.
Musculoskeletal: Negative for falls, joint pain and myalgias.
Skin: Negative for rash.
Neurological: Negative for dizziness, tingling, tremors and headaches.

BP 112/68 (BP Location: Left arm, Patient Position: Sitting, BP Cuff Size: Adult) | Pulse 89 | Ht 1.676 m (5' 6") | Wt 52.1 kg (114 lb 12.8 oz) | SpO2 99% | BMI 18.53 kg/m²

Physical Exam

Constitutional:
General: She is not in acute distress.
Appearance: Normal appearance. She is normal weight.

Neurological:
General: No focal deficit present.
Mental Status: She is alert and oriented to person, place, and time. Mental status is at baseline.
Gait: Gait normal.

Psychiatric:
Attention and Perception: Attention and perception normal. She does not perceive auditory or visual hallucinations.
Mood and Affect: Mood and affect normal.
Speech: Speech normal.
Behavior: Behavior normal. Behavior is cooperative.
Thought Content: Thought content normal. Thought content is not paranoid or delusional. Thought content does not include homicidal or suicidal ideation.
Cognition and Memory: Cognition normal.
Judgment: Judgment normal.
Comments: **Insight: Intact**
Thought Process: Linear, logical and goal directed

SCREENINGS:

	3/24/2023 11:30 AM	3/5/2024 12:00 PM	3/11/2025 4:00 PM
Depression Screen (PHQ-2/PHQ-9)			
PHQ-2 Total Score		2	
PHQ-2 Total Score	0		0
PHQ-9 Total Score		12	

03/11/2025 - Office Visit in University Health Psychiatry & Behavioral Health

Physician Progress Notes

Progress Notes

Emmanuelle Garcia-Rider, M.D. at 3/11/2025 1600

Author: Emmanuelle Garcia-Rider, M.D. | Service: Behavioral Health | Author Type: Physician
Filed: 3/11/2025 4:49 PM | Encounter Date: 3/11/2025 | Status: Signed
Editor: Emmanuelle Garcia-Rider, M.D. (Physician)

Psychiatric Follow Up Note

Evaluation completed by: Emmanuelle Garcia-Rider, M.D.
Date of Service: 03/11/25
Appointment type: in-office appointment.
Information below was collected from: patient

DIAGNOSES/PLAN

Problem List Items Addressed This Visit

Psychiatry Problems

Generalized anxiety disorder with panic attacks

Problem type: Chronic Illness, Stable

Assessment: Patient's anxiety is currently well treated with dose of pregabalin. Will not make any changes

Plan
Medication:
Continue pregabalin 100 mg by mouth twice daily to 3 times daily

Therapy: Currently in therapy

Relevant Medications

pregabalin (LYRICA) 100 MG Cap (Start on 4/22/2025)
pregabalin (LYRICA) 100 MG Cap (Start on 3/25/2025)
pregabalin (LYRICA) 100 MG Cap

CHIEF COMPLIANT: Medication Management (Checking in about anxiety and medications)

HPI:

Melissa Matthew Pickert is a 22 y.o. old person who presents today for regularly scheduled follow up for assessment of Medication Management (Checking in about anxiety and medications)

Patient reports things are going well. Their brother recently moved to Seattle for work. She is sad because she felt that her brother made her feel safer. She is hoping to get prompted at CVS. Overall she feels like her mental health is about the same. She has noticed pain has increased because she has been working more. She is will occasionally take the clonidine when she is unable to sleep but this does not happen often. Does not feel like medications need to be changed at this time.

PSYCHIATRIC REVIEW OF SYSTEMS: current symptoms as reported by pt.

Physician Progress Notes (continued)

	3/11/2025 4:16 PM	3/5/2024 12:00 PM	12/2/2022 4:54 PM
BH GAD-7 ANXIETY SCALE FLOWSHEET			
Feeling nervous, anxious, or on edge	0	1	1
Not being able to stop or control worrying	0	2	1
Worrying too much about different things	0	1	0
Trouble relaxing	0	0	0
Being so restless that it is hard to sit still	0	1	1
Becoming easily annoyed or irritable	1	2	1
Feeling afraid as if something awful might happen	0	0	0
GAD-7 Total Score	1	7	4

PREVENTATIVE CARE

Medication Monitoring: Benzodiazepines: Signed Controlled Substance Agreement. Educated patient on: abuse, tolerance and withdrawal, risk of falls, avoiding combining with alcohol and opioids, and medication exit plan.

ASSESSMENT

Melissa Matthew Pickert is a 22 y.o. old person who presents today for regularly scheduled follow up for assessment of Medication Management (Checking in about anxiety and medications)

CURRENT RISK ASSESSMENT

Suicide: Low
Homicide: Low
Self-Harm: Low
Relapse: Low
Crisis Safety Plan Reviewed Not Indicated

- Medication options, alternatives (including no medications) and medication risks/benefits/side effects were discussed in detail.
- The patient was advised to call, message clinician on MyChart, or come in to the clinic if symptoms worsen or if questions/issues regarding their medications arise. The patient verbalized understanding and agreement.
- The patient was educated to call 911, call the suicide hotline, or go to the local ER if having thoughts of suicide or homicide. The patient verbalized understanding and agreement.
- The proposed treatment plan was discussed with the patient who was provided the opportunity to ask questions and make suggestions regarding alternative treatment. Patient verbalized understanding and expressed agreement with the plan.

Return in about 12 weeks (around 6/3/2025) for 30 minutues appointment.

Electronically signed by Emmanuelle Garcia-Rider, M.D. at 3/11/2025 4:49 PM

17

F

NEVADA STATE BOARD OF PHARMACY

POLICY MANUAL 2025

INTRODUCTION

Board members and employees have a duty to carry out and enforce the provisions of Nevada law to protect the health, safety and welfare of the public. *See* NRS 622.080, NRS 639.070(1)(a), NRS 639.213 and NRS 639.2171(1).

General Purpose and Scope

These policies and procedures apply to all Board members and employees. They are not intended to be exhaustive and do not override the specific provisions of law as applied to a particular set of facts. To the extent possible, these policies and procedures are intended to supplement statutes, regulations and executive orders governing the Board, together with the State Administrative Manual and other statewide policies and procedures that apply to all State Executive Branch agencies. If there is a conflict between such other provisions and the provisions of this manual, the other provisions control. In some instances, certain statewide policies and procedures are incorporated by reference in this manual. The Executive Secretary may implement additional policies and procedures not inconsistent with this manual and applicable law.

Employee Input and Improvements

Throughout the Board's history, its employees have been the best source of innovation and improvement of the Board's operations. All employees are encouraged to comment to the Executive Secretary or the General Counsel upon these policies and procedures at any time. These policies and procedures should accurately reflect the actual operations of the Board and lead to greater efficiency in our service to the public.

Review and Changes to the Policies and Procedures

The Board may require changes to these policies and procedures whenever the Board deems necessary. The Executive Secretary and the General Counsel shall review these policies and procedures at least once biennially and make any recommendations for changes to the Board.

No Third-Party Rights

This manual is intended to guide the internal operations of the Board and its staff and is not intended to create any rights, duties, or obligations regarding any person who is a not Board member or employee.

EMPLOYMENT POLICIES

Board employment policies and practices will conform to the requirements of NRS Chapter 281 and Chapter 613.

Employment At Will

Each employee of the Board is employed at will, meaning that the employee may be terminated for any reason or no given reason and with or without any previous disciplinary action or notice. The Executive Secretary serves at the will of the Board. All other employees serve at the will of the Executive Secretary. The Executive Secretary may enlist the assistance of one or more Board members or the entire Board to review applications, interview candidates, or ratify hiring or termination decisions, but the Executive Secretary may also make any employment decisions without the assistance of the Board, as the Executive Secretary deems in his or her discretion to be appropriate or necessary.

Work Hours

An employee is considered full-time if he or she is expected to regularly work 40 or more hours per week. An employee is considered part-time if he or she is expected to regularly work less than 40 hours but more than 20 hours per week. An employee is considered occasional if he or she is expected to regularly work less than 20 hours per week. Occasional employees receive no benefits unless otherwise provided in these policies and procedures. Unless otherwise allowed by the Executive Secretary, every full-time employee is expected to work 40 hours per week.

Compensatory Time

If an employee works 15 or more minutes beyond his or her regular workday or on a weekend or holiday, he or she may record that time as compensatory time. Compensatory time is kept and used in quarter-hour increments. Each employee is responsible for recording his or her own compensatory time. The Executive Secretary shall review each employee's total compensatory time at the end of the calendar year.

An employee may use his or her compensatory time flexibly as long as the use of the compensatory time does not affect pending assignments. An employee needs prior approval from the Executive Secretary or the General Counsel to use compensatory time. Las Vegas employees must also notify the Las Vegas Office Manager of any leave requested before taking any such leave.

An employee may carry forward from one calendar year to the next a maximum amount of compensatory time equal to three times the maximum amount of annual leave he or she is allowed to carry forward from one calendar year to the next. All compensatory time in excess of the allowable maximum will be forfeited on January 1 of each year.

Upon termination of employment, an employee is entitled to be paid for unused compensatory time at his or her regular hourly rate up to the allowable maximum amount, which shall correspondence to the maxim amount for annual leave set forth in the table below. Unlike sick leave and annual leave, compensatory time may not be donated to other employees.

Annual Leave

Annual leave for full-time employees shall accrue and may be accumulated based upon the length of time that the employee has worked for the Board according to the following schedule:

Time Employed	Hrs./Pay Period	Max. Accumulation
10 years or less	5 hrs./pay period	320hours
10 to 15 years	6. hrs./pay period	320 hours
More than 15 years	7 hrs./pay period	320 hours

A part-time employee shall accrue annual leave at a rate proportionate to their percentage of full-time employment compared to the rate that would be allowed to a full-time employee with the same number of years of employment. For example, a part time employee working a 50% schedule would accrue leave equal to 50% of the accrual that would be allowed to a full-time employee with the same number of years of employment.

An employee should notify the Executive Secretary or the General Counsel and schedule his or her use of annual leave upon the Board's master calendar as soon in advance of the use of the leave as possible (and in the usual case no later than three weeks before the leave) so that the Executive Director and the General Counsel can schedule coverage. Las Vegas employees must also notify the Las Vegas Office Manager of any leave requested before taking any such leave. Reasonable leave requests will be granted unless, at the discretion of the Executive Secretary or the General Counsel, such leave would compromise the efficiency or work of the Board. Employees are encouraged not to seek leave during dates of Board meetings or from September 1 through November 15 of each year. The Executive Secretary may grant leave without prior notice to an employee for unforeseen or unanticipated circumstances of personal misfortune (such as a death of a family member or friend).

At the end of each calendar year, an employee will forfeit any annual leave he or she has accumulated that exceeds the maximum accumulation for that particular employee. An employee with 6 months of employment or more will be paid for their accumulated annual leave upon any termination of his or her employment with the Board at his or her most recent hourly rate up to a maximum of the number of annual hours he or she could accumulate.

Annual leave must be taken in half-hour increments. An employee must use compensatory time in excess of 20 hours for any absence from the office before he or she

may use annual leave. Employees are encouraged to use their leave throughout the year rather than using it all in the last quarter of the calendar year.

An employee may donate accumulated annual leave to another employee. The terms of the donation, including a determination of whether and how the leave will be repaid, must be made in writing between the two employees and must be approved in writing by the Executive Secretary. A copy of the written agreement must be provided to the Administrative Assistant so that the terms of the agreement can be accommodated by the payroll service. The donor employee will be without recourse if the doner employee terminates his or her employment before he or she has repaid the donated leave.

Sick Leave

Full-time employees accrue sick leave at the rate of 5.0 hours per pay period. Part-time employees accrue sick leave at a rate proportionate to their percentage of full-time employment. There is no limit to the number of hours of sick leave that may be accrued by an employee. An employee whose employment is terminated by reason of retirement or death may receive payment for his or her accrued sick leave in excess of 240 hours at his or her most recent hourly pay based upon the number of years of employment by the Board according to the following schedule:

Time Employed	Maximum Paid
Less than 10 years	None
10 to 15 years	$2,500
15 to 20 years	$4,000
20 to 25 years	$6,000
More than 25 years	$8,000

Whenever possible, an employee should notify the Executive Secretary or the General Counsel (and the Las Vegas Office Manager if the employee is a Las Vegas employee) when he or she intends to use sick leave. Sick leave is only to be used if:

- The employee is unable to perform the duties of his or her position because he or she is sick, injured, or physically incapacitated due to a *bona fide* medical condition.
- The employee is quarantined.
- The employee is receiving medical, psychological, optometric, or dental service or examination.
- A member of the employee's family is sick, injured, physically incapacitated, quarantined, or receiving treatment or examination for a *bona fide* medical condition and the employee is needed to minister, transport, or otherwise assist the family member.

An employee may be asked to provide evidence of the reason given for the use of sick leave by the Executive Secretary or the General Counsel. Misuse of sick leave is a cause for discipline up to and including termination.

Extraordinary Leave

An employee may seek from the Executive Secretary or the General Counsel extraordinary leave under such conditions and for such time as the employee deems needed when:

- The employee is unable to perform his or her duties because of his or her own serious, *bona fide* illness or accident which is life threatening, or which will require convalescence exceeding ten working days.
- The employee is unable to perform his or her duties because of the serious, *bona fide* illness or accident which is life threatening, or which will require convalescence exceeding ten working days for a member of the employee's family or other person who will rely upon the employee's presence.
- The death of a member of the employee's family or close friend that may require the absence of the employee for more than three working days.
- Any other unforeseen or unfortunate personal circumstance that will require the absence of the employee for more than three working days.

The Executive Secretary or the General Counsel will attempt, as much as possible, to accommodate the employee's request for extraordinary leave. Las Vegas employees must also notify the Las Vegas Office Manager of any leave requested before taking any such leave. An employee will use his or her accrued sick leave (when appropriate), compensatory time, and annual leave for extraordinary leave. If the extraordinary leave will continue beyond all such accrued leave, other employees may donate their accrued leave of any type to assist the employee on extraordinary leave. Throughout the period of extraordinary leave, the employee on extraordinary leave shall call the Executive Secretary or the General Counsel to notify him or her of any significant change of circumstances regarding the leave and when the employee might be able to return to work.

If the extraordinary leave will continue beyond all the employee's accrued leave and the other employees' donations of leave are inadequate to cover the employee's extraordinary leave with pay, the employee and the Executive Secretary shall discuss whether the employee will be allowed to go on leave without pay or whether other arrangements, including termination of the employee's employment, are appropriate.

Miscellaneous Special Leave

Administrative Leave – Administrative leave is leave with pay that is not deducted from the employee's annual or compensatory leave amounts. Administrative leave will be granted an employee under the following circumstances:

- Blood Donation – An employee may take leave with pay for the time necessary to donate blood or blood products (such as platelets) as long as the Executive Secretary or the General Counsel has approved the leave in advance.

- Jury or Witness Duty – An employee will be granted administrative leave for the actual time he or she is required to serve as a juror or as a witness in a court or administrative proceeding other than a hearing or meeting with the Board. Any jury or witness fees must be paid to the Board.

Military Service Leave – An employee who is a member of the National Guard or a Reserve unit of the military will be granted leave for training under the same conditions as would apply to any other request for annual or compensatory leave except that such leave can only be denied by the Executive Secretary if the employee's absence would substantially impair the necessary work of the Board.

Holidays

The Board will observe legal holidays as specified in NRS 236.015, for which all employees will be paid based upon their current salary. If a legal holiday falls on a day within the workweek that is not a regular workday for an employee, that employee shall claim 25% of their regular hours per workweek as compensatory time.

Continuity of Service

Assembly Bill 522 of the 2023 Legislative Session (AB 522) reinstates a plan, administered by the Division of Human Resource Management (DHRM), to encourage continuity of service for State employees, also known as "longevity pay". The following guidance has been established to aid Departments/Divisions in navigating the new longevity program.

Dates of Payment, Eligibility, and Responsibility for Longevity Payments

Non-classified full-time employees, unclassified employees, and classified employees not in a Bargaining Unit covered under a collective bargaining agreement (CBA), are eligible for longevity pay pursuant to Section 32 of AB 522 (2023). Employees covered under a CBA should reference their respective agreement for applicable longevity payments.

Employees are eligible for longevity payments after eight (8) years of continuous service, as defined by the Human Resources Commission in NAC 284.0525 and NAC 284.598, and if they have received a rating of "standard" or "exceeds standards" on their most recent report on performance.

For FY 24, employees eligible for longevity payments will receive the first disbursement for the period of July 1, 2023, through December 31, 2023, on December 15, 2023, and the second disbursement for the period of January 1, 2024, through June 30, 2024, on June 14, 2024.

Departments/Divisions are responsible for the payment of longevity pay to an employee if that employee is employed by the Department/Division on the date on which the employee becomes eligible for the longevity payment. Employees that have separated from State service as of these dates will not receive longevity pay. Departments/Division pay clerks have received preliminary longevity reports from the DHRM requiring appointing authority approval. These forms should be returned to Central Payroll as soon as possible, if not done so already. If these approved memos have not been received back by DHRM, payments will still be processed but corrections could be required

PERS Consideration

Section 32 of AB 522 (2023) requires that if an employee "has elected to have their contribution for the Public Employees' Retirement System (PERS) paid by [their] employer, any payment made to the employee pursuant to this section must be counterbalanced by an equivalent reduction in the employee's salary for the employee's portion of the contribution in the same manner as prescribed in NRS 286.421."

Calculation of Longevity Payment

Employees that meet the eligibility criteria above are entitled to receive a semiannual payment of one hundred dollars ($100.00), plus:

A) An annual increase of twenty-five dollars ($25.00) in the semiannual payment for each year of the employee's ninth (9th) through fourteenth (14th) years of continuous service;
B) An annual increase of fifty dollars ($50.00) in the semiannual payment for each year of the employee's fifteenth (15th) through twenty-fourth (24th) years of continuous service; and
C) An annual increase of seventy-five dollars ($75.00) in the semiannual payment for each additional year of continuous service after the employee's twenty-fourth (24th) year, up to a maximum payment of thirty (30) years of continuous State service.

Years of Continuous Service	Semiannual Longevity Payment Amount*
8 years	$100.00
9 years	$125.00
10 years	$150.00
11 years	$175.00
12 years	$200.00
13 years	$225.00
14 years	$250.00
15 years	$300.00
16 years	$350.00
17 years	$400.00
18 years	$450.00
19 years	$500.00
20 years	$550.00
21 years	$600.00
22 years	$650.00
23 years	$700.00
24 years	$750.00
25 years	$825.00
26 years	$900.00
27 years	$975.00
28 years	$1,050.00
29 years	$1,125.00
30 years	$1,200.00

*Semiannual Longevity Payment Amount not adjusted for PERS.

Annual Salary Reviews

Every year before the Board's regularly scheduled meeting in May or June, the Executive Secretary shall review the work of each employee to make a recommendation to the Board regarding potential increases to that employee's salary. The Executive Secretary may recommend a merit increase per employee and may recommend different percentages for each employee depending upon the Executive Secretary's evaluation of the employee's work in the preceding year. At its meeting in May or June, the Board may increase each employee's salary by the percentage increase in the Consumer Price Index for All Urban Consumers (CPI-U) for the West Region for the preceding year plus a merit increase based upon the Executive Secretary's recommendation and the Board's own discretion. Salary increases shall be effective July 1 of each year.

Outside Employment

Before an employee may engage in any employment other than his or her employment with the Board, the employee shall discuss such outside employment with the Executive Secretary or the General Counsel. The Executive Secretary or General Counsel may approve the outside employment as long as it does not constitute a conflict of interest with the operations of the Board, does not create the appearance of impropriety, and does not interfere with the employee's ability to perform his or her functions for the Board.

Travel Expenses

Board members and employees in travel status shall receive reimbursement in accordance with NRS 281.160 and Chapter 0200 of the State Administrative Manual.

Use of Board Equipment and Time

Each employee shall, during his or her hours of duty as an employee and subject to such other laws or regulations as pertained thereto, devote his or her full time, attention and efforts to the business of the Board. Employees may make incidental use of their time and Board property for personal use under the following conditions:

- The use of the property does not interfere with the performance of the employee's duties.
- The cost or value related to the use is nominal.
- The use does not create the appearance of impropriety.

An employee should direct any question regarding whether a particular use of Board property complies with this policy to the Executive Secretary or the General Counsel before the employee makes personal use of the Board property.

Americans with Disabilities Act

The Board will comply with the Americans with Disabilities Act by following the Employment Provisions Guide for State of Nevada Executive Branch Agencies set forth in Appendix A.

Public Employees' Retirement Program

The Board participates in the Public Employees' Retirement Program (PERS) in accordance with NRS Chapter 286. For employees hired on or after July 1, 2025, the salary ranges listed herein represent the amounts payable in annual compensation to those employees in the specified positions who have elected to participate in the Employer Paid Contribution Plan. When computing the annual salary payable to an employee who has elected to participate in the Employer/Employee Paid Contribution Plan, the Board will follow the PERS Policies and Procedures for the Retirement System available at **https://www.nvpers.org/**.

Public Employees' Benefits Program

The Board participates in the Public Employees' Benefits Program (PEBP) in accordance with NRS Chapter 287and will follow the PEBP Policies and Procedures for Employee Health Insurance available at **https://pebp.state.nv.us/.**

Public Employees' Deferred Compensation Program

The Board participates in the Public Employees' Deferred Compensation Program (NDC) in accordance with NRS 287.250-.370 and will follow the NDC Policies and Procedures for the Program available at **http://defcomp.nv.gov/**. The Board provides a 50% match per calendar year to standard employee contributions as defined annually by the IRS to this program; this employer match is subject to a maximum limit as established by the Board.

Workers' Compensation Insurance

The Board purchases workers' compensation insurance coverage for employees through a private insurer.

LEGAL COUNSEL TEAM

Title: Senior General Counsel

Position Summary:
Under direction from the Executive Secretary or Deputy Executive Secretary, responsible for providing professional legal services; supervises General Counsel and other staff; and perform related work as required.

Experience and Training Requirements:

- Graduation from an accredited four-year college or university and graduation from an accredited law school and admission to State Bar of Nevada, AND
- A minimum of fifteen (15) years' experience in the practice of law, prior management experience, prior legislative experience and thorough knowledge of the structure and operation of the Board and of the relevant Nevada Revised Statutes, Nevada Administrative Code and federal law, evidentiary rules, local court rules, Nevada Rules of Civil Procedure, ethical requirements, and constitutional law;

-OR-

- Graduation from an accredited four-year college or university and graduation from an accredited law school and admission to State Bar of Nevada, AND
- A minimum of 10 years' experience in the practice of law, which must include a minimum of five (5) years' experience as General Counsel at the Board.

Duties (the following is used as a partial description and is not restrictive as to duties required):

- Exercise direct supervision over legal counsel team
- Manage the activities of the legal counsel team through the development, and implementation of goals, objectives, policies, and procedures to establish and streamline administrative cases
- Supervise legal counsel team, including, assisting in selection of staff, training in proper investigative methods and techniques, assignment and review of work, performance evaluations, implementation of discipline and conflict resolution procedures
- Oversee daily operations by reviewing and recommending improvements in work methods to ensure that administrative cases are conducted efficiently, properly, and timely
- Provide legal advice to the Board, including without limitation, personnel matters, Board compliance with all applicable laws, such as Public Records Act, and OML and Ethics in Government
- Prosecute administrative cases
- Contract negotiation and drafting
- Draft regulations and provide guidance relating to the rule-making process
- Represent the Board in judicial review proceedings, litigation and appellate matters, and legislative affairs
- Collaborate with the executive team, legal staff, investigators, and board coordination to determine Board meeting case load
- Ensure that assigned investigators perform duties and responsibilities in a safe and prudent manner that does not expose them or others to unnecessary harm or risk of on-the job injury

Skills required:

- Expert knowledge of board's policies and procedures
- Knowledge of computer software specific to the department
- Expert knowledge of State and federal laws pertaining to all license categories at the Board
- Principles of general management, supervision, and training
- Ability to plan, organize, and coordinate the legal counsel activities of the Board
- Ability to select, supervise, and evaluate the performance of legal counsel staff
- Superior legal research, writing, and advocacy skills, public speaking ability, and knowledge of both state and federal court procedures and administrative procedures.
- Excellent communication, time management, and interpersonal skills to work in a team-orientated environment.
- Ability to plan, prioritize and execute timelines and provide effective leadership.

Special Requirements:

- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:

- $115,500 - $152,496 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work, and type of work performed)

Title: General Counsel

Position Summary:
Under direction from the Executive Secretary, Deputy Executive Secretary or Senior General Counsel, responsible for providing professional legal services; and perform related work as required.

Experience and Training Requirements:

- Graduation from an accredited four-year college or university and graduation from an accredited law school and admission to State Bar of Nevada., AND
- A minimum of Twelve (12) years' experience in the practice of law and proficiency with the relevant Nevada Revised Statutes, Nevada Administrative Code and federal law, evidentiary rules, local court rules, Nevada Rules of Civil Procedure, ethical requirements, and constitutional law;

-OR-

- Graduation from an accredited four-year college or university and graduation from an accredited law school and admission to State Bar of Nevada, AND
- A minimum of Nine (9) years' experience in the practice of law and proficiency with the relevant Nevada Revised Statutes, Nevada Administrative Code and federal law, evidentiary rules, local court rules, Nevada Rules of Civil Procedure, ethical requirements, and constitutional law, which must include a minimum of three (3) years' experience as Assistant Legal Counsel at the Board.

Duties (the following is used as a partial description and is not restrictive as to duties required):

- Provide legal advice to the Board
- Prosecute administrative cases
- Contract review
- Provide advice and guidance relating to the rule-making process and Open Meeting Law
- Draft or assist with drafting regulations

- Represent the Board in judicial review proceedings, litigation and appellate matters and perform such other duties as assigned

Skills Required:
- Knowledge of board's policies and procedures
- Knowledge of computer software specific to the department
- Knowledge of State and federal laws pertaining to all license categories at the Board
- Superior legal research, writing, and advocacy skills, public speaking ability, and knowledge of both state and federal court procedures and administrative procedures
- Excellent communication, time management, and interpersonal skills to work in a team-orientated environment
- Ability to plan, prioritize and execute timelines with minimal supervision

Special Requirements:
- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $112,000 - $146,888 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work, and type of work performed)

Title: Assistant General Counsel

Position Summary:
Under direction from the Executive Secretary, Deputy Executive Secretary or Senior General Counsel, responsible for providing professional legal services and perform related work as required.

Experience and Training Requirements:
- Graduation from an accredited four-year college or university and graduation from an accredited law school, admission to State Bar of Nevada, and eligible to practice law before all courts, federal and state, in the State of Nevada and the Ninth Circuit Court of Appeals, AND
- A minimum of one (1) year of experience in the practice of law and will require the development of proficiency with the relevant Nevada Revised Statutes, Nevada Administrative Code and federal law, evidentiary rules, local court rules, Nevada Rules of Civil Procedure, ethical requirements, and constitutional law.

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Provide legal advice to the Board
- Prosecute of administrative cases
- Contract review
- Provide advice and guidance relating to the rule-making process and Open Meeting Law
- Draft or assist with drafting regulations
- Represent the Board in judicial review proceedings, litigation and appellate matters and performing such other duties as assigned

Skills required:
- Knowledge of board's policies and procedures
- Knowledge of computer software specific to the department
- Knowledge of State and federal laws pertaining to all license categories at the Board
- Superior legal research, writing, and advocacy skills, public speaking ability

- Excellent communication, time management, and interpersonal skills to work in a team-orientated environment
- Ability to plan, prioritize and execute timelines with minimal supervision

Special Requirements:

- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:

- $80,000 - $131,760 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work, and type of work performed)

INVESTIGATION TEAM

Title: Chief Investigator

Position Summary:
Under direction, organizes, supervises, and directs the operation of the Investigation Team; plans, develops, and implements procedures for investigative activities; and perform related work as required.

Experience and Training Requirements:
- A bachelor's degree from an accredited college or university in criminal justice, law enforcement or a closely related field, AND
- A minimum of five (5) years of experience supervising staff in investigations which utilized scientific methods for investigations or a minimum of five (5) years of experience working as an investigator or staff at the Board

Additional Preferred Experiences:
- Knowledge and experience with administrative and/or criminal investigations applying Nevada state and federal laws.

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Exercise direct supervision over investigation team
- Manage the activities of the investigation team through the development, and implementation of goals, objectives, policies, and procedures to establish and streamline investigations
- Assist in selection of staff for the investigation team, provide proper investigative methods and techniques training, assign, review and critique the work of the team, provide performance evaluations
- Oversee daily operations by reviewing and recommending improvements in work methods, techniques, systems, and equipment to facilitate effective operations and ensure that investigations are conducted, efficiently, properly, and timely
- Investigate known and suspected violations of state and federal law, locate and interview witnesses and suspected persons and analyze and evaluate their statement
- Review complaints to determine case and investigator assignment
- Monitor the preparation of evidence and review investigation reports to determine method of adjudication
- Collaborate with the executive team, legal staff, investigators, and board coordination to determine Board meeting case load
- Collaborate and organize investigations with other state and federal enforcement agencies as necessary to avoid duplication and facilitate successful investigations
- Testify in hearings relating to investigations
- Ensure that assigned investigators perform duties and responsibilities in a safe and prudent manner that does not expose them or others to unnecessary harm or risk of on-the job injury

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and federal laws pertaining to all license categories at the Board
- State and federal laws and standardized investigative methods pertaining to handling, preserving, and presenting evidence and its legal admissibility
- Scientific investigative methods and procedures, including interviewing
- Principles of general management, supervision, and training

Ability to:

- Plan, organize, and coordinate the investigation activities of the Board
- Recognize work methods and procedures that promote a safe work environment for the investigators
- Implement work methods and procedures that promote a safe working environment for investigators and train investigators in the same
- Select, supervise, and evaluate the performance of investigation staff
- Obtain evidence and information by observation, through interview and physical collection
- Analyze and evaluate data, evidence, and statements and formulate logically supported conclusions
- Interpret and apply pertinent laws, statutes, codes, and regulations to investigations
- React quickly and calmly during emergency situations
- Write comprehensive, detailed narrative reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:

- Work is performed in an office environment and various indoor offsite locations. Ability to lift and move objects weighing up to 50 lbs. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:

- $80,000 - $122,040 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work, and type of work performed)

Title: Investigator

Position Summary:
Under direction from executive staff or the chief investigator, investigate complaints, which includes interviewing, obtaining statements, preparing case files, drafting reports, and taking part in administrative proceedings; and perform related work as required.

Experience and Training Requirements:

- A bachelor's or associate degree from an accredited college or university in criminal justice, law enforcement or a closely related field, AND
- A minimum of five (5) years of experience investigating matters utilizing scientific methods for investigations.

Additional Preferred Experiences:

- Knowledge and experience with administrative and/or criminal investigations applying Nevada state and federal laws.

Duties (the following is used as a partial description and is not restrictive as to duties required):

- Investigate known and suspected violations of state and federal laws pertaining to the license categories at the Board, interview witnesses and suspected persons and analyze and evaluate their statement
- Apply goals, objectives, policies, and procedures of the Board when performing investigations
- Work with executive staff and chief investigator to ensure that investigations are conducted properly, legally, and timely
- Collaborate with other state and federal enforcement agencies as necessary to avoid duplication and facilitate successful investigations

- Testify in hearings relating to investigations
- Perform duties and responsibilities in a safe and prudent manner that does not expose them or others to unnecessary harm or risk of on-the job injury

Knowledge of:

- Board's policies and procedures
- Computer software specific to the department
- State and federal laws pertaining to all license categories at the Board
- Scientific investigative methods and procedures, including interviewing
- State and federal laws and standardized investigative methods pertaining to handling, preserving, and presenting evidence and its legal admissibility

Ability to:

- Apply work methods and procedures that promote a safe working environment
- Obtain evidence and information by observation, through interview and physical collection
- Analyze and evaluate data, evidence, and statements and formulate logically supported conclusions
- Interpret and apply pertinent laws, statutes, codes, and regulations to investigations
- React quickly and calmly during emergency situations
- Write comprehensive, detailed narrative reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:

- Work is performed in an office environment and various indoor offsite locations. Ability to lift and move objects weighing up to 50 lbs. Ability to operate office and investigative equipment including computers, telephones, copier, fax machines.

Salary Range:

- $60,000 - $97,200 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

INSPECTION TEAM

Title: Chief Inspector/Southern Office Manager

Position Summary:
Under direction, organizes, supervises, and directs the operation of the Inspection Team; plans, develops, and implements procedures for inspecting licensees/registrants; and perform related work as required.

Experience and Training Requirements:

- A Doctor of Pharmacy or a bachelor's in pharmacy degree from an accredited college or university, AND
- A minimum of five (5) years of experience working in a Nevada licensed pharmacy as a pharmacist, AND
- A minimum of five (5) years of experience supervising pharmacists, interns and/or pharmaceutical technician staff

-OR-

- A Doctor of Pharmacy or a bachelor's in pharmacy degree from an accredited college or university, AND
- A minimum of five (5) years of experience working as an inspector or staff at the Board

Additional Preferred Experiences:

- Knowledge and experience with Nevada Revised Statutes and Administrative Codes pertaining to pharmacy law

Duties (the following is used as a partial description and is not restrictive as to duties required):

- Exercise direct supervision over inspection team
- Manage the activities of the inspection team through the development, and implementation of goals, objectives, policies, procedures, and inspection forms to establish and streamline inspections
- Supervise inspection staff, including, assisting in selection of staff, training in proper inspection methods and techniques, assignment and review of work, performance evaluations, implementation of discipline and conflict resolution procedures
- Oversee daily operations by reviewing and recommending improvements in work methods, techniques, systems, and equipment to facilitate effective operations and ensure that inspections are conducted effectively, efficiently, properly, and timely
- Inspect licensee/registrant to ensure compliance with federal and state law and follow-up and provide recommendations as necessary to ensure licensee/registrant compliance
- Assist the Chief Investigator with reviewing investigative reports to determine method of adjudication
- Collaborate and organize inspections with other state and federal enforcement agencies as necessary to avoid duplication and facilitate successful inspections/investigations
- Controlling the use of the Board's credit card to assure it is used only for allowable purchases, including consulting with the Reno office regarding such use of the Board's credit card
- Assuring that the Las Vegas staff have the necessary support and assistance to carry out its functions
- Understand and provide training to investigators on USP 795, 797, 825, and 800
- Provide expert testimony relating to USP 795, 797, 825, and 800 and other state and federal laws pertaining to all license categories at the Board

- Ensure that assigned inspectors perform duties and responsibilities in a safe and prudent manner that does not expose them or others to unnecessary harm or risk of on-the job injury.

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and federal laws pertaining to all license categories at the Board
- Principles of general management, supervision, and training

Ability to:
- Plan, organize, and coordinate the inspection activities of the Board
- Recognize work methods and procedures that promote a safe work environment for investigators
- Implement work methods and procedures that promote a safe working environment inspectors and train inspectors in the same
- Select, supervise, and evaluate the performance of inspectors and southern Nevada staff
- Analyze and evaluate registrants/licensees' policies and procedures and observe registrants/licensees to ensure they are compliant with state and federal law
- Interpret and apply pertinent laws, statutes, codes, and regulations to inspections
- React quickly and calmly during emergency situations
- Write comprehensive, detailed narrative reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment and various indoor offsite locations. Ability to lift and move objects weighing up to 50 lbs. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $118,000 - $152,496 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work, and type of work performed)

Title: Inspector 1

Position Summary:
Under direction of the executive staff or chief inspector/southern office manager inspect pharmacy licensees (retail and institutional pharmacies) for compliance with state and federal laws; and perform related work as required.

Experience and Training Requirements:
- A bachelor's or associate degree from an accredited college or university, AND
- A minimum of five (5) years of verifiable experience working in a Nevada licensed pharmacy as a pharmaceutical technician

Additional Preferred Experiences:
- Knowledge and experience with Nevada Revised Statutes and Administrative Codes

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Inspect retail and institutional pharmacy licensee to ensure compliance with federal and state law; follow-up and provide recommendations as necessary to ensure licensee compliance

- Have or obtain a basic understanding of USP 795, 797, and 800 and understanding of state and federal law pertaining to retail and institutional pharmacy licensee
- Ensure assigned inspections are completed timely

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and federal laws applicable to the retail and institutional pharmacy licensees

Ability to:
- Analyze and evaluate a retail or institutional pharmacy's policies and procedures to ensure compliance with state and federal law and observe their practice to ensure compliance
- Interpret and apply pertinent laws, statutes, codes, and regulations to inspections
- React quickly and calmly during emergency situations
- Write comprehensive, detailed narrative reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment and various indoor offsite locations. Ability to lift and move objects weighing up to 50 lbs. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $40,000-75,600 (which is based on any combination of experience and degree prior to hire, seniority, quality and quantity of work and type of work performed).

Title: Inspector 2

Position Summary:
Under direction of the executive staff or chief inspector/southern office manager inspect licensees/registrants for compliance with state and federal laws as it relates to the licensees/registrant's license type; and perform related work as required.

Experience and Training Requirements:
- A Doctor of Pharmacy or a bachelor's in pharmacy degree from an accredited college or university, AND
- A minimum of five (5) years of experience working in a Nevada licensed pharmacy as a pharmacist

Additional Preferred Experiences:
- Knowledge and experience with Nevada Revised Statutes and Administrative Codes

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Inspect licensee/registrant to ensure compliance with federal and state law; follow-up and provide recommendations as necessary to ensure licensee/registrant compliance.
- Assist the Chief Inspector/Southern Office Manager and Chief Investigator with reviewing investigation reports to determine method of adjudication
- Collaborate and organize inspections with other state and federal enforcement agencies as necessary to avoid duplication and facilitate successful inspections/investigations
- Have or obtain a basic understanding of USP 795, 797, 825, 800 and understanding of state and federal law pertaining to all license categories at the Board as it relates to inspections

- Ensure assigned inspections are completed timely

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and federal laws pertaining to all license categories at the Board as it related to inspections

Ability to:
- Analyze and evaluate registrant/licensees' policies and procedures and to ensure compliance with state and federal law and observe their practice to ensure compliance
- Interpret and apply pertinent laws, statutes, codes, and regulations to inspections
- React quickly and calmly during emergency situations
- Write comprehensive, detailed narrative reports
- Communicate in a clear, concise manner both orally and in writing.

Special Requirements:
- Work is performed in an office environment and various indoor offsite locations. Ability to lift and move objects weighing up to 50 lbs. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $105,000 - $142,128 (which is based on any combination of experience and degree prior to hire, seniority, quality and quantity of work and type of work performed).

LICENSING TEAM

Title: Chief of Licensing

Position Summary:
Under direction, organizes, supervises, and directs the operation of the Licensing Team; plans, develops, and implements procedures for licensing activities; and perform related work as required.

Experience and Training Requirements:
- A bachelor's degree from an accredited college or university, AND
- An MA in Business Administration or similar relevant field, AND
- A minimum of five (5) years of experience at an executive level supervising staff, AND
- A minimum of ten (10) years of work experience in information technology providing customer assistance, AND
- In-depth knowledge of different business functions such as HR, Finance, and marketing, AND
- Knowledge of information technology

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Exercise direct supervision over the licensing team
- Manage the activities of the licensing team through the development, and implementation of goals, objectives, policies, and procedures to establish and streamline licensing processes for all license categories
- Supervise licensing staff, including, assisting in selection of staff, training in procedures for licensing all license categories, assignment and review of work, performance evaluations, implementation of discipline and conflict resolution procedures
- Oversee daily operations by reviewing and recommending improvements in work methods, techniques, systems, and equipment to facilitate effective operations and ensure that licensing is conducted timely
- Collaborate with the executive team, legal staff, and board coordination to determine Board agenda items and prepare necessary documents for Board meetings
- Communicate with licensing software developers to ensure software meets the needs of the Board
- Ensure licensing procedures and applications requirements are compliant with statutes and regulations
- Ensure all licensing documents and information is retained and maintained in the proper databases and per Nevada's retention schedule
- Analyze and interpret data and metrics on licensing and create reports as requested by executive staff
- Develop, implement, and ensure fingerprint background check processes comply with state and federal law and processes are adhered to by licensing staff and administrative assistant

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and federal laws pertaining to all license categories at the Board as it relates to licensing
- Knowledge of information technology
- Principles of general management, supervision, and training

Ability to:
- Plan, organize, and coordinate the activities of the licensing team

- Devise and implement licensing team operational policies and procedures
- Interpret and apply pertinent laws, statutes, codes, and regulations to licensing applications and procedures
- Implement work methods and procedures that promote a safe working environment for employees and others and train staff in the same
- Select, supervise, and evaluate the performance of licensing staff
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $90,000 - $141,480 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

Title: Licensing Supervisor

Position Summary:
Under direction of the Chief of Licensing, organizes, supervises, and directs the operation of the Licensing Team; plans, develops, and implements procedures for licensing activities; and perform related work as required. Assists Chief of Licensing in daily licensing tasks.

Experience and Training Requirements:
- A bachelor's degree from an accredited college or university, AND
- A minimum of two (2) years of work experience in information technology providing customer assistance, AND
- In-depth knowledge of different business functions such as HR, Finance, and marketing, AND
- Knowledge of information technology

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Exercise direct supervision over the licensing team
- Manage the activities of the licensing team through the development, and implementation of goals, objectives, policies, and procedures to establish and streamline licensing processes for all license categories
- Supervise licensing staff, including, assisting in selection of staff, training in procedures for licensing all license categories, assignment and review of work, performance evaluations, implementation of discipline and conflict resolution procedures
- Oversee daily operations by reviewing and recommending improvements in work methods, techniques, systems, and equipment to facilitate effective operations and ensure that licensing is conducted timely
- Collaborate with the executive team, legal staff, and board coordination to determine Board agenda items and prepare necessary documents for Board meetings
- Support licensing software developers to ensure software meets the needs of the Board

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and federal laws pertaining to all license categories at the Board as it relates to licensing
- Knowledge of information technology

- Principles of general management, supervision, and training

Ability to:
- Plan, organize, and coordinate the activities of the licensing team
- Assist with devising and implementing licensing team operational policies and procedures
- Implement work methods and procedures that promote a safe working environment for employees and others and train staff in the same
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $60,000 – $97,200 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

Title: Licensing Specialist

Position Summary:
Under the direction of executive staff, the Chief of Licensing or the Licensing Supervisor accurately process registrant/licensee applications; and perform related work as required.

Experience and Training Requirements:
- Basic knowledge of Microsoft word and excel

Additional Preferred Experiences:
- A bachelor's or associate degree from an accredited college or university

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Apply the goals, objectives, policies, and procedures establish for the team by the executive staff, Chief of Licensing and/or Licensing Supervisor
- Process applications efficiently, properly, and timely
- Assist the Chief of Licensing with determining Board agenda items and prepare necessary documents for the Board meeting
- Assist the Chief of Licensing with ensuring licensing procedures and application requirements are compliant with statutes and regulations
- Assist the Chief of Licensing with ensuring all licensing documents and information is retained and maintained in the proper databases and per Nevada's retention schedule

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and federal laws pertaining to all license categories at the Board as it relates to licensing

Ability to:
- Apply licensing team operational policies and procedures
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:

- $40,000 – $73,440 (which is based on any combination of experience prior to hire, seniority, quality, quantity of work and type of work performed)

Title: Administrative Assistant - Licensing

Position Summary:
Under the direction of the executive staff, the Chief of Licensing or Licensing Supervisor accurately process registrant/licensee applications; process, record, track, and adjudicate, as necessary, board mail, general emails, and faxes.

Experience and Training Requirements:

- Basic knowledge of Microsoft word and excel

Additional Preferred Experiences:

- A bachelor's or associate degree from an accredited college or university

Duties (the following is used as a partial description and is not restrictive as to duties required):

- Apply the goals, objectives, policies, and procedures establish for the team by the executive staff and Chief of Licensing
- Process applications efficiently, properly, and timely
- Process, record, track, and adjudicate, as necessary, board mail, general emails, and faxes
- Assist the Chief of Licensing with ensuring licensing procedures, and application requirements are compliant with statutes and regulations
- Assist the Chief of Licensing with ensuring all licensing documents and information is retained and maintained in the proper databases and per Nevada's retention schedule
- Maintain inspection schedule and coordinate inspections with the inspection team

Knowledge of:

- Board's policies and procedures
- Computer software specific to the department
- State and federal laws pertaining to all license categories at the Board as it relates to licensing

Ability to:

- Apply licensing team's operational policies and procedures
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:

- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:

- $38,000 - $70,200 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

BOARD COORDINATION TEAM

Title: Board Coordinator

Position Summary:
Under direction from executive staff or legal team, manage all activities and preparatory work required for administrative proceedings and coordinate all necessary and requested board activities; and perform related work as required.

Experience and Training Requirements:
- A bachelor's or associate degree from an accredited college or university
  -OR-
- A minimum of five (5) years' experience working as an assistant board coordinator at the Board

Additional Preferred Experiences:
- Experience as a manager, supervisor, or paralegal

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Exercise direct supervision over assistant board coordinators and administrative assistant board coordinators
- Manage the activities of the assistant board coordinators and administrative assistant board coordinators through the development, and implementation of goals, objectives, policies, and procedures to establish and streamline the activities of the board coordination team
- Supervise board coordination staff, including, assisting in selection of staff, training, assignment and review of work, performance evaluations, implementation of discipline and conflict resolution procedures
- Oversee daily operations by reviewing and recommending improvements in work methods, techniques, systems, and equipment to facilitate effective operations in the board coordination team
- Ensure all documents (i.e., agenda, minutes, and board materials) are prepared properly and timely for administrative proceedings
- Prepare, mail, and track investigative and legal documents
- Assist the legal team with developing legal documents
- Work with the legal team to report disciplinary actions to the National Practitioner's Databank
- Record and track proposed regulations and prepare documents for workshops, public hearings, and legislative commission
- Respond to disciplinary information requests
- Collaborate with the executive team, legal staff, licensing, and investigators, to determine Board meeting case load and agenda
- Communicate with Board members
- Coordinate Board travel
- Testify in hearings as necessary
- Registered as a notary and responsible for notarizing documents as necessary

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department

Ability to:
- Apply work methods and procedures that promote a safe working environment
- Write comprehensive, detailed legal reports

- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Travel is required for Board meetings. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $60,000 - $100,440, (which is based on any combination of experience prior to hire, seniority, quality, quantity of work and type of work performed)

Title: Assistant Board Coordinator

Position Summary:
Under direction from executive staff, legal team, or Board coordinator, assist in all activities and preparatory work required for administrative proceedings and assist with all necessary and requested board activities; and perform related work as required.

Experience and Training Requirements:
- A bachelor's or associate degree from an accredited college or university
  -OR-
- A minimum of two (2) years' experience working as an assistant board coordinator I or II at the Board

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Apply goals, objectives, policies, and procedures implemented by the board coordinator
- Prepare, mail, and track investigative and legal documents
- Collaborate with legal staff to track and record activities relating to Board orders and cite and fines
- Assist the legal team with developing legal documents (i.e. accusations, exhibits, etc.)
- Prepare materials for administrative proceedings (i.e., agenda, minutes, board book, etc.)
- Assist board coordinator with preparing documents for workshops, public hearings, and legislative commission
- Assist board coordinator with training and supervising administrative assistant board coordinators
- Respond to disciplinary information requests
- Collaborate with the executive team, legal staff, licensing, and investigators, to determine Board meeting case load and agenda
- Communicate with Board members
- Coordinate Board travel
- Testify in hearings as necessary

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department

Ability to:
- Apply work methods and procedures that promote a safe working environment
- Write comprehensive, detailed legal reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:

- Work is performed in an office environment. Travel is required for Board meetings. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $50,000 - $84,780 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

Title: Administrative Assistant – Board Coordinator II

Position Summary:
Under the direction of the executive staff or the Board Coordinator assist in all activities and preparatory work required for administrative proceedings, assist with all necessary and requested board activities, including, scanning, board mail, general emails, and faxes, responding and interacting with the public; and perform related work as required.

Experience and Training Requirements:
- A bachelor's or associate degree from an accredited college or university
  -OR-
- A minimum of two (2) years' experience working as an assistant board coordinator I, at the Board

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Apply the goals, objectives, policies, and procedures establish by the executive staff and Board Coordinator
- Answer and direct phone calls
- Prepare materials for administrative proceedings (i.e., agenda, minutes, board book, etc.)
- Assist board coordinator with developing legal documents (i.e. accusations, exhibits, etc.)
- Assist with responding to disciplinary information requests
- Assist the Board Coordinator with ensuring all information is retained and maintained in the proper databases and per Nevada's retention schedule
- Assist the assistant board coordinator with tracking Board orders and cite and fines

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department

Ability to:
- Apply Board Coordination operational policies and procedures
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Travel may be required for Board meetings. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $42,000 - $72,360 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

Title: Administrative Assistant – Board Coordinator I

Position Summary:
Under the direction of the executive staff or the Board Coordinator assist in all activities and preparatory work required for administrative proceedings, assist with all necessary and requested board activities, including, scanning, board mail, general emails, and faxes; and perform related work as required.

Experience and Training Requirements:
- Basic knowledge of Microsoft word and excel

Additional Preferred Experiences:
- A bachelor's or associate degree from an accredited college or university

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Apply the goals, objectives, policies, and procedures establish by the executive staff and Board Coordinator
- Answer and direct phone calls
- Prepare materials for administrative proceedings (i.e., agenda, minutes, board book, etc.)
- Assist with responding to disciplinary information requests
- Assist the Board Coordinator with ensuring all information is retained and maintained in the proper databases and per Nevada's retention schedule
- Assist the Board Coordinator with mailing and emailing notices
- Assist the assistant board coordinator with tracking Board orders and cite and fines
- Prepare materials to be published in the NABP newsletter
- Receive and review complaints and assign case numbers maintain and update, as necessary, the Board's webpage
- Prepare and complete the biennial pharmacist CE audit

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department

Ability to:
- Apply Board Coordination operational policies and procedures
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Travel may be required for Board meetings. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $38,000 - $62,640 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

FINANCE TEAM

Title: Chief Financial Officer

Position Summary:
Under direction from executive staff, produce and analyze the financial statements and manage the financial actions of the Board; analyze the Board's financial strengths and weaknesses and propose corrective actions; manage the finance team and ensure the Board's financial reports are accurate and completed in a timely manner and adheres to state and federal law and generally accepted accounting principles (GAAP) adopted by the Securities and Exchange Commission (SEC) and other regulatory entities; and perform related work as required.

Experience and Training Requirements:
- A bachelor's degree in Accounting, Finance or Business Administration, AND
- A master's degree in Accounting, Finance or Business Administration, AND
    - A minimum of ten (10) years of experience within the fields of accounting and finance, which must include A minimum of seven (7) years of supervisory experience of accounting team and staff; or
    - A minimum of six (6) years working at the Board as a Financial Manager, AND
- Prior experience managing monthly close and producing financial statements, AND
- Strong Quickbooks skills, AND
- Ability to problem solve, identify opportunities, and to communicate effective and professionally
- CPA certification is preferred but not required

Additional Preferred Experiences:
- Experience with accounting and finance within a Nevada state or county agencies

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Exercise direct supervision over the finance team
- Manage the activities of the finance team through the development, and implementation of goals, objectives, policies, and procedures to establish and streamline the activities of finance team
- Supervise financial manager and administrative service officer of the Board including, assisting in selection of staff, training, assignment and review of work, performance evaluations, implementation of discipline and conflict resolution procedures
- Oversee daily operations by reviewing and recommending improvements in work methods, techniques, systems, and equipment to facilitate effective operations of the finance team
- Work with executive team to develop the Board's budget including analysis and projections of the Board's financials
- Ensure general ledger integrity, maintenance of accounting policies, procedures and controls, budget reporting, payroll processing, account, and variance analysis
- Oversee and prepare documents necessary for the Board's annual audit
- Oversee and prepare necessary financial documents at the request of executive staff
- Communicate with PEBP, PERS, VOYA and have an expert understanding of the Board's insurance, retirement, and investment plans and communicate such to the Board Staff
- Communicate with the Board's banking and insurance partners
- Communicate with the Board's Treasurer regarding the Board's financial status
- Oversee the reconciliation, tracking, payment, and reimbursement of all Board expenses including travel, credit card, equipment, supplies, and services

- Oversee the reconciliation and tracking of all sources of profits and losses
- Work with the Prescription Monitoring Program to write and submit applications for grant funding
- Management of all grant funds and expenditures, ensuring all financial reporting requirements are met
- Responsible for all existing Board contracts, including renewal and tracking of the contracts, and working with the executive and legal team to write new contracts to procure services
- Execute and ensure new hires have completed all onboarding paperwork and maintain employee files
- Responsible for all financial reporting as required by the state and ensuring reports are filed timely

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and local laws applicable to the management of an administrative agency's financials
- Principles of general management, supervision, and training
- QuickBooks, Excel

Ability to:
- Plan, organize, and coordinate the finance team
- Select, supervise, and evaluate the performance of the finance staff
- Write comprehensive, detailed financial reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $90,000 - $136,080 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

Title: Financial Manager

Position Summary:
Under direction from executive staff and Chief Financial Officer, assist in producing and analyzing the financial statements of the Board; assist the Chief Financial Officer in analyzing the Board financial strengths and weaknesses and propose corrective actions; ensure the Board's financial reports are accurate and completed in a timely manner.

Experience and Training Requirements:
- A bachelor's degree in Accounting, Finance or Business Administration, AND
- A minimum of five (5) years of experience within the fields of accounting and finance or five (5) years of experience as an accountant with the Board, AND
- Strong Quickbooks skills, AND
- Ability to problem solve, identify opportunities, and to communicate effective and professionally

Duties (the following is used as a partial description and is not restrictive as to duties required):

- Apply goals, objectives, policies, and procedures established by the Chief Financial Officer
- Assist the Chief Financial Officer and work with executive staff to develop the Board's budget including analysis and projections of the Board's financials
- Ensure general ledger integrity, maintenance of accounting policies, procedures and controls, budget reporting, payroll processing, account, and variance analysis
- Assist the Chief Financial Officer with preparing documents necessary for the Board's annual audit
- Prepare necessary financial documents at the request of executive staff
- Communicate with board staff regarding insurance and retirement plans
- Communicate with the Board's banking and insurance partners
- Communicate with the Board's Treasurer regarding the Board's financial status
- Reconcile, track, pay, reimburse all Board expenses including travel, credit card, equipment, supplies, and services
- Reconcile, track all sources of profits and losses
- Cross-check the work of the accountant

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and local laws applicable to the management of an administrative agency's financials
- QuickBooks, Excel

Ability to:
- Write comprehensive, detailed financial reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $60,000 - $102,600 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

Title: Administrative Service Officer (ASO)

Position Summary:

Under direction from executive staff and Chief Financial Officer, assist the financial manager in producing and analyzing the financial statements of the Board and ensuring the Board's financial reports are accurate and completed in a timely manner; and perform related work as required.

Experience and Training Requirements:
- A bachelor's degree in Accounting, Finance or Business Administration, AND
- Strong Quickbook skills, AND
- Ability to communicate effective and professionally

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Apply goals, objectives, policies, and procedures established by the Chief Financial Officer

- Assist the Chief Financial Officer and Financial Manager with ensuring general ledger integrity, maintenance of accounting policies, procedures and controls, budget reporting, payroll processing, account, and variance analysis
- Assist the Financial Manager with preparing documents necessary for the Board's annual audit
- Prepare necessary financial documents at the request of executive staff, Chief Financial Officer or Financial Manager
- Assist the Financial Manager with reconciling, tracking, payment, reimbursement of all Board expenses including travel, credit card, equipment, supplies, and services
- Assist the Financial Manager with reconciling, tracking all profits and losses

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and local laws applicable to the management of an administrative agency's financials
- QuickBooks, Excel

Ability to:
- Write comprehensive, detailed financial reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $40,000 - $66,960 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

PRESCRIPTION MONITORING PROGRAM TEAM

Title: PMP Administrator

Position Summary:
Under direction, organizes, supervises, and directs the operation of the PMP Team; plans, develops, and implements procedures for PMP activities; and performs related work as required.

Experience and Training Requirements:
- A graduate of an ACPE accredited College of Pharmacy, AND
- An active Nevada Pharmacist registration

Additional Preferred Experiences:
- Knowledge and experience with the practice of pharmacy pertaining to Nevada Revised Statutes and Administrative Codes

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Oversee the daily management of the Nevada PMP
- Work with and communicate with pharmacies and dispensing practitioners across Nevada to ensure accurate reporting into the PMP database
- Work with and communicate with Nevada Occupational Licensing Boards across Nevada to ensure licensee compliance with the PMP database requirements
- Work with and communicate with Law Enforcement to prevent the improper or illegal use of controlled substances
- Prepare and conduct comprehensive analysis of the PMP data and controlled substance prescription records from pharmacies
- Effectively communicate with PMP users, and other external contacts, regarding various PMP matters
- Work with PMP users to ensure they are registered and able to access the PMP
- Trouble-shooting PMP related concerns as they arise
- Write and submit applications for grant funding

- Oversee the daily management of grant activities and ensure all reporting requirements are met
- Work with the Finance team in the management of all grant funds and expenditures, ensuring all financial reporting requirements are met

- Oversee the Nevada Statewide PMP Integration project
- Prepare confidential patient, provider, or dispenser PMP reports when requested
- Perform related duties as assigned by the Executive Secretary or Deputy Executive Secretary

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and local laws applicable to the practice of pharmacy
- Principles of general management, supervision, and training
- Microsoft word and excel

Ability to:
- Plan, organize, and coordinate the PMP activities of the Board
- Recognize work methods and procedures that promote a safe work environment for employees and others

- Implement work methods and procedures that promote a safe working environment for employees and others and train staff in the same
- Select, supervise, and evaluate the performance of PMP staff
- Analyze and evaluate PMP data and formulate logically supported conclusions
- Interpret and apply pertinent laws, statutes, codes, and regulations to PMP
- React quickly and calmly during emergency situations
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $100,000 - $142,128 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work. and type of work performed)

Title: PMP Specialist (Investigator)

Position Summary:
Under direction, follows procedures for PMP activities; investigate complaints as it relates to controlled substances; and performs related work as required.

Experience and Training Requirements:
- A bachelor's degree from an accredited college or university or POST certified, AND
- A minimum of five (5) years of law enforcement, investigative or intelligence analyst field experience

Additional Preferred Experiences:
- Knowledge and experience with the practice of pharmacy pertaining to Nevada Revised Statutes and Administrative Codes

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Investigate complaints as it relates to controlled substances and write comprehensive and detailed investigations reports
- Work with and communicate with pharmacies and dispensing practitioners across Nevada to ensure accurate reporting into the PMP database
- Prepare confidential patient, provider, or dispenser PMP reports when requested
- Effectively communicate with PMP users, and other external contacts, regarding various PMP matters
- Work with PMP users to ensure they are registered and able to access the PMP
- Trouble-shooting PMP related concerns as they arise
- Work with and communicate with Nevada Occupational Licensing Boards across Nevada to ensure licensee compliance with the PMP database requirements
- Work with and communicate with Law Enforcement to prevent the improper or illegal use of controlled substances
- Complete annual PMP access recertification for law enforcement, deputy of a coroner and medical examiners
- Monitor PMP compliance including but not limited to "MyRx" queries and dispenser daily reporting
- Inspect and investigate licensee/registrant to ensure compliance with federal and state law; follow-up and provide recommendations as necessary to ensure licensee/registrant compliance

- Investigate known and suspected violations of state and federal laws pertaining to the license categories at the Board, interview witnesses and suspected persons and analyze and evaluate their statement
- Testify in hearings relating to investigations, as needed
- Perform related duties as assigned

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and local laws applicable to the Nevada Prescription Monitoring Program
- State and federal laws pertaining to all license categories at the Board as it related to inspections and investigations
- Scientific investigative methods and procedures, including interviewing
- State and federal laws and standardized investigative methods pertaining to handling, preserving, and presenting evidence and its legal admissibility
- Microsoft word and excel

Ability to:
- Execute PMP policies and procedures of the Board
- Follow written and oral instructions
- Analyze and evaluate PMP data and formulate logically supported conclusions
- Interpret and apply pertinent laws, statutes, codes, and regulations to PMP
- React quickly and calmly during emergency situations
- Analyze and evaluate registrant/licensees' policies and procedures and to ensure compliance with state and federal law and observe their practice to ensure compliance as it relates to inspections and investigations
- Interpret and apply pertinent laws, statutes, codes, and regulations to inspections and investigations
- Apply work methods and procedures that promote a safe working environment
- Obtain evidence and information by observation, through interview and physical collection for investigations
- Analyze and evaluate data, evidence, and statements and formulate logically supported conclusions
- Write comprehensive, detailed narrative reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment and various indoor offsite locations. Ability to lift and move objects weighing up to 50 lbs. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $60,000 - $97,200 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

Title: Data Analyst

Position Summary:
Under direction, perform simple and complex statistical analysis of PMP data and other datasets at the

Board and apply appropriate statistical theories and principles to the data and to make predictions and projections relating to the data. Support the PMP and the Board by compiling statistics, reports and creating dashboards, charts and graphs and completing various analytical projects as assigned and perform related work as required.

Experience and Training Requirements:

- A bachelor's from an accredited college or university in statistics, mathematics or closely related field and
- A minimum of two (2) years of data analyst and statistical reporting experience

Additional Preferred Experiences:

- Knowledge and experience with the practice of pharmacy pertaining to Nevada Revised Statutes and Administrative Codes

Duties (the following is used as a partial description and is not restrictive as to duties required):

- Work with and communicate with pharmacies and dispensing practitioners across Nevada to ensure accurate reporting into the PMP database
- Prepare and conduct comprehensive analysis of the PMP data and controlled substance prescription records from pharmacies
- Prepare confidential patient, provider, or dispenser PMP reports when requested
- Effectively communicate with PMP users, and other external contacts, regarding various PMP matters
- Work with PMP users to ensure they are registered and able to access the PMP
- Trouble-shooting PMP related concerns as they arise
- Work with and communicate with Nevada Occupational Licensing Boards across Nevada to ensure licensee compliance with the PMP database requirements
- Work with and communicate with Law Enforcement to prevent the improper or illegal use of controlled substances
- Complete annual PMP access recertification for law enforcement, deputy of a coroner and medical examiners
- Monitor PMP compliance including but not limited to "MyRx" queries and dispenser daily reporting
- Analyze Board data and build reports to comply with Statutory reporting requirements.
- Analyze Board data to support policy development
- Strategize new methodologies for improving Board activities
- Lead and implement projects to meet Statutory requirement or Board improvement
- Construct and maintain website dashboards to provide information to the public relating to Board data
- Testify in hearings relating to Board data and reports as needed
- Perform related duties as assigned

Knowledge of:

- Board's policies and procedures
- Computer software specific to the department
- State and local laws applicable to the Nevada Prescription Monitoring Program
- Microsoft word and excel
- Tableau, SQL, SAS or similar
- Power BI or similar

Ability to:

- Execute PMP policies and procedures of the Board

- Follow written and oral instructions
- Analyze and evaluate PMP data and formulate logically supported conclusions
- Interpret and apply pertinent laws, statutes, codes, and regulations to PMP
- React quickly and calmly during emergency situations
- Interpret and apply pertinent laws, statutes, codes, and regulations
- Prepare statistical reports
- Develop and maintain public facing dashboards
- Write comprehensive, detailed narrative reports
- Apply work methods and procedures that promote a safe working environment
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment and various indoor offsite locations. Ability to lift and move objects weighing up to 50 lbs. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $69,000 - $110,592 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

Title: Compliance Coordinator

Position Summary:
Under direction, follows procedures for PMP activities; and performs related work as required.

Experience and Training Requirements:
- A bachelor's or associate degree from an accredited college or university,
  -OR-
- A minimum of two (2) years' experience working as a PMP Technician at the Board

Additional Preferred Experiences:
- Knowledge and experience with the practice of pharmacy pertaining to Nevada Revised Statutes and Administrative Codes

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Work with and communicate with pharmacies and dispensing practitioners across Nevada to ensure accurate reporting into the PMP database
- Prepare and conduct comprehensive analysis of the PMP data and controlled substance prescription records of dispensers and prescribers
- Prepare confidential patient, provider or dispenser PMP reports when requested
- Effectively communicate with PMP users, and other external contacts, regarding various PMP matters
- Work with PMP users to ensure they are registered and able to access the PMP
- Trouble-shooting PMP related concerns as they arise
- Investigate prescription forgeries
- Work with and communicate with Nevada Occupational Licensing Boards across Nevada to ensure licensee compliance with the PMP database requirements
- Work with and communicate with Law Enforcement to prevent the improper or illegal use of controlled substances
- Work with practitioners and pharmacies to correct PMP data errors
- Perform related duties as assigned

Knowledge of:

- Board's policies and procedures
- Computer software specific to the department
- State and local laws applicable to the practice of pharmacy
- Microsoft word and excel

Ability to:

- Execute PMP policies and procedures of the Board
- Follow written and oral instructions
- Analyze and evaluate PMP data and formulate logically supported conclusions
- Interpret and apply pertinent laws, statutes, codes, and regulations to PMP
- React quickly and calmly during emergency situations
- Communicate in a clear, concise manner both orally and in writing.

Special Requirements:

- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:

- $40,000 - $75,600 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

Title: PMP Technician

Position Summary:
Under direction, follows procedures for PMP activities; and performs related work as required.

Experience and Training Requirements:

- High school graduate or equivalent education; AND
- A minimum of one (1) year of experience working as a public or community health worker, or a minimum of one (1) year experience working in a retail, institutional or home health care pharmacy if the candidate is a pharmaceutical technician.

Additional Preferred Experiences:

- Knowledge and experience with the practice of pharmacy pertaining to Nevada Revised Statutes and Administrative Codes

Duties (the following is used as a partial description and is not restrictive as to duties required):

- Work with and communicate with pharmacies and dispensing practitioners across Nevada to ensure accurate reporting into the PMP database
- Prepare and conduct comprehensive analysis of the PMP data and controlled substance prescription records from pharmacies
- Effectively communicate with PMP users, and other external contacts, regarding various PMP matters
- Work with PMP users to ensure they are registered and able to access the PMP
- Trouble-shooting PMP related concerns as they arise
- Assist PMP administrator with grant related activities
- Prepare confidential patient, provider, or dispenser PMP reports when requested
- Perform related duties as assigned

Knowledge of:

- Board's policies and procedures
- Computer software specific to the department
- State and local laws applicable to the practice of pharmacy
- Microsoft word and excel

Ability to:

- Execute PMP policies and procedures of the Board
- Follow written and oral instructions
- Analyze and evaluate PMP data and formulate logically supported conclusions
- Communicate in a clear, concise manner both orally and in writing.

Special Requirements:

- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:

- $35,000 - $66,960 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

SEXUAL HARASSMENT AND DISCRIMINATION

All Board members and employees are subject to the State of Nevada Executive Branch Sexual Harassment and Discrimination Policy set forth in Appendix B. Each Board member and employee shall sign the acknowledgment therein for retention in the individual's personnel file that he or she has read and understands the Sexual Harassment and Discrimination Policy.

INFORMATION TECHNOLOGY AND SECURITY

All Board members and employees are subject to the State of Nevada Executive Branch Information Security Program Policy set forth in Appendix C. Each Board member and employee shall sign the Acceptable Use Agreement governing the use of Board information technology (IT) resources set forth in Appendix D for retention in the individual's personnel file.

ETHICS IN GOVERNMENT

All Board members and employees are subject to the Nevada Ethics in Government Law, NRS Chapter 281A. Each Board employee shall sign the acknowledgment set forth in Appendix E for retention in the individual's personnel file that he or she has read and understands the Nevada Ethics in Government Manual. Each Board employee shall sign the Policies & Procedures for Screening of Staff to Avoid Conflicts of Interest set forth in Appendix F for retention in the individual's personnel file.

PUBLIC RECORDS

The Board Coordinator is the designated records official for the Board responsible for compliance with the Nevada Public Records Act, NRS Chapter 239, together with NAC Chapter 239, Chapter 0400 and Chapter 2000 of the State Administrative Manual, and State records retention schedules. Board members and employees shall not use their personal electronic devices and personal accounts in the transaction of public business since this generates a public record. The Board shall follow the records retention schedules set forth at

http://nsla.libguides.com/state-records-services/retention-schedules

and the Nevada Public Records Manual available at

http://nsla.libguides.com/ld.php?content_id=34967931.

DUTIES OF THE EXECUTIVE SECRETARY

TEMPORARY LICENSES

The Executive Secretary may only consider a request for a temporary license under NAC 639.200 if the person making the request is a pharmacist and has:

- Filed a fully completed an appropriate application,
- Paid all required fees,
- Nothing in his work or life history that would disqualify him or her or would require an appearance before the Board pursuant to NRS 639.210, and
- Demonstrated a compelling reason for the request.

The Executive Secretary may only consider a request for a temporary license under NAC 639.200 if the requesting party is a pharmacy and has:

- Filed a fully completed and appropriate application,
- Paid all required fees,
- Nothing in its operational history that would disqualify it or would require an appearance before the Board pursuant to NRS 639.210,
- Licenses already with the Board for one or more similar pharmacies, and
- Demonstrated a compelling reason for the request.

If the Executive Secretary grants a temporary license, he shall inform the person making the request of the time after which the license will expire, which time is presumptively 90 days. The Executive Secretary shall report to the Board on all temporary licenses granted at each of the Board's meetings.

Responsibility for Employees

The Executive Secretary is responsible for the hiring, discipline, and termination of all employees of the Board. The Executive Secretary has the discretion to assign work among the employees as he or she deems necessary and proper for the efficient and effective function of the Board.

Board members who have questions or concerns regarding the operation of the Board offices or the work of any particular employee should address such questions or concerns to the Executive Secretary. Employees who have questions or concerns regarding their employment or the interpretation of any of these Policies and Procedures should talk with the Executive Secretary regarding their concerns.

Press Relations and Public Speaking

Questions from reporters or the public should be addressed to the Executive Secretary unless another person in the office has been designated by the Executive Secretary to receive such inquiries. Employees should not speak to reporters about anything unless specifically designated to do so by the Executive Secretary. Board members may speak to the press about Board matters, but they are encouraged either to direct the press to the Executive Secretary or to inform the Executive Secretary of the press contact immediately after the press contact. Board members may not speak on behalf of the entire Board unless authorized by the Board to do so. Board members may not discuss with the press anything related to a pending disciplinary matter until the Board has finally ruled on the matter and any judicial review of the matter is concluded.

The Executive Secretary is encouraged to speak to the public regarding issues of interest to the public and the Board related to the practice of pharmacy and the work of the Board. The Executive Secretary may assign public speaking duties to other employees as he or she deems appropriate. The Executive Secretary may seek permission or direction from the Board regarding a given appearance, or from the President if time does not allow for the issue to be raised with the entire Board.

Oversight of Board Finances and Investing of Board Funds

The Executive Secretary has the authority and responsibility to prudently manage the Board's finances. The Executive Secretary may sign contracts on behalf of the Board, may sign negotiable instruments on behalf of the Board, may commit Board funds to investments or other accounts, and may take whatever other action he or she deems necessary to maximize the Board's funds. The Executive Secretary must present a financial report at each Board meeting.

The Executive Secretary shall invest the Board's funds as follows:

1. **Cash in Board Checking Accounts**: It is the responsibility of the Executive Secretary to maintain cash balances at levels which enable the Board to meet obligations as they become due. The Executive Secretary may establish a zero-balance checking account where excess cash is invested in a short-term Treasury fund that provides for one-day liquidity; or procure overnight repurchase agreements in order to ensure that funds are not at risk. The Board of Pharmacy will ensure the following:

- The Board members will annually affirm the decision to exceed the FDIC limit of $250,000 when investing in funds approved by statute.
- The limit of $250,000 is only exceeded in institutions with total assets exceeding $10 billion and with a Thompson BankWatch or equivalent issuer rating of B/C or better.
- Institutions are scrutinized annually to ensure that high ratings are maintained.

2. **Acceptable investments for funds not required for satisfying current obligations.** The Executive Secretary shall determine the investments based on its cash flow needs and safety and liquidity of investment. The Executive Secretary may invest Board funds that are not needed for current obligations only in the following:

- Savings accounts protected by U.S. Government guarantees, interest bearing demand accounts, time or certificates of deposits in banks and savings and loan institutions physically located within Nevada. The Board of Pharmacy will ensure the following:
    - The Board of Pharmacy members will annually affirm the decision to exceed the FDIC limit of $250,000.
    - The limit of $250,000 is only exceeded in institutions with total assets exceeding $10 billion and with a Thompson BankWatch or equivalent issuer rating of B/C or better.
    - Institutions are scrutinized annually to ensure that high ratings are maintained.
- U.S. Treasury bills, notes and bonds. Securities issued by U.S. Government agencies such as: Federal Farm Credits, Federal National Mortgage Association and Federal Home Loan Association. These securities may not have maturities greater than 10 years. Average maturities may not exceed five years. Board will not invest in securities for more than 24 months.

3. **There shall be no investment of Board funds in**:

- State, local, or corporate notes and bonds.
- Equities (common and preferred stocks or long-term investments).
- Short-term Treasury Mutual Funds.
- Money Market Mutual Funds.

Operating Reserves

The Executive Secretary shall ensure compliance with the Board's reserve policy set forth in Appendix G.

Contract Approval

The Executive Secretary shall ensure compliance with the requirements of NRS Chapter 333, NAC Chapter 333, and Chapter 0300 of the State Administrative Manual for all contracts.

Financial Reporting

The Executive Secretary shall ensure compliance with the financial reporting requirements of NRS 218G.400.

Salary:

- $140,000 - $190,080 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

DUTIES OF THE DEPUTY EXECUTIVE SECRETARY

The Deputy Executive Secretary shall be a licensed pharmacist in this State and shall perform those duties assigned by the Executive Secretary, which may include the authority to act on behalf of the Executive Secretary when the Executive Secretary is absent from the Board offices or otherwise unavailable, including, without limitation, the authority to sign accusations on behalf of the Executive Secretary pursuant to NRS 639.241(2). The Deputy Executive Secretary may have signature authority on the Board's bank, investment, and credit accounts.

Salary:

- $140,000 - $190,080 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

BOARD VEHICLES

Investigators and Inspectors will be provided with vehicles for their use whenever they are on State business. Other Board staff and Board members are authorized to use Board vehicles for Board functions. The use of Board vehicles must comply with Chapter 1300 of the State Administrative Manual and the following:

- **All Board employees will comply with the Defensive Driving Training Requirement** Employees must complete the standard course provided through the Risk Management Division within the first year of employment and the course as required.
- **Use a Board vehicle when on State business.** If an employee will be conducting State business on a given day or portion of a day within 15 minutes of his or her home, the employee may use his or her personal vehicle for his or her own convenience for that day or portion of a day, but such use will not be reimbursed for mileage. If an employee must use his or her personal vehicle because a Board vehicle is unavailable, the employee will be reimbursed at the standard mileage reimbursement rate authorized by the Governor's Finance Office Budget Division.
- **Leave Board vehicles at the Board office when no longer on State business.** Occasionally an Investigator or Inspector may be asked by a Board member, the Executive Secretary, Deputy Executive Secretary, or a General Counsel to leave a Board car somewhere else, such as at a hotel or airport, in which case the Inspector or Investigator should do so.
- **Pursuant to NRS 204.080 private use of a Board vehicle is prohibited.**

- **Maintain Board vehicles.** Each Inspector or Investigator is responsible to make sure that his or her assigned Board vehicle receives regular maintenance including oil changes (every 3,500 miles), tire rotations, tune-ups, and washings as needed, with prior authorization from the Executive Secretary. The Board will not reimburse inappropriate or unapproved expenses such as running out of fuel, running down the battery, charges for lost keys, parking citations, or traffic tickets or other moving violations.
- **Monthly Trip Report.** Each Inspector or Investigator must submit a Fleet Services Monthly Trip report form MP-3 for his or her assigned Board vehicle to the Carson City Fleet Services Office within five working days after the end of the month in compliance with SAM § 1406.
- **Report traffic tickets.** Any employee or Board member who drives a Board-provided car must report to the Executive Secretary immediately any traffic ticket. Violation of this policy by receiving excessive traffic tickets, by receiving traffic tickets for driving behavior that endangers the employee or the public, or by failing to report a traffic ticket to the Executive Secretary immediately may result in discipline, including termination of employment.
- **Operating a Board vehicle under the influence of alcohol or drugs is prohibited.** Violation of this policy could result in discipline, including termination, regardless of whether the employee was arrested or charged with such conduct.
- **Damage to the car that did not result from an accident must be reported to the Executive Secretary or** a **General Counsel immediately.**

Accident Procedure

Any Board member or employee who has an accident involving a Board vehicle must follow the provisions of Chapter 2900 of the State Administrative Manual and the following procedure:

- **Remain on the scene and immediately notify the appropriate law enforcement agency, give the exact location and advise them if there are any injuries.**
- **Notify the Executive Secretary or a General Counsel immediately.** The employee must notify the Executive Secretary or a General Counsel of the extent of injuries of all parties involved and the extent of the property damage to the extent this information is available.
- **Obtain the name, address, phone number, driver's license number, and car license numbers of other parties and the names and addresses of witnesses and document the accident with photos or video to the extent feasible.**
- **Complete law enforcement and risk management accident reports. <u>DO NOT SIGN OR MAKE A STATEMENT AS TO RESPONSIBILITY.</u>**
- **The State Accident Report (Form No. RSK-001) <u>MUST</u> be submitted within two working days to the Executive Secretary.** The Executive Secretary must submit the form immediately upon receipt to the Department of Administration Risk Management Division.

FINANCIAL ADMINISTRATION

Internal Accounting and Administrative Control

The Executive Secretary shall implemental a system of internal accounting and administrative control for the Board subject to the following limitations:

- Incoming mail shall be logged by Board staff other than the Director of Finance or the Licensing Specialist.
- The Licensing Specialist shall review all checks and money orders for payment of licensing fees and make all deposits.
- The Board shall not accept cash payments.
- Only the Executive Secretary, Deputy Executive Secretary and General Counsel may have signature authority on the Board's bank, investment, and credit accounts.
- Account receivable items and account payable items must be segregated. No single staff member can have access to both at the same time.

Grants Management

The Board shall comply with the applicable Grants Management Common Rule for any federal grant funds, including, without limitation, 2 CFR Part 200.

Board Member Per Diem

Board Members receive a payment of $80, NRS 639.050, each day they attend a Board meeting.

LEGAL AND ADMINISTRATIVE ACTIONS

Defense and Indemnification

Generally, the State will defend and indemnify Board members and employees for actions taken in good faith within the scope of their statutory duties. The Board pays premiums into the State Tort Claims Fund pursuant to NRS 622.215. However, Board members and employees must comply with the requirements of NRS Chapter 41 and Chapter 2900 of the State Administrative Manual for defense and indemnification.

Service of Process

Board members and employees shall immediately notify the Chief General Counsel and the Office of the Nevada Attorney General whenever served with a complaint in federal or state court, or a petition for judicial review, or if otherwise presented with legal documents, since service must be effected in strict compliance with FRCP 4(j)(2), NRS 41.031(2) or NRS 233B.130(2), which includes service upon the Office of the Nevada Attorney General.

Documentation of Attorney's Fees and Costs

The Board may recover reasonable attorney's fees and costs that are incurred as part of its investigative, administrative and disciplinary proceedings pursuant to NRS 622.400. In any matter that results in disciplinary action, whether by stipulated settlement or by Board order following a hearing, the Board may order reimbursement for expenses necessarily incurred in protecting the public. This may include, without limitation, time and travel costs incurred by Investigators and Board Coordinators in the investigation of the matter, General Counsel in the prosecution of the matter, witnesses and expert witness fees and the Office of the Nevada Attorney General in serving as Board counsel.

The Board may also recover reasonable attorney's fees and costs that are incurred as a prevailing party in judicial actions related to the Board's enforcement authority pursuant to NRS 622.410.

The Board must document that attorney's fees and costs are both reasonable and actual; therefore, Investigators, the General Counsel and the Board Coordinators will document their time on the investigation and prosecution of any disciplinary matter, or on any litigation related to the Board's enforcement authority, using a timekeeping system approved by the Chief General Counsel.

COMPLAINT INVESTIGATION PROCEDURES

The investigation procedures determined by the Chief Investigator along with the following procedures for the investigation of complaints should be followed by Investigators in the usual course. Deviation from the procedures may occur from time to time as situations and circumstances require, but such deviations should be approved in advance by the Executive Secretary whenever practicable.

1. **The Chief Investigator will conduct an initial review of all complaints submitted.** The review will include an initial screening consistent with the Policies & Procedures for Screening of Staff to Avoid Conflicts of Interest set forth in Appendix F. The review will also include a determination of whether the complaint is against licensee(s), whether the matter is within the Board's jurisdiction or the jurisdiction of another board, and whether the complaint states a claim. If the complaint is within the Board's jurisdiction and warrants investigation, the matter will be referred to the Board Coordinators. If the complaint appears within the jurisdiction of another board, it will be referred to the appropriate board. If the complaint does not warrant an investigation and/or fails to state a claim, the Chief of Investigations will respond in writing as necessary.
2. **Board Coordinators log in complaints, assign them a number, and route them to Chief Investigator.** The Board Coordinator should process the complaint within one working day of receipt.
3. **The Investigator contacts the complainant within two working days after receiving the complaint.** Unless the Investigator feels that early contact with the complainant would impair the investigation, the Investigator should make initial contact with the complainant as soon as possible.
4. **The complaint is investigated in a timely manner.** The Board staff has broad legal authority to access and inspect premises and records. Investigators should request that the Executive Secretary issue subpoenas for the production of witnesses, documents or papers to the extent necessary. As questions or tactical decisions arise, Investigators should consult the Executive Secretary, Deputy Executive Secretary, Chief Investigator or assigned General Counsel.
5. **The Investigator submits a report.** Investigators should prepare a detailed narrative report on the standard form. The report should attach copies or references to the evidence collected in the investigation, including written or recorded statements of witnesses. The factual assertions that form the basis for the findings and conclusions in the report and any allegations of violations of law should not be based solely on uncorroborated hearsay but must be supported by direct evidence. The report should also document the time expended by the Investigator on the case.
6. **The Investigative Committee will review the report and determine how to proceed.** The Investigative Committee will be comprised of the Executive Secretary or Deputy Executive Secretary, the Chief Investigator, the assigned General Counsel, and the assigned Investigator. If necessary, a

cease-and desist order will be issued prior to filing an accusation.

INSPECTION PROCEDURES

The Board staff has broad legal authority to access and inspect premises and records. The following inspection procedures should be followed by Inspectors in the usual course. Deviation from the procedures may occur from time to time as situations and circumstances require, but such deviations should be approved in advance by the Executive Secretary whenever practicable. Following should be the usual steps in the inspection process:

1. **The Administrative Assistant notifies the pharmacies and facilities to be inspected in the first week of the month preceding the month in which the inspection will occur.** The notification will consist of a form letter, a pre-inspection form, and a workplace assessment tool with instructions that the pharmacy would need to have the forms completed and all materials available for a random inspection one month later. (For example, the materials would be provided in the first week of January for facilities that would be inspected in February.)
2. **The Administrative Assistant notifies the Inspector of the pharmacies and facilities to be inspected one week before the inspections will occur.** On a monthly basis, the Administrative Assistant will schedule pharmacies and facilities to be inspected based upon locale and will notify the Inspectors of their upcoming inspections one week before the actual inspections are to occur. The Administrative Assistant shall also notify the General Counsel and the Las Vegas Office Manager of the weekly assignments so that questions of rescheduling or efficiency can be addressed to them.
3. **The Inspector conducts the assigned inspections unannounced.** The Inspector will visit the assigned inspections in such order as he or she deems efficient, as long as the weekly assignments are completed. The managing pharmacist is not required to be present at an inspection, nor are appointments to be made. Inspectors should minimize disruption of the pharmacy's operations by doing inspections as unobtrusively as possible. Inspectors should request the production of any records necessary for an inspection and must note all deficiencies to be addressed and corrected. Inspectors shall immediately notify the General Counsel if issuance of an administrative warrant is needed pursuant to NRS 453.261 & .266.
4. **The Inspector sends the completed inspection forms to the Administrative Assistant.** The Administrative Assistant will log in the date of completion of all inspection forms.
5. **The Administrative Assistant responds appropriately to all notes on the inspection forms.** If the Inspector has noted deficiencies, the Administrative Assistant will prepare a letter for the Executive Secretary's signature to the pharmacy or facility informing the pharmacy or facility of the time within which the deficiency must be addressed and corrected. The Administrative Assistant will also log and schedule the follow-up visit (when appropriate) by putting the follow-up visit on the appropriate schedule for the Inspector.

6. **The Administrative Assistant will follow-up on deficiencies.** Where a letter has been sent regarding deficiencies and the deficiencies have not been timely addressed and corrected, the Administrative Assistant will notify the Board Coordinator of the failure to remedy the deficiencies so that the Board Coordinator can open a complaint matter against the pharmacy or facility.
7. **The Administrative Assistant will prepare reports.** The Administrative Assistant will enter the workplace assessment tool data into the Board's computer system within five business days of receipt of the reports from the Inspector. The Administrative Assistant will prepare and provide to the General Counsel at least quarterly a status report of the inspections completed by each Investigator.

ELECTION OF BOARD OFFICERS

NRS 639.040(1) requires the Board to elect a President and a Treasurer from among its members. The election of Board officers will be conducted under the following procedure:

1. The Board will hold an election for the offices of President and Treasurer at the regularly-scheduled meeting in June of even-numbered years.
2. The term of office will commence at the next Board meeting for a period of two years.
3. The outcome of the election will be determined by majority vote.
4. There will be no term limits.
5. In the event of the termination of an officer's tenure on the Board, an election will be held at the next regularly-scheduled Board meeting to fill the vacancy.

WHISTLEBLOWER PROTECTIONS

All Board members and employees are subject to the State of Nevada Executive Whistleblower Provisions set forth in Appendix H. Each Board member and employee shall provide their certificate of completion of the Whistleblower Training for retention in the individual's personnel file that he or she has read and understands the Whistleblower Provision in conformance with NRS 281.661.

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18A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – July 17, 2025

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070, NRS 639.0727, NRS 639.230

A REGULATION relating to compounding drug products; prescribing the requirements for authorizing a pharmacy or dispensing practitioner to compound sterile or nonsterile drug products; and providing other matters properly relating thereto.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

License to conduct a pharmacy; restriction on compounding drug products. (NRS 639.070, 639.230, 639.100)

A pharmacy licensed pursuant to NRS 639.230 may not engage in the sterile or nonsterile compounding of drug products unless authorized to do so by the Board.

Section 2. NAC Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

Practitioner: restriction on compounding drug products. (NRS 639.070, 639.0727, 639.100)

A practitioner pursuant to NRS 639.100 may not engage in the sterile or nonsterile compounding of drug products unless authorized to do so by the Board.

1. Except in a medical facility as described in NRS 449.0151, excluding subsections 11, 12 and 15, a practitioner who wishes to engage in sterile or nonsterile compounding, or both, for the administration of the sterile or nonsterile compound to a human or animal must apply to the Board on an application provided by the Board for a certificate of registration to engage in sterile and nonsterile compounding. A practitioner must submit a separate application for each site of practice. A certificate of registration to engage in sterile or nonsterile compounding is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

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2. A practitioner authorized to engage in sterile or nonsterile compounding of drug products by the Board shall comply with the provisions of NAC 639.661 ***to*** 639.690***, inclusive, and R053-24, as if:***

(a) He or she were a pharmacist; and

(b) His or her practice site was a pharmacy.

Section 3. NAC 639.742 is hereby amended to read as follows:

639.742 1. Except as otherwise provided in NAC 639.7421 and 639.7423, a practitioner who wishes to dispense controlled substances or dangerous drugs, or both, for human consumption must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, a telepharmacy, remote site or satellite consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs, or both, for human consumption. ***The application must include a disclosure of whether the applicant will engage in sterile or nonsterile compounding.*** A certificate of registration to dispense controlled substances or dangerous drugs, or both, for human consumption is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. Except as otherwise provided in NAC 639.7421, 639.7422 and 639.7423, if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances, or both, for human consumption is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Board on a form provided by the Board.

3. Except as otherwise provided in this section and NRS 639.23277 and NAC 639.395, 639.648, 639.719 and 639.7423, the dispensing practitioner and, if applicable, the owner or owners of the facility and any federally-qualified health center vehicle, shall ensure that:

(a) All drugs are ordered by the dispensing practitioner;

(b) All drugs are received and accounted for by the dispensing practitioner;

(c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;

(d) All drugs are dispensed in accordance with NAC 639.745;

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(e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility or federally-qualified health center vehicle, as applicable;

(f) All drugs are dispensed only to the patient personally at the facility or federally-qualified health center vehicle, as applicable;

(g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;

(h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

4. Except as otherwise provided in NAC 639.648, 639.719, 639.7423 and 639.7424, with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;

(b) Remove drugs from stock;

(c) Count, pour or reconstitute drugs;

(d) Place drugs into containers;

(e) Produce and affix appropriate labels to containers that contain or will contain drugs;

(f) Fill containers for later use in dispensing drugs; or

(g) Package or repackage drugs.

5. Except as otherwise provided in NAC 639.7423, a dispensing practitioner ***authorized to engage in sterile or nonsterile compounding of*** [~~may *compound*~~] drug products ***by the Board shall comply*** [~~if he or she complies~~] with the provisions of NAC 639.661 to 639.690, inclusive, as if:

(a) He or she were a pharmacist;

(b) His or her practice site was a pharmacy; and

(c) Any dispensing technician involved in the compounding was a pharmaceutical technician.

6. Except as otherwise provided in subsection 6 of NAC 639.746, the dispensing practitioners of an oncology group practice or a group of practitioners practicing at a

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reproductive healthcare center registered pursuant to NAC 639.746 are jointly responsible for ensuring that the requirements of subsection 3 are met.

Section 4. NAC 639.500 is hereby amended to read as follows:

639.500 1. A person, as that term is defined in NRS 0.039, or the State of Nevada or any of its political subdivisions, may own more than one pharmacy.

2. An applicant for a license to conduct a pharmacy in this State must submit to the Board a complete and accurate application on a form provided by the Board, ***including a disclosure of whether the applicant will engage in sterile or nonsterile compounding,*** along with the requisite fees. The staff of the Board shall return the application to the applicant if the application is incomplete or does not include the requisite fees.

Supporting NRS

NRS 639.100 Unlawful to manufacture, engage in wholesale distribution, compound, sell or dispense drug, poison, medicine or chemical; exceptions; penalties; application for and issuance of license; Board prohibited from taking certain action regarding pharmacists located outside State.

1. Except as otherwise provided in this chapter, it is unlawful for any person to manufacture, engage in wholesale distribution, compound, sell or dispense, or permit to be manufactured, distributed at wholesale, compounded, sold or dispensed, any drug, poison, medicine or chemical, or to dispense or compound, or permit to be dispensed or compounded, any prescription of a practitioner, unless the person:

(a) Holds the appropriate certificate, license or permit required by this chapter or chapter 453 or 454 of NRS, as applicable, that authorizes the person to take such action; and

(b) Complies with the regulations adopted by the Board.

2. A person who violates any provision of subsection 1:

(a) If no substantial bodily harm results, is guilty of a category D felony; or

(b) If substantial bodily harm results, is guilty of a category C felony,

Ê and shall be punished as provided in NRS 193.130.

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3. Sales representatives, manufacturers or wholesalers selling only in wholesale lots and not to the general public and compounders or sellers of medical gases need not be registered pharmacists. A person shall not act as a manufacturer or wholesaler unless the person has obtained a license from the Board.

4. Any nonprofit cooperative organization or any manufacturer or wholesaler who furnishes, sells, offers to sell or delivers a controlled substance which is intended, designed and labeled "For Veterinary Use Only" is subject to the provisions of this chapter, and shall not furnish, sell or offer to sell such a substance until the organization, manufacturer or wholesaler has obtained a license from the Board.

5. Each application for such a license must be made on a form furnished by the Board and an application must not be considered by the Board until all the information required thereon has been completed. Upon approval of the application by the Board and the payment of the required fee, the Board shall issue a license to the applicant. Each license must be issued to a specific person for a specific location.

6. The Board shall not condition, limit, restrict or otherwise deny to a prescribing practitioner the issuance of a certificate, license, registration, permit or authorization to prescribe controlled substances or dangerous drugs because the practitioner is located outside this State.

[Part 1:286:1913; A 1947, 667; 1949, 554; 1951, 290; 1953, 588; 1955, 307]—(NRS A 1960, 182; 1967, 1644; 1969, 909; 1971, 2040; 1975, 1308; 1979, 1685; 1983, 1506; 1987, 804, 1566; 1991, 1158; 1997, 1258; 1999, 239; 2013, 2020, 2238; 2019, 2736; 2021, 1017)

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Executive Secretary Report

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. Licensing Activities Report
F. Citations & Fines issued pursuant to NRS 632.2895
G. Legislative Update
H. Nevada Law Examination Update

July 2025 - Temporary License since last Board Meeting

Pharmacist Name	Temporary Pharmacist License #
Walker Mink	24609
Caden Burkamper	24617
Dania Kobeissi	24616
Ariella Muratova	24583
Janessa Pressley	24588
William Mello	24611

Business Name	License Type	Temporary License #
Outset Medical, Inc	MDEG	MP03201
Outset Medical, Inc	Wholesaler	WH03855

July 2025 – NV Business Address Change Only

Application Received	Business Name	License Number	New Location	City, State and Zip
6/27/2025	Super Care Health	MP01363	6380 South Valley View Blvd Ste 120	Las Vegas, NV 89118

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639.520: Security of Pharmacies	09/07/23 Dave to meet with industry							
Amendment to Nevada Administrative Code (NAC). The proposed amendments establish the minimum staffing standards in a pharmacy and modify the number of pharmaceutical technicians and pharmaceutical technicians in training a pharmacist may supervise.	5/29/24	6/3/24	R113-24	6/25/24 – To Yenh/Dave for review 7/15/24 –sent revised version to Dave/Yenh	12/10/24	1/16/25 – This public hearing was withdrawn from the agenda and will be heard at a future BM. 4/17/25 – To be heard at a future BM		
Amendment to the Nevada Administrative Code ("NAC") 639. The proposed amendments relate to the licensing requirements for facilities for treatment with narcotics and provide other matters properly relating thereto.	10/17/24	10/21/24	R197-24					

Amendment to the Nevada Administrative Code ("NAC") 639. The proposed amendments relate to the licensing requirements for facilities for intermediate care or facilities for skilled nursing licensed by the State Board of Health pursuant to NRS 449.0303 and provide other matters properly relating thereto.	12/5/24	12/9/24	R203-24					
Amendment to the Nevada Administrative Code ("NAC") 639.742. The proposed amendments relate to removing the requirement that Dispensing Practitioners must personally dispense at a facility and provide other matters properly relating thereto. The change would allow Dispensing Practitioners to mail prescriptions to individual patients in their care as allowed by the Center for Medicare and Medicaid Services.	12/5/24 – Waiting for the federal reg to pass. The Board would like to see at a future meeting.							
A REGULATION relating to controlled substances adding ethylphenidate and 2-methyl AP-237 to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.	12/5/24	12/9/24	R204-24					

Amendment to Nevada Administrative Code NAC 454. The proposed amendment revises the ability of an advanced emergency medical technicians to possess and administer dangerous drugs upon the order of a practitioner in a license hospital when practicing under their scope of practice as determined by the State of Nevada Health Department.	4/17/25	4/28/25	R004-25					

Citations & Fines issued pursuant to NRS 639.2895 (Since last Board Meeting)

- **Cease & Desist/Citation –**
  - **Unlicensed Practice: 2**
  - **Other: 0**
- **Citation & Fine –**
  - **Unlicensed Practice: 1**
  - **Misfill: 4**
  - **Other: 13 (Failure to submit a change of ownership, Failure to comply with pharmacy security requirements, Failure to submit a change in managing pharmacist form, Failure by dispensing practitioner to properly secure dangerous drugs, Failure to submit a change of address)**

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